

# WORKSHEET- 2022 DC Child Care Provider Survey

**This is a worksheet to support you in completing the online survey but is not the survey itself. We highly recommend that you read through the questions on this worksheet so that you can compile any necessary program or financial data before completing the online survey.**

The link to the online survey was emailed to the facility point of contact. When you are ready to complete the survey, please use the link that was emailed. If you have questions or need the link to be re-sent, please email Prenatal to Five Fiscal Strategies (P5FS) at [info@prenatal5fiscal.org](mailto:info@prenatal5fiscal.org) or call/text (202) 780-9078.

*Note: Some of the questions in the worksheet may not be relevant to your child development facility. The online version of the survey will use "skip logic" so you will only be shown questions that are relevant to your facility based on your responses to prior survey questions.*

## Introduction

The [Office of the State Superintendent of Education](#) (OSSE), in partnership with [DC Child Care Connections](#) and [P5FS](#), is conducting a survey to better understand DC child care providers' costs and revenues. OSSE will use the information collected from this survey to inform future child care subsidy reimbursement rates, as well as implementation of the Early Childhood Educator Pay Equity Fund starting in fiscal year 2024.

The survey asks child care providers in the District about enrollment, revenue and expenses (e.g., staff wages, benefits, rent/mortgage, supplies, equipment, etc.). To help you answer these questions, we recommend that you first gather any records you have regarding child enrollment, salaries/payroll and other expenses from the most recent fiscal year. For child development home and family child care home providers, you may find it helpful to refer to your most recent Schedule C tax form. The survey should only take 20-25 minutes to complete if you gather these records in advance. You do not need to respond to all questions at one time. The system will allow you to save your responses and you can use the link that you were originally sent to return to the survey where you left off.

### **PLEASE COMPLETE THE SURVEY BY OCT. 14, 2022**

If you complete the survey, you will receive a \$20 gift card and will be entered into a raffle to win a \$1,000 gift certificate to Kaplan for your facility. If you operate more than one child development facility, you will receive a raffle entry for each facility for which you complete a survey.

Please be assured that responses will be kept completely confidential. Your personal identifiable information will not be shared with anyone outside of the P5FS study team. Any data that are shared will be combined across many child development facilities to understand trends and averages across the District.

CONTACT US with any questions or concerns at [info@prenatal5fiscal.org](mailto:info@prenatal5fiscal.org) or (202) 780-9078 (text or voicemail) and someone will respond as soon as possible.

If you represent a large organization with multiple (more than three) facilities, please reach out to the P5FS study team to arrange an interview so that you do not have to complete a separate survey for each of your facilities.

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## Contact and Facility Information

Any question with an \* is required. You will need to provide a response before continuing to the next item. Other questions are optional, but we encourage you to complete as many as you are able. If you need to leave the survey and want to save what you have entered, just click on the "save and continue" button in the upper right side of the screen.

**1) Provider/organization name:**

**2) Is the organization that runs this site for-profit or nonprofit?**

- For-profit
- Nonprofit
- Not sure/don't know

**3) How many child development facilities does your organization operate?\***

- 1 facility
- 2 facilities
- 3 facilities
- More than 3 facilities

Please complete a separate survey for each child development facility your organization operates located in DC. You will receive a raffle entry for a \$1,000 gift certificate to Kaplan for each survey you complete (i.e., if you complete two surveys on two of your organizations' facilities then you will receive two raffle entries). Please note that only facilities located in DC are eligible to participate in the survey.

If you would prefer to share your information in aggregate across facilities, please contact your quality specialist or the P5FS study team to set up a one-on-one interview at [info@prenatal5fiscal.org](mailto:info@prenatal5fiscal.org) or (202) 780-9078. *(Note: You will also receive a raffle entry for each facility if you choose to do an interview.)*

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## Facility Information

### 4) Name of child development facility

(this is required in order to enter the raffle)

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### 5) Child development facility license number *(begins with CDC, CDX, or CDH followed by a six-digit number)*

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### 6) Address where the child development facility is located

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### 7) ZIP code where child development facility is located\*

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### 8) Ward where the child development facility is located\*

- Ward 1
- Ward 2
- Ward 3
- Ward 4
- Ward 5
- Ward 6
- Ward 7
- Ward 8

### 9) Facility type\*

- Child Development Center (CDC)
- Child Development Home/Family Child Care Home (CDH)
- Expanded Child Development Home/Family Child Care Home (CDX)

