Nebraska Child Care Market Rate Survey Report
2023
ACKNOWLEDGMENTS

Thank you to the members of our steering committee for your gracious review, especially the licensed providers who participated—we appreciate your time and expertise. Thank you also to the Early Learning Coordinators, Nikki Roseberry and the Nebraska Child Care Referral Network, and all others who promoted the 2023 Nebraska Child Care Market Rate Survey. Special thank you to Vera Valtier, Susan Aguilera-Robles, and Molly Colling for their help with translating the survey—we deeply appreciate your time and labor.

Most importantly, thank you to the licensed child care providers who took the time to complete the 2023 Nebraska Child Care Market Rate Survey. We truly appreciate you and the gift of your time.
Introduction

The Child Care and Development Block Grant (CCDBG) Act of 2014 was reauthorized with renewed emphasis on the Child Care and Development Fund (CCDF) program, which seeks to provide equal access to quality child care for families. The CCDF program is necessary to ensure children from families with lower income have the opportunity to experience stable, high-quality early experiences while their parents experience a pathway to economic stability. A primary goal of the CCDF program is to ensure that families with lower income receive CCDF funds to help them access quality child care in the same manner as families that pay the full rate for child care services (Davis et al., 2017).

The CCDBG Act requires lead agencies to inform families receiving CCDF assistance, the general public, and child care providers of various aspects of the new law. Lead agencies are required to conduct a market rate survey or alternative methodology to establish provider payment rates. Various factors should be considered when provider payment rates are established to ensure children from families with lower income have equal access to high-quality child care. Federal regulations indicate that the 75th percentile payment rate is a benchmark for gauging equal access for families receiving subsidy. However, states/territories are given the freedom to determine their own rates and eligibility requirements for families and programs.

The Nebraska Department of Health and Human Services (DHHS) is the CCDF lead agency in Nebraska. While the reauthorized CCDBG allows states to conduct a market rate survey every three years, state legislation requires that DHHS adjust the reimbursement rate for child care every odd-numbered year. For 2023, DHHS contracted with the Buffett Early Childhood Institute (referred to as the Institute throughout the remainder of this report) at the University of Nebraska to conduct a market rate survey (MRS) for child care in Nebraska. The 2023 MRS was designed to meet the following federal benchmarks: (a) includes the priced child care market; (b) provides complete and current data; (c) represents geographic variations; (d) uses rigorous data collection procedures; and (e) analyzes data in a manner that captures market differences as a function of age group, provider type, and geographic location (45 CFR § 98.4).

Consistent with the 2021 MRS, the Institute conducted a survey of all licensed child care providers across the state to obtain private pay child care rates for children with or without medical and behavioral needs. Categories of focus for data collection and reporting included:

1. Geographic location: rural or urban
2. Type of care: Family Child Care Home I, Family Child Care Home II, Child Care Center, Preschool, and School Age License
3. Age group of children: infant, toddler, preschool, and school age
4. Status of medical and behavioral needs
5. Accreditation
6. Extent to which child care providers participate in Child Care Subsidy Program
7. Barriers to child care providers accepting the Child Care Subsidy Program
8. What limits, if any, providers place on the number of children they will accept with the Child Care Subsidy Program
9. What level the provider participates in Nebraska’s Quality Rating and Improvement System, Step Up to Quality, or other systems of quality indicators
10. Cost of implementation required for health and safety training
11. Traditional and non-traditional care

In addition to conducting the 2023 MRS, the Institute agreed to perform the following services for DHHS:

1. Analyze data. Executive summary and recommendations presented in a format and file type approved by DHHS, summarizing overall study findings and providing recommendations to lead agencies as mentioned above. Analyses of rates will be presented in hourly and daily units reflective of 50th through 100th percentiles in increments of five.
2. Provide monthly preliminary data estimates in hourly and day units categorized by geographic location, type of child care provider, and age group of child.
3. Write and deliver a comprehensive report of study process and results.
4. Produce a secondary comprehensive report that calculates rates reflective of half-day/full-day and half-week/full-week units.
5. Provide ongoing support, including presentation of study process and findings to stakeholder groups.

The methodology utilized to compute rates was consistent with the approach that has been used in other states (e.g., Oregon, Colorado, Michigan) in their recent market rate surveys. This approach is rigorous and, as applied to available data, will yield valid results.
Methodology

SURVEY DEVELOPMENT
The 2023 Nebraska Child Care Market Rate Survey was developed and administered by the Buffett Institute on behalf of DHHS to investigate the prices, or rates, licensed providers charge for child care in Nebraska. The rates collected in this survey will be used to inform the child care subsidy reimbursement rate set for 2023–2025. The Buffett Institute team worked with a large steering committee, which included state agency, organization, and university staff and faculty partners, as well as licensed child care providers from across the state. The survey items were also reviewed and approved by DHHS. This stakeholder, provider, and agency review process was instrumental in the development of the survey and marked the first time licensed providers were asked directly for their input. The survey was designed to be delivered electronically to reduce the cost of conducting the survey.

