



U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

FORM

HC-62406 (11-16-2011)

2012 ECONOMIC CENSUS

Child Day Care Services

OMB No. 0607-0934: Approval Expires 12/31/2013

DUE DATE
FEBRUARY 12, 2013

(Please correct any errors in this mailing address.)

Need help or have questions?

- **Read** the accompanying information sheet(s) before answering the questions.
- **Visit** econhelp.census.gov
- **Call** 1-800-233-6136, between 8:00 a.m. and 6:00 p.m., Eastern time, Monday through Friday.

HC-62406

INFORMATION COPY
DO NOT USE TO REPORT

Report Online - It's fast and secure!
Go to: econhelp.census.gov

- **OR** -

Mail your
completed
form to:

U.S. CENSUS BUREAU
1201 East 10th Street
Jeffersonville, IN 47134-0001

YOUR RESPONSE IS REQUIRED BY LAW. Title 13, United States Code, requires businesses and other organizations that receive this questionnaire to answer the questions and return the report to the U.S. Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by persons sworn to uphold the confidentiality of Census Bureau information and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

- Use blue or black ballpoint pen.
- Do not use pencil or felt-tip pen.
- Do not put slashes through 0 or 7.
- Please center numbers in their respective boxes.
- Place an "X" inside the box.

Examples:

☒ 0 1 2 3 4 5 6 7 8 9

The reporting unit for this form is an establishment. An **establishment** is generally a single physical location where business is conducted or where services or industrial operations are performed. For further clarification, see information sheet(s).

1 EMPLOYER IDENTIFICATION NUMBER

Is the Employer Identification Number (EIN) shown to the left of the mailing address the same as the one used for this establishment on its latest 2012 Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return?

0021 ☐ Yes - Go to **2**

0022 ☐ No - Enter current EIN (9 digits) —————→

0025

-

2 PHYSICAL LOCATION

A. Is this establishment's physical location the same as shown in the mailing address?
(P.O. Box and rural route addresses are not physical locations.)

0031 ☐ Yes - Go to line B

0032 ☐ No - Enter —————→
physical
location

0035 Number and street

0036 City, town, village, etc.

0037 State

0038 ZIP Code

-

CONTINUE WITH **2** ON PAGE 2

PENALTY FOR FAILURE TO REPORT

CONTINUE ON PAGE 2

62406012



2 PHYSICAL LOCATION - Continued

B. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?
(Mark "X" only ONE box.)

0041 ☐ Yes 0042 ☐ No 0043 ☐ No legal boundaries 0044 ☐ Do not know

C. In what type of municipality is this establishment physically located?
(Mark "X" only ONE box.)

0046 ☐ City, village, or borough 0047 ☐ Town or township 0048 ☐ Other 0024 ☐ Do not know

3 OPERATIONAL STATUS

Which ONE of the following best describes this establishment's operational status at the end of 2012?
(Mark "X" only ONE box.)

0011 ☐ In operation

0013 ☐ Temporarily or seasonally inactive

0014 ☐ Ceased operation - Give date at right →

0015 ☐ Sold or leased to another corporation - Give date at right
AND enter name and address of new owner or operator
and Employer Identification Number (EIN) below ↴

Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

0060 Name of new owner or operator

0061 EIN (9 digits)

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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0062 Mailing address (Number and street, P.O. Box, etc.)

0063 City, town, village, etc.

0064 State

0065 ZIP Code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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0016 ☐ Other - Specify →

0815

4 MONTHS IN OPERATION

Mark "X"
if None

2012
Number

Number of months in operation during 2012 (If none, mark "X" and go to 30.) 0002

☐

<input type="text"/>	<input type="text"/>
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62406020

If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

**HOW TO
REPORT
DOLLAR
FIGURES**

Dollar figures should be **rounded to thousands** of dollars.