### 10) What services are offered at this facility? (Please select all that apply)\*

- Part-time care
- Full-time care
- Out-of-school time (OST) care
- Non-traditional hour care (before 7 a.m., after 6 p.m. Monday-Friday, and/or on weekends)

Comments:

### 11) Are you a Level I or Level II Child Development Center-Based Provider? (CDC only)

- Level I (eligible children referred through DHS, CCSD)
- Level II (conducts eligibility determination and intake on behalf of OSSE)

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## Capacity and Ages Served

**12) Which age groups do you serve at this child development facility?** (please select the age groupings that most closely resemble your current program)

Note: please do not include children served by other programs you may operate\*

Younger than 1 year (0-12 months)

1 to 2 years (12-24 months)

2 to 2.5 years (24-30 months)

2.5 to 4 years (30-48 months)

4 to kindergarten entry (including 5-year-olds not yet enrolled in kindergarten)

Kindergarten age and older (i.e., Out-of-School Time care)

13) What is the licensed capacity at this facility for children **younger than age 1 (0-12 months)?\*** (CDC only)

14) What is the licensed capacity at this facility for ages **1-3?\*** (CDC only)

15) What is the licensed capacity at this facility for ages **3-5** (including 5-year-olds not yet enrolled in kindergarten)?\* (CDC only)

16) What is the licensed capacity at this facility for age **5 and older (out of school time care)?\*** (CDC only)

17) What is the maximum number of children you have at this facility any one time?\* (CDH/CDX only)

Comments:

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## Current Enrollment

18) How many children are currently enrolled in **FULL-TIME** care at this facility?\*

19) How many children are currently enrolled in **PART-TIME** care at this facility?\*

20) How many children are currently enrolled in **OUT-OF-SCHOOL TIME (OST)** care at this facility?\*

21) How many children are currently enrolled in **NON-TRADITIONAL HOUR** care at this facility?\*

22) Do you consider this facility to be fully enrolled at this time?

Yes

No

Comments:

23) Does the leadership at this facility want it to be fully enrolled?

Yes

No

Comments:

**[if no 23]**

24) Why doesn't the leadership want this facility to be fully enrolled?

**[if no to 23]**

25) What are the reasons this facility is not fully enrolled? (please check all that apply)

Not enough staff

Unable to recruit families

Limitation related to the facility (please describe in the comment box below)

Leadership does not want to operate at full enrollment

Other - Write In: \_\_\_\_\_

Comments:

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## Subsidy and Special Populations

**26) How many children who are currently enrolled at this facility receive child care subsidy through the child care subsidy program?\***

Children in part-time care receiving subsidy: \_\_\_\_\_

Children in full-time care receiving subsidy: \_\_\_\_\_

Children in non-traditional care receiving subsidy: \_\_\_\_\_

Comments:

**27) Do you have children and families currently enrolled at this facility with any of the following special considerations?** (Please check all apply)

- Families experiencing homelessness or housing instability
- Families who are immigrants
- Families who are migrants
- Families who are refugees
- Children who are dual language/English language learners
- Children who have medical needs (e.g., seizure disorders, severe allergies requiring Epi-pen, C-tube)
- Children who have behavioral needs (e.g., autism, ADHD, post-traumatic stress disorder)
- Children with other special considerations (please describe):

Comments:

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## Tuition Rate/Fee Schedule Upload

28) As an alternative to answering questions about your rates, you may upload a standard tuition rate/fee schedules for this child development facility by clicking on the "browse" link below.

[LINK](#)

If you would prefer, you can also email the facility's standard tuition rate/fee schedule to [info@prenatal5fiscal.org](mailto:info@prenatal5fiscal.org). Please include your provider/organization name in your email.

29) Did you upload or email the facility's standard tuition rate/fee schedule?

Yes

No

(If the respondent answers "yes" and submits their rate/fee schedule, then items 30-48 are skipped)

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## Rates: Infants younger than 1 year old

The questions in this section ask about the rates or fees charged to families for each type of service and age group of children that this facility serves.

*[if full time selected on item 10 and younger than 1 year selected on item 12]*

30) What is the standard **FULL-TIME RATE** that this facility charges for children **younger than 1 year old (0-12 months)**, not including any discounts or additional fees/charges?