The Buffett Institute team partnered with the University of Nebraska Medical Center's (UNMC) first-class mailing system to distribute postcards to providers. The list of licensed providers was cleaned by UNMC to remove duplicate and invalid addresses and resulted in a sample of 2,435 providers with eligible addresses. The Institute team partnered with the Institute’s Communications team on distributing emails through Salesforce. The email addresses went through a similar cleaning process, and invalid email addresses were removed, resulting in a sample of 1,631 providers with eligible email addresses. The Institute team also partnered with the Early Learning Coordinators throughout the state and the Nebraska Child Care Referral Network to promote the survey to providers. At the end of Phase I on March 15, a total of 384 surveys had been completed.

Phase II. All providers who had not completed the survey as of March 15 were sent a reminder email (n=1,367) on March 29, and reminder postcards (n=2,371) were sent out on March 24. Copies of these materials can be found in Appendix B. The Institute team partnered with the Bureau of Sociological Research to conduct follow-up phone calls with providers who had not yet completed the survey. The bureau prioritized calling providers who did not receive emails regarding the survey. At the end of Phase II on April 15, an additional 378 surveys were completed for a total of 762 surveys.

The 2023 Market Rate Survey included items gathering both quantitative and qualitative data. Survey items gathered information on the following topics: enrollment and attendance, full- and part-time rates for traditional care, full-time rates for nontraditional care, diversity of children, child care subsidy, staff training, program information, narrow cost analysis items, and children with behavioral and medical special needs. DHHS provided the Institute team with an electronic version of the most current child care licensing roster, allowing the team to pull in administrative data for analysis (i.e., county and licensed capacity, among others).

One new feature of the 2023 Market Rate Survey is that it was offered in both English and Spanish. Providers were able to select their preferred language at the start of the survey. Just under 2% of respondents (n=17) used the Spanish translation of the survey. Because the total number of Spanish-speaking licensed providers is unknown, there is not a way to know what percentage of Spanish-speaking licensed providers used the Spanish translation. The complete survey is included in Appendix A.

SURVEY DISTRIBUTION AND SAMPLING
As in previous years, a census approach was taken to ensure that all licensed providers were given the opportunity to respond to the survey. This approach allowed the Institute to survey the entirety of the priced child care market, which is defined as all the licensed providers in Nebraska charging rates through an arm's-length transaction (Grobe et al., 2008).

Data collection lasted for a 90-day period beginning on Feb. 16, 2022. Data collection efforts were broken out into three phases lasting approximately 30 days or one month.

Details regarding each phase are provided in the below sections. As with the 2021 MRS, the 2023 MRS was conducted in the context of the COVID-19 pandemic, and rates may reflect that context, although the survey itself does not allow for assessment of the impact of COVID-19 on the information provided.

Phase I. DHHS provided the Institute team with an electronic version of the licensing roster as of Jan. 10, 2022. This roster included email addresses for providers as available. Emails were sent to providers with valid email addresses on Feb. 16, and postcards were mailed to all providers with valid addresses on Feb. 17. The email contained a unique identifier for providers to enter when accessing the survey to ensure their information from the licensing roster could be tied to the information provided on the MRS. The postcard also contained the same unique identifier, and the survey link was provided, as well as a QR code linking directly to the survey. The email and postcard contained the same information inviting providers to take the survey and providing instructions for accessing the survey. Both email and postcard were provided to all providers in English and Spanish. All communication materials are in Appendix B.

Providers were also informed that completing the survey afforded them the opportunity to win one of three $100 Amazon e-gift cards. This incentivization was intended to boost participation rates and give back to providers in a tangible way.

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Phase III. All providers who had not completed the survey as of April 15 were sent a reminder email ($n=1,189$) on April 18. Copies of these materials can be found in Appendix B. The bureau continued to conduct follow-up phone calls. In their final round of calls the bureau no longer prioritized calling providers who had not received email addresses. The bureau reported calling 820 providers. The Nebraska Child Care Referral Network also reminded providers accessing their system to complete the survey. One last reminder email ($n=1,107$) was sent on May 9, letting providers know they had one week to complete the survey. At the end of Phase III on May 15, an additional 192 surveys were completed for a total of 954. The bureau collected some data through its phone calls to providers with a total of 31 surveys being completed. The three $100 Amazon e-gift cards were distributed to the randomly selected winners on June 27.