If a figure is **\$2,035,628.79**:

Report →

Mark "X"
if None

☐

If a value is "0" (or less than \$500.00):

Report →

☒

2012		
\$ Bil.	Mil.	Thou.
	2	036
EXAMPLE		

5 REVENUE OR RECEIPTS

A. Tax Status

Was all or part of the income of this establishment or organization exempt from Federal income taxes under section 501 of the Internal Revenue Code?

0103 ☐ Yes - Complete line C

0104 ☐ No - Complete line B

B. Operating receipts of this (taxable) establishment 0100

Mark "X"
if None

☐

C. Revenue and expenses of this (tax-exempt) establishment

1. Revenue 0101

☐

2. Expenses (Include payroll, exclude bad debt and other expenses identified on the information sheet.) 0140

☐

2012		
\$ Bil.	Mil.	Thou.

6 Not Applicable.

7 EMPLOYMENT AND PAYROLL

Include:

- Full- and part-time employees working at this establishment whose payroll was reported on Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return, and filed under the Employer Identification Number (EIN) shown to the left of the mailing address or corrected in 1.

Exclude:

- Temporary staffing obtained from a staffing service.
- Contractors, subcontractors, or independent contractors.
- Full- or part-time leased employees whose payroll was filed under an employee leasing company's EIN.
- Purchased or managed services, such as janitorial, guard, or landscape services.
- Professional or technical services purchased from another firm, such as software consulting, computer programming, engineering, or accounting services.

For further clarification, see information sheet(s).

Mark "X"
if None

A. Number of employees for pay period including March 12 0320

☐

2012		
Number		

B. Payroll before deductions
(Exclude employer's cost for fringe benefits.)

Mark "X"
if None

1. Annual payroll 0300

☐

2. First quarter payroll (January-March 2012) 0310

☐

2012		
\$ Bil.	Mil.	Thou.

8-18 Not Applicable.

19 KIND OF BUSINESS OR ACTIVITYWhich **ONE** of the following best describes this establishment's principal kind of business or activity in 2012?

If none of the provided selections seem appropriate, provide a specific description of the primary business activity.

Mark "X" only ONE box.**Childcare and selected educational services**

- 0700
- 624 410 00 A ☐ Child day care services, including those with preschool
- 624 410 00 5 ☐ Head Start programs
- 624 410 00 3 ☐ Before and/or after school care program
- 624 410 00 2 ☐ Preschool
- 624 120 00 B ☐ Childcare or preschool for the developmentally or physically disabled
- 611 110 00 1 ☐ Elementary or secondary school
- 611 691 00 2 ☐ Tutoring services or academic skills learning center
- 624 410 00 4 ☐ Babysitting services

Child or youth counseling, mentoring, intervention, and therapy services

- 621 330 00 2 ☐ Counseling or therapy services provided by mental health practitioners, excluding services provided by physicians *(Include counseling by psychologists, psychiatric social workers, clinical psychologists, psychotherapists, etc.)*
- 624 120 00 8 ☐ Child early intervention center or services - providing services to children with disabilities or special needs
- 621 340 10 1 ☐ Speech therapist(s) and/or audiologist(s)
- 621 340 20 5 ☐ Occupational therapist(s)
- 621 340 20 1 ☐ Physical therapist(s)
- 777 624 01 1 ☐ Other child or youth counseling or therapy services - *Describe* ↴

0701

Child or youth placement and residential care services

- 624 110 00 3 ☐ Adoption and/or foster care placement services
- 623 990 00 1 ☐ Children's home, group foster home, or orphanage
- 624 221 00 2 ☐ Shelter for abused children, including child crisis stabilization centers
- 623 210 00 2 ☐ Intellectual and developmental disability facility, including group homes and intermediate care facilities for the intellectually or developmentally disabled (ICF/MR)
- 624 221 00 4 ☐ Homeless shelter center
- 624 229 00 2 ☐ Transitional housing
- 777 624 01 2 ☐ Other child or youth residential care facility - *Describe* ↴