*You only need to provide ONE of the following:*

Daily rate: \$ \_\_\_\_\_

Weekly rate: \$ \_\_\_\_\_

Monthly rate: \$ \_\_\_\_\_

Comments:

*[if part time selected on item 10 and younger than 1 year selected on item 12]*

31) What is the most common **PART-TIME RATE** this facility charges for children **younger than 1 year old (0-12 months)**, not including any discounts or additional fees/charges?

*You only need to provide ONE of the following:*

Daily rate: \$ \_\_\_\_\_

Weekly rate: \$ \_\_\_\_\_

Monthly rate: \$ \_\_\_\_\_

Comments:

*[if non-traditional hour care selected on item 10 and younger than 1 year selected on item 12]*

32) What is the most common **NON-TRADITIONAL HOUR RATE** that this facility charges for children **younger than 1 year old (0-12 months)**, not including any discounts or additional fees/charges?

*You only need to provide ONE of the following:*

Daily rate: \$ \_\_\_\_\_

Weekly rate: \$ \_\_\_\_\_

Monthly rate: \$ \_\_\_\_\_

Comments:



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## Rates - Children ages 1-2

*[if full time selected on item 10 and ages 1 to 2 selected on item 12]*

33) What is the standard **FULL-TIME RATE** this facility charges for children ages **1-2 (12-24 months)**, not including any discounts or additional fees/charges?

*You only need to provide ONE of the following:*

Daily rate: \$ \_\_\_\_\_

Weekly rate: \$ \_\_\_\_\_

Monthly rate: \$ \_\_\_\_\_

Comments

*[if part time selected on item 10 and ages 1 to 2 selected on item 12]*

34) What is the most common **PART-TIME RATE** this facility charges for children ages **1-2 (12-24 months)**, not including any discounts or additional fees/charges?

*You only need to provide ONE of the following:*

Daily rate: \$ \_\_\_\_\_

Weekly rate: \$ \_\_\_\_\_

Monthly rate: \$ \_\_\_\_\_

Comments

*[if non-traditional hour care selected on item 10 and ages 1 to 2 selected on item 12]*

35) What is the most common **NON-TRADITIONAL HOUR RATE** this facility charges for children ages **1-2 (12-24 months)**, not including any discounts or additional fees/charges?

*You only need to provide ONE of the following:*

Daily rate: \$ \_\_\_\_\_

Weekly rate: \$ \_\_\_\_\_

Monthly rate: \$ \_\_\_\_\_

Comments

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## Rates - Children ages 2-2.5

*[if full time selected on item 10 and ages 2 to 2.5 selected on item 12]*

36) What is the standard **FULL-TIME RATE** this facility charges for children ages **2-2.5 (24-30 months)**, not including any discounts or additional fees/charges?

*You only need to provide ONE of the following:*

Daily rate: \$ \_\_\_\_\_

Weekly rate: \$ \_\_\_\_\_

Monthly rate: \$ \_\_\_\_\_

Comments

*[if part time selected on item 10 and ages 2 to 2.5 selected on item 12]*

37) What is the most common **PART-TIME RATE** this facility charges for children ages **2-2.5 years old (24-30 months)**, not including any discounts or additional fees/charges?

*You only need to provide ONE of the following:*

Daily rate: \$ \_\_\_\_\_

Weekly rate: \$ \_\_\_\_\_

Monthly rate: \$ \_\_\_\_\_

Comments

*[if non-traditional hour care selected on item 10 and ages 2 to 2.5 selected on item 12]*

38) What is the most common **NON-TRADITIONAL HOUR RATE** this facility charges for children ages **2-2.5 (24-30 months)**, not including any discounts or additional fees/charges?

*You only need to provide ONE of the following:*

Daily rate: \$ \_\_\_\_\_

Weekly rate: \$ \_\_\_\_\_

Monthly rate: \$ \_\_\_\_\_

Comments

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## Rates - Children ages 2.5-4

*[if full time selected on item 10 and ages 2.5 to 4 selected on item 12]*

39) What is the standard **FULL-TIME RATE** this facility charges for children ages **2.5-4 (30-48 months)**, not including any discounts or additional fees/charges?