Final Sample. Before the data set was finalized, it underwent an extensive merging and cleaning process. Data exported from Qualtrics and data sent by the bureau were merged and checked for duplicate cases. After merging and cleaning, the final data set contained 946 valid responses representing a 32.9% response rate. This response rate was calculated using the guidance for Response Rate 2 from the American Association for Public Opinion Research (The American Association for Public Opinion Research, 2020).

Two variables were created to disaggregate data: setting type and geographic area. The setting type variable allows for information to be disaggregated according to provider license types:

1. Home I & II (Family Child Care Home I & II)
2. Center-Based (Child Care Center and Preschool)
3. School Age (School Age Only).

The geographic area variable allows for information to be disaggregated according to a county being either rural or urban as established by DHHS (Child Care Subsidy Rates, 2018).

1. Urban (Douglas, Lancaster, Sarpy, and Dakota Counties)
2. Rural (all other counties)

To determine how representative the survey sample was of Nebraska’s providers generally, descriptive analyses were run on responding and nonresponding providers. Figure 1 details the concentrations of responding providers by county. Urban counties show higher concentrations of respondents than do rural counties, and not all counties with licensed child care providers are represented.

When considering the percentage of providers who responded to the survey by setting type, each licensing category is similarly represented (approximately 1 in 3 providers responded for each category) except for school age only providers (only 14% responded). See Figure 2.
When considering geographic location, a greater proportion of rural providers (39.2%) responded to the survey than did urban providers (27.1%). See Figure 3.

**FIGURE 3 | PERCENTAGE OF PROVIDERS RESPONDING BY GEOGRAPHIC LOCATION**

Taking all this information together, the survey response from urban areas and school age only centers was lower than in rural areas and family child care homes, child care centers, and preschools. It is recommended that efforts be taken with future surveys to increase the response rate, and in particular to increase responses from urban areas and school age only centers.

**DATA MANAGEMENT**

**Qualtrics.** The survey was electronic and built in and distributed through Qualtrics. Qualtrics allows for the survey to be designed to gather maximum information with the least burden to the respondent. Providers only answered questions that were applicable to the care they provide. Qualtrics provides advanced security and confidentiality by offering Transport Layer Security encryption (HTTPs), and Qualtrics servers are stored in data storage facilities with security measures.

**Data Entry and Cleaning.** Data collected through the survey link to Qualtrics were automatically entered and recorded. Data collected by the bureau by phone were entered into a data set built to reflect the export of the data collected in Qualtrics. When data collection was completed, the data from Qualtrics and the bureau were merged and checked for duplicate entries. The data were then cleaned to prepare for analysis. Removal of extreme values, or outliers, was included in the cleaning process. Descriptive analyses, mainly frequencies, and visual inspection of the data were used to identify extreme values at the high and low ends of key variables.

It is important to be cautious interpreting the findings given the small number of providers that responded to key questions in the survey. Although the reported response rate is slightly higher than the previous market rate survey conducted in Nebraska, this value represents the number of providers that responded to any portion of the survey. This does not mean the provider responded to all the survey questions. In fact, the number of providers responding to key questions about hourly/daily rates charged was smaller than the total reported response rate. While the methodology employed is justifiable given it relied on observed responses to minimize error, a degree of inherent uncertainty still exists in the data about the accuracy of the calculated rates due to the limited number of surveys returned.

**Data Analyses.** Hourly and daily child care rates were analyzed from the 50th to 100th percentiles in increments of five. Additional categories analyzed include: (1) type of child care provider—family child care home vs. center-based care and (2) age group of child—infant, toddler, preschool, and school age. Many analyses include an exploration of the data across provider location (i.e., rural vs. urban). Lastly, data collection and analyses reflect hourly and daily rates. The Statistical Package for the Social Sciences (SPSS) software (version 26) was used to conduct descriptive data analyses, and Tableau (version 2021.4.3) was used to provide a geographic display of key findings.
Key Findings

Key findings are presented in five areas: a description of the survey respondents, the child care market rates, program descriptions, information about child care subsidy, and diverse populations served.

SURVEY RESPONDENTS
A majority of respondents were licensed family child care homes (62.4%, n=588). One-third of respondents were center-based (child care centers or preschools; 33.5%, n=316) and 4.1% (n=39) were school age only.

FIGURE 4 | PROVIDERS BY SETTING TYPE

More than half of respondents were from rural areas (56.8%, n=538), and 43.2% (n=409) were from urban areas.