0701

CONTINUE WITH **19** ON PAGE 5

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If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

19 KIND OF BUSINESS OR ACTIVITY - Continued**Youth centers, day camps, and selected membership, sports, and recreation programs**

- 0700 713 990 80 3 ☐ Day camp, excluding instructional camps
- 777 624 01 3 ☐ Instructional day camp - providing instruction in academics, the arts, sports, and other disciplines - *Describe type of instructional program* ↴
- 0701
- 713 940 90 3 ☐ Youth recreational center
- 624 110 00 4 ☐ Youth center - not primarily providing recreational services
- 813 410 30 1 ☐ Scouting and related youth development membership organization developing life, leadership, or business skills
- 713 990 80 5 ☐ Youth sport club or program, including after school program
- 777 624 01 4 ☐ All other youth membership, sports, and recreation programs - *Describe* ↴
- 0701

Case management and other social assistance services for children and youth

- 624 110 00 5 ☐ Social work case management services for children without disability or mental illness
- 624 110 00 6 ☐ Multi-service organization providing a range of social assistance services to children and youth
- 624 210 00 2 ☐ Child care food program
- 777 620 00 4 ☐ Other social assistance services primarily for children or youth - *Describe* ↴
- 0701

Other individual and family services

- 624 190 00 1 ☐ Community action agency
- 624 190 00 2 ☐ Family services agency
- 624 190 00 3 ☐ Multi-service organization providing a range of social assistance services to families and individuals, excluding services primarily to children, the elderly, the disabled, the intellectually and developmentally disabled, or the mentally ill
- 777 620 00 6 ☐ Other individual and family social assistance services - *Describe* ↴
- 0701

Other kind of business or activity

- 773 000 00 3 ☐ Other kind of activity or facility - *Describe* ↴
- 0701

20 and **21** Not Applicable.

22 DETAIL OF REVENUE OR RECEIPTS

(Report receipts or revenue by source (reported in **5**) in dollar figures. See **HOW TO REPORT DOLLAR FIGURES** on page 3. Do not combine data for two or more receipts or revenue lines. Both taxable and tax-exempt establishments should complete all applicable lines.)

Line 1a - Report receipts from providing daily/recurring custodial care and supervision for children, including disabled children, who need assistance in a protective setting during the day at the child's home or other private residence. Includes services such as recreation, meals, and transportation. Report preschool receipts, including preschool combined with child day care, on **line 2**.

Line 1b - Report receipts from providing daily/recurring custodial care and supervision for children, including disabled children, who need assistance in a protective setting during the day at a day care center. Includes services such as recreation, meals, transportation, and support for professional medical services. Report preschool receipts, including preschool combined with child day care, on **line 2**.




Line 2 - Report receipts from providing programs that combine education with child care and are designed to introduce very young children (at least 3 years old) to a school-type environment.

Line 3 - Report receipts from providing children and youth with opportunities for social interaction by offering various programs that support physical, emotional, and intellectual development. Examples include tutoring, after-school programs, overnight camping trips, team sports, and other recreational programs.

Line 4 - Report receipts from providing a wide variety of non-medical social assistance services to children, youth, and families, including disabled children. Examples include adoption services, foster care and guardianship services, and counseling and information services.

Line 10 - Report revenue from investments, including interest and dividends. Exclude unrealized gains or losses. Report proceeds from the sale of investments and other assets on **line 11**.

Line 11 - Report the net gain (or loss) from the sale or trade of real property and financial assets, such as stocks and bonds. Exclude unrealized gains or losses.