*You only need to provide ONE of the following:*

Daily rate: \$ \_\_\_\_\_

Weekly rate: \$ \_\_\_\_\_

Monthly rate: \$ \_\_\_\_\_

Comments

*[if part time selected on item 10 and ages 2.5 to 4 selected on item 12]*

40) What is the most common **PART-TIME RATE** this facility charges for children ages **2.5-4 (30-48 months)**, not including any discounts or additional fees/charges?

*You only need to provide ONE of the following:*

Daily rate: \$ \_\_\_\_\_

Weekly rate: \$ \_\_\_\_\_

Monthly rate: \$ \_\_\_\_\_

Comments

*[if non-traditional hour care selected on item 10 and ages 2.5 to 4 selected on item 12]*

41) What is the most common **NON-TRADITIONAL HOUR RATE** this facility charges for children ages **2.5-4(30-48 months)**, not including any discounts or additional fees/charges?

*You only need to provide ONE of the following:*

Daily rate: \$ \_\_\_\_\_

Weekly rate: \$ \_\_\_\_\_

Monthly rate: \$ \_\_\_\_\_

Comments

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## Rates - Children age 4 to Kindergarten

*[if full time selected on item 10 and age 4 years to kindergarten selected on item 12]*

42) What is the standard **FULL-TIME RATE** this facility charges for children age **4 to kindergarten entry**, not including any discounts or additional fees/charges?

*You only need to provide ONE of the following:*

Daily rate: \$ \_\_\_\_\_

Weekly rate: \$ \_\_\_\_\_

Monthly rate: \$ \_\_\_\_\_

Comments

*[if part time selected on item 10 and age 4 to kindergarten selected on item 12]*

43) What is the most common **PART-TIME RATE** this facility charges for children age **4 to kindergarten entry**, not including any discounts or additional fees/charges?

*You only need to provide ONE of the following:*

Daily rate: \$ \_\_\_\_\_

Weekly rate: \$ \_\_\_\_\_

Monthly rate: \$ \_\_\_\_\_

Comments

*[if non-traditional hour care selected on item 10 and age 4 to kindergarten selected on item 12]*

44) What is the most common **NON-TRADITIONAL HOUR RATE** this facility charges for children age **4 to kindergarten entry**, not including any discounts or additional fees/charges?

*You only need to provide ONE of the following:*

Daily rate: \$ \_\_\_\_\_

Weekly rate: \$ \_\_\_\_\_

Monthly rate: \$ \_\_\_\_\_

Comments

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## Rates - Children in Kindergarten and older

*[if out-of-school-time selected on item 10 and children kindergarten and older selected on item 12]*

45) What is the most common **OUT-OF-SCHOOL TIME RATE** this facility charges for children in kindergarten and older, not including any discounts or additional fees/charges?

*You only need to provide ONE of the following:*

Daily rate: \$ \_\_\_\_\_

Weekly rate: \$ \_\_\_\_\_

Monthly rate: \$ \_\_\_\_\_

Comments:

*[if non-traditional hour care selected on item 10 and children kindergarten and older selected on item 12]*

46) What is the most common **NON-TRADITIONAL HOUR RATE** this facility charges for children in kindergarten and older, not including any discounts or additional fees/charges?

*You only need to provide ONE of the following:*

Daily rate: \$ \_\_\_\_\_

Weekly rate: \$ \_\_\_\_\_

Monthly rate: \$ \_\_\_\_\_

Comments:

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## Revenue

The following questions ask about the different sources of revenue/income at this facility. It may be helpful to have your records related to revenue available for reference.

**47) Which of the following revenue streams does this facility currently have? (check all that apply)\***

- Private tuition paid by families
- Contributions from parents' employer
- Head Start
- Early Head Start
- Child and Adult Care Food Program (CACFP) - all ages
- Child care subsidy (paid by OSSE)
- Pre-K Enhancement and Expansion Program (PKEEP)
- Quality Improvement Network (QIN)
- Other - Write In: \_\_\_\_\_

Comments:

**48) What was this facility's total revenue from all sources in the more recent fiscal year? (please use the fiscal year or 12-month period used by this facility for its taxes and other fiscal reporting)\***

Comments:

*[if private tuition paid by families is selected in item 47]*

**49) Approximately how much of this facility's total revenue in the most recent fiscal year was from tuition paid by families?\***

Comments:

*[if child care subsidy (paid by OSSE) is selected in item 47]*

**50) Approximately how much of this facility's total revenue came from child care subsidy (paid by OSSE) in the most recent fiscal year (not including any PKEEP or QIN funds)?\***