FIGURE 5 | PROVIDERS BY GEOGRAPHIC LOCATION

CHILD CARE MARKET RATES

Full-Time Rates
Information regarding the percentiles calculated from the full-time rates provided by respondents are detailed in the tables below. Tables 1 and 2 show the percentile rankings of the full-time rates at the 50th to 100th percentiles in increments of five. The rates are broken down by provider type (Home I & II and Center-Based; School Age was excluded due to insufficient number of School Age Only providers); age level of child (infant, toddler, preschool age, school age); and pricing modes (hourly, daily). The percentiles can be understood in this way: the 60th percentile of provider rates is the price that covers 60% of child care provider rates. In other words, 60% of providers are charging that price or less for a child care slot. Three trends are evident in Tables 1 and 2. First, across pricing mode, geographic area, and the age level of children, rates for Family Child Care Homes (Home I & II) fall below rates for center-based care. Second, urban areas tend to charge higher rates than rural areas. Third, rates tend to decrease as child age increases.

2021 Nebraska Market Rate Survey Results Full-Time Rates

TABLE 1. PERCENTILE RANKINGS BASED ON REPORTED RATES FOR URBAN+ COUNTIES

<table>
<thead>
<tr>
<th>CENTER-BASED</th>
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<th>CENTER-BASED</th>
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*Note: Urban counties included Douglas, Lancaster, Sarpy, and Dakota (all other counties were considered rural).
*Note: PR denotes percentile rank.
TABLE 2. PERCENTILE RANKINGS BASED ON REPORTED RATES FOR RURAL COUNTIES

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Impacts to Rate Setting
Providers were asked to provide information regarding factors that influence the rates they charge families by selecting the top three factors from the following list: child care rates in the community, staff salaries and training costs, overall operating costs, child care subsidy/CCDF reimbursement rates, profit level desired, and parents’ ability/willingness to pay. The three factors selected as the primary factor influencing rate setting were child care rates in the community (46.7%, n=273), overall operating costs (37.6%, n=217), and staff salaries and training costs (30.9%, n=95). A breakdown of the factors across geographic location and setting is presented in Figures 6 and 7.
Nontraditional Care Options

Providers were asked if they provided any nontraditional care options. A majority of providers indicated they provided care during the summer and on non-school days (60.1%, \(n=569\)) and 1 in 3 providers indicated they provided drop-in care (37.1%, \(n=351\)). Weekend care (6.8%, \(n=64\)), wraparound care (5.3%, \(n=50\)), and overnight care (4.1%, \(n=39\)) were selected with less frequency. Most providers provided one (42.6%, \(n=262\)) or two (45.9%, \(n=282\)) types of nonstandard care, with 7.5% (\(n=46\)) providing three types and 4.1% (\(n=25\)) providing four or five types.

Hourly and daily rates were calculated for summer/non-school day care and drop-in care. Sample sizes were too low to calculate rates for the other types of nontraditional care.

### TABLE 4. | PERCENTILE RANKINGS BASED ON REPORTED SUMMER/NON-SCHOOL DAY RATES FOR URBAN COUNTIES

<table>
<thead>
<tr>
<th>Setting Type</th>
<th>Infant I &amp; II Center-Based</th>
<th>Toddler I &amp; II Center-Based</th>
<th>Preschool I &amp; II Center-Based</th>
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TABLE 5. | PERCENTILE RANKINGS BASED ON REPORTED SUMMER-NON-SCHOOL DAY RATES
FOR RURAL COUNTIES

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</table>

Late Fee Policies
Sixty-four percent of responding providers (n=509) indicated they charge some sort of late fee. Of those charging a late fee, 68% (n=346) described their late fee policy. Most policies indicated a fee per a specific increment of time, with a per single minute increment being the most common (57.2%, n=198). The fees by single minute ranged from $0.40 to $10, with $1 being the most frequent (69.7%, n=138). Other increments of time included 5 minutes (8.38%, n=29; fees range: $1–$20), 10 minutes (3.76%, n=13; fees range: $1–$35), half-hour (3.18% n=138). Other increments of time included 5 minutes (8.38%, n=29; fees range: $1–$20), 10 minutes (3.76%, n=13; fees range: $1–$35), half-hour (3.18% n=138). Other increments of time included 5 minutes (8.38%, n=29; fees range: $1–$20), 10 minutes (3.76%, n=13; fees range: $1–$35), half-hour (3.18% n=138). Other increments of time included 5 minutes (8.38%, n=29; fees range: $1–$20), 10 minutes (3.76%, n=13; fees range: $1–$35), half-hour (3.18% n=138).