Description of revenue or receipts		2012		
		Report thousands of dollars. Estimates are acceptable.		
		\$ Bil.	Mil.	Thou.
1.	Child day care services			
	a. Child day care services, in-home 30591			
	b. Child day care services, in day care center 30592			
	c. Add lines 1a and 1b 30590			
2.	Pre-primary grade instructional programs (Include preschool programs combined with child day care.) 30690			
3.	Children and youth recreational programs 31550			
4.	Social assistance services for children, youth, and families - Describe 			
	<div style="border: 1px solid black; height: 30px; width: 550px;"></div> 30850			
5.	Adult day care services for elderly and disabled adults 31565			
6.	Resale of merchandise - Describe 			
	<div style="border: 1px solid black; height: 30px; width: 550px;"></div> 39661			
7.	All other operating receipts - Describe if more than 10 percent of total receipts or revenue 			
	<div style="border: 1px solid black; height: 30px; width: 550px;"></div> 39794			

CONTINUE WITH **22** ON PAGE 7

CONTINUE ON PAGE 7

62406061

If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

22 DETAIL OF REVENUE OR RECEIPTS - Continued

Description of revenue or receipts	2012		
	Report thousands of dollars. Estimates are acceptable.		
	\$ Bil.	Mil.	Thou.
8. OPERATING RECEIPTS - For taxable establishments, sum of preceding lines should equal 5, line B 39850			
9. Contributions, gifts, and grants			
a. Government 39900			
b. Private, including individuals, community efforts, and fundraising (include commissioned fundraising.) 39910			
10. Investment income, including interest and dividends 39920			
11. Gains (losses) from assets sold (Report losses by including a dash prior to the dollar amount.) 39930			
12. All other revenue - Describe if more than 10 percent of total receipts or revenue ↴			
13. TOTAL REVENUE - For tax-exempt establishments, sum of lines should equal 5, line C1 39990			

23-25 Not Applicable.

26 SPECIAL INQUIRIES

A. GRANTS, TRANSFERRED CONTRIBUTIONS, AND SIMILAR PAYMENTS OF TAX-EXEMPT ESTABLISHMENTS
(To be completed only by those indicating "Yes" in 5, line A.)

1. During 2012, did this establishment do any of the following:

- Award grants
- Make gifts or contributions
- Make payments to, or on behalf of, specific individuals
- Pay assessments (dues) to the parent or other chapters of the same organization
- Transfer funds raised by this establishment to charities or other organizations for charitable purposes?

3861 ☐ Yes - Go to line 2

3862 ☐ No - Go to B

2. Amount of grants, transferred contributions, and similar payments . . . 3865

2012		
\$ Bil.	Mil.	Thou.

CONTINUE WITH 26 ON PAGE 8

CONTINUE ON PAGE 8

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26 SPECIAL INQUIRIES - Continued**B. SOCIAL ASSISTANCE**

Estimate the percent of receipts for social assistance services reported in **22**, lines 1 through 5, from the following payers:

1. Government payers 3741

2. Private payers 3742

3. TOTAL

2012			
Percent			
<div></div>	<div></div>	<div></div>	%
<div></div>	<div></div>	<div></div>	%
<div>1</div>	<div>0</div>	<div>0</div>	%

C. FRANCHISE

1. Was this establishment operating under any trademark(s) authorized by a franchisor in 2012?
(Mark "X" only **ONE** box.)

0237 ☐ Yes - franchisee-owned establishment

0238 ☐ Yes - franchisor-owned establishment

0239 ☐ No

2. If yes, provide the trademark(s) below. ↗

0235

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27-29 Not Applicable.

REMARKS (Please use this space for any explanations that may be essential in understanding your reported data.)

30 CERTIFICATION - This report is substantially accurate and was prepared in accordance with the instructions.

Is the time period covered by this report a calendar year?

☐

Yes

☐

No - Enter time period covered →

FROM	Month	Year	TO	Month	Year

Name of person to contact regarding this report

Title

Area code Number Extension
 Tele-phone - - -

Area code Number
 Fax - -

E-mail address

Date completed Month Day Year

Thank you for completing your 2012 ECONOMIC CENSUS form.

PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS AND RETURN THE ORIGINAL.

62406087