Comments:

## Staffing and Wages

**51) How many teaching staff do you have at this facility? (a later question will ask about non-teaching staff)\* (CDC only)**

	Number of part-time staff	Number of full-time staff
Lead Teacher		
Teacher Assistant		
Teacher Aide		
Pre-K Teacher (non PKEEP)		
Pre-K Teacher Assistant		
PKEEP Teacher		
PKEEP Teacher Assistant		
Out-of-School Time (OST) Group Leader		
Out-of-School Time (OST) Assistant Group Leader		
Floater/Substitute Teacher		

Comments:

**52) How many employees do you have at this facility (including yourself)?\* (CDH/CDX only)**

	Number of part-time staff	Number of full-time staff
Home/Expanded Home caregiver/owner		
Home/Expanded Home associate caregiver (not the owner)		

Comments:

**53) How is full-time vs. part-time staff defined at this facility (i.e., minimum hours/week)?**

**54) Do you budget for substitutes who are not staff (e.g., temporary/part-time substitutes)?**

( ) Yes

( ) No

[if yes to item 54]

**55) If you budget for substitute classroom staff, how many substitute hours do you budget for and what is the average rate per hour for substitutes?**

Total substitute hours per year: \_\_\_\_\_

Average substitute hourly wage: \_\_\_\_\_

**56) What is the typical salary for each teaching position you have at this facility?** You can respond with the hourly wage OR annual salary. Please write 0 (zero) for any positions you do not have at this facility.\* **(CDC only)**

	Hourly wage	Annual salary
Lead Teacher		
Teacher Assistant		
Teacher Aide		
Pre-K Teacher (non PKEEP)		
Pre-K Teacher Assistant (non PKEEP)		
Out-of-School Time (OST) Group Leader		
Out-of-School Time (OST) Assistant Group Leader		
Floater/Substitute Teacher		
Other (as listed in your previous response)		

**57) What is the typical salary for each position you have at this facility?** You can respond with the hourly wage OR annual salary. Please write 0 (zero) for any positions you do not have at this facility. **(CDH/CDX only)**

*(Note: If you are the business owner, we recognize you may not pay yourself a "salary." Please do your best to estimate what amount, if any, you consider your income, or the amount you personally make as a small business owner. If you do not have any income from your business, please write \$0).\**

	Hourly wage	Annual salary
Home/Expanded Home caregiver/owner		
Home/Expanded Home associate caregiver (not the owner)		



**58) Please indicate the full-time annual salary for each of the non-teaching positions listed and the percent of time or full-time equivalent (FTE) working at this facility. (CDC only)**

*Please write 0 (zero) for any positions that you do not have at this facility\**

	Full-time Annual Salary	Percent time or Full-time equivalent (FTE)
Executive Director		
Program Director		
Program/Site Supervisor		
Assistant Director		
Education Coordinator		
Eligibility Coordinator		
Kitchen Staff		
Family Engagement Specialist		
Coach		
Office Manager		
Administrative Assistant		
Financial Manager/Bookkeeper		
Janitor/Maintenance Worker		
Nurse/Health Consultant		

Comments:

**59) Does this facility receive any additional, unpaid staff support (e.g., "in-kind" administrative support, janitorial support from property owner, or other services from a partner organization or volunteer)?**

Yes

No

*[if "yes" to item 59]*

**60) Please describe what additional, unpaid staff support you receive.**

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## Benefits

**61) Which of the following benefits do you offer employees? Please select all that apply.\***

- Health insurance
- Dental insurance
- Vision insurance
- Retirement
- Life insurance
- Paid sick days
- Paid vacation days
- Paid federal/state holidays
- Employee Assistance Program services
- Longterm care
- None of the above
- Other - Write In: \_\_\_\_\_

*[if health insurance selected in item 61]*

62) How much is typically spent each year on **health insurance** for employees at this facility (total across employees)?

*[if dental insurance selected in item 61]*

63) How much is typically spent each year on **dental insurance** for employees at this facility (total across employees)?

*[if vision insurance selected in item 61]*

64) How much is typically spent each year on **vision insurance** for employees at this facility (total across employees)?

*[if retirement selected in item 61]*

65) How much do you typically spend each year on **retirement** at this facility (total across employees)?

Comments:

*[if life insurance selected in item 61]*

66) How much do you typically spend each year on **life insurance** at this facility (total across employees)?

*[if paid sick days selected in item 61]*

67) How much do you typically spend each year on **paid sick days** at this facility (total across employees)?

*[if paid vacation days selected in item 61]*

68) How much do you typically spend each year on **paid vacation days** at this facility (total across employees)?

*[if paid federal/state holidays selected in item 61]*

69) How much do you typically spend each year on **paid federal/state holidays** at this facility (total across employees)?

*[if Employee Assistance Program selected in item 61]*

70) How much do you typically spend each year on **Employee Assistance Program** services at this facility (total across employees)?

*[if long term care selected in item 61]*

71) How much do you typically spend each year on **longterm care** at this facility (total across employees)?

*[if other benefits selected in item 61]*

72) How much do you typically spend each year on **other benefits** at this facility (total across employees)?

73) Are you aware of or do you access benefits through **DC Health Benefits Exchange**?

Yes, I access benefits through DC Health Benefits Exchange

Yes, I'm aware of DC Health Benefits Exchange but I do not use the Exchange

No, I'm not aware of DC Health Benefits Exchange

74) Which positions are the most challenging to hire and retain at this child development facility? What would you need to offer to employees to easily hire and retain qualified staff? (e.g., pay them a salary of at least \$xxx and offer x, y, z benefits)

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## Nonpersonnel Expenses

Any question with an \* is required. You will need to provide a response before continuing to the next item. If you need to leave the survey and want to save what you have entered, just click on the "save and continue later" button in the upper right side of the screen.

**75) Please estimate the approximate amount you spend monthly on the following expense categories for this facility (if you do not have an expense for a particular category please write "0" rather than leaving it blank)\* :**

Rent/lease/mortgage: \_\_\_\_\_

Property tax: \_\_\_\_\_

Other occupancy (utilities, pest control, lawn/landscaping, building maintenance):  
\_\_\_\_\_

Building maintenance/repairs/renovations:  
\_\_\_\_\_

Cleaning/janitorial supplies and/or services: \_\_\_\_\_

Telephone/internet/IT services: \_\_\_\_\_

Office supplies/equipment:  
\_\_\_\_\_

Educational/classroom supplies:  
\_\_\_\_\_

Health/medical supplies (including masks): \_\_\_\_\_

Food supplies and services:  
\_\_\_\_\_

Child transportation: \_\_\_\_\_

Laundry supplies/services: \_\_\_\_\_

Staff travel/transportation:  
\_\_\_\_\_

Insurance (e.g., child liability, professional, business, auto): \_\_\_\_\_

Legal/professional fees (e.g., audit, human resources, accounting):  
\_\_\_\_\_

Consultants (e.g., nurse, mental health professional, other experts):  
\_\_\_\_\_

Temporary personnel/substitutes: \_\_\_\_\_

Fees/permits (licensing, business, etc.): \_\_\_\_\_

Fundraising expenses: \_\_\_\_\_

Training/professional development expenses:  
\_\_\_\_\_

Professional association/memberships: \_\_\_\_\_

Recruitment/retention activities: \_\_\_\_\_

Parent activities/supports/materials: \_\_\_\_\_

Tuition assistance/scholarships: \_\_\_\_\_

Indirect/administrative fee:  
\_\_\_\_\_

Comments:

Survey Worksheet

(Note: item numbers may be different in online version due to skip logic)

76) If you have "other" monthly expenses not listed above, please describe briefly and include the amount you spend each month on those expenses.

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## Raffle Entry and Contact Information

Thank you so much for taking the time to complete this survey. Your responses will help OSSE set future reimbursement rates and will inform future programs and policies, including the Early Childhood Educator Pay Equity Fund in fiscal year 2024 and beyond.

As an added thank you for taking the time to complete the survey, we would like to send you a \$20 gift card for your personal use. Please complete the following information to make sure you receive your gift card and so that we may contact you if we have any questions for follow up about your responses. Remember, your responses to the survey will be kept confidential by P5FS and only our team will see your individual responses.

### 77) Would you like to receive a \$20 gift card?

Yes

No

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## Contact Information (if yes to gift card)

78) Name of person who completed the survey

79) Phone number of person who completed the survey

80) Email address of person who complete survey

Thank you! We will send you information about your gift card and will let you know if your facility is the winner of the raffle for a \$1,000 gift certificate to Kaplan.