PROGRAM DESCRIPTIONS
In this section, programs are described in terms of their enrollment and attendance, accreditation status and type, and operational hours.

Enrollment and Attendance
Table 8 represents average enrollment and average licensed capacity by geographic location, setting type, and child age. Consistent with regulations tied to license type and the age of the children, family child care homes tend to have lower average enrollment.
Table 9 represents the proportion of licensed capacity represented by a program’s total enrollment at each different percentile. The results indicate that while there is a gap between licensed capacity and total enrollment for most providers, it is not severe for many, and the top 40 percentiles indicate programs that are at or very near capacity. When looking at the proportion of licensed capacity across setting type, center-based programs tend to have a larger gap between enrollment and licensed capacity and tend to have fewer programs at or near capacity than do family child care homes.

Table 10 represents average desired enrollment by geographic location, setting type, and child age. Consistent with regulations tied to license type and the age of the children, family child care homes tend to have lower average enrollment than center-based and school age only programs, and average enrollment increases as age increases.

Table 11 represents average waitlist size by geographic location, setting type, and child age. As with enrollment and desired enrollment, average waitlist size is smaller for family child care homes than it is for center-based programs and school age only programs. One interesting difference is that the average waitlist size for urban family child care homes is smaller than the average waitlist size for rural family child care homes, but the average waitlist for urban center-based programs is larger than the average waitlist size for center-based programs.
for rural center-based programs. This opposite pattern could reflect differences in either need or availability in rural areas compared to urban areas for different care settings and is a potential area for further investigation.

**Table 12** represents average vacancies by geographic location, setting type, and child age. Family child care homes tend to have fewer vacancies on average than do center-based programs and urban programs tend to have more vacancies on average than do rural programs.

**Table 13** represents average daily attendance by geographic location, setting type, and child age. Consistent with previous findings, the regulations tied to license type and the age of the children lead to family child care homes tending to have lower average enrollment than center-based and school age only programs, and average enrollment increases as age increases.

**Accreditation**

The majority of providers were not accredited (84.1%, n=796). When considering accreditation status by setting type, 18.4% (n=108) of family child care homes and 12.7% (n=40) of center-based programs were accredited. Information about the types of accreditation is presented in Table 14.
### Operational Hours

Operational hours were considered by setting type. Family child care homes reported an average of 9.69 hours (SD=1.84 hours), center-based programs reported an average of 10.16 hours (SD=2.49 hours), and school age only providers reported an average of 6.12 hours (SD=2.56 hours). As would be expected, family child care homes and center-based programs reported similar numbers of hours while school age only programs reported fewer hours.

### Health and Safety Training

Approximately one-third of respondents (30.3%, n=287) indicated they paid for required health and safety training for their staff members. Family child care home providers indicated they spent an average of $48.79 per month (SD=$56.68) on required health and safety training. Child care center providers reported spending an average of $133.38 per month (SD=$201.45) on required health and safety training. School age only programs spent $101.15 per month on average (SD=$107.24). Fewer than 10 responding providers indicated that they had staff pay for required training—data for this group are not detailed due to the low response rate. Table 15 shows the average number of staff employed by responding providers.

### Program Participation and Funding Information

Providers were asked to indicate if they participated in or received funding from a list of organizations and programs (Head Start, Early Head Start, Step Up to Quality, Sixpence, Child and Adult Care Food Program (CACFP), and T.E.A.C.H. Early Childhood Nebraska (T.E.A.C.H. ECN)).

Over one-third of responding providers (39%, n=286) indicated they participated in the Step Up to Quality program. When considering Step Up to Quality participation across setting type, 35.6% (n=171) of family child care homes and 48.5% (n=113) participate. Table 16 below shows the percentage of participating providers at each step level by setting type.

<table>
<thead>
<tr>
<th>TABLE 14.</th>
<th>TYPE OF ACCREDITATION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PERCENT (n)</strong></td>
<td></td>
</tr>
<tr>
<td>National Accreditation Commission for Early Care and Education Program</td>
<td>2.9% (21)</td>
</tr>
<tr>
<td>National Association for the Education of Young Children (NAEYC)</td>
<td>12.3% (89)</td>
</tr>
<tr>
<td>National Early Childhood Program Accreditation (NECPA)</td>
<td>7.3% (52)</td>
</tr>
<tr>
<td>National Association for Family Child Care (NAFCC)</td>
<td>5.6% (40)</td>
</tr>
<tr>
<td>Association of Montessori International (AMI)</td>
<td>0% (0)</td>
</tr>
<tr>
<td>American Montessori Society (AMS)</td>
<td>***</td>
</tr>
<tr>
<td>National After School Association</td>
<td>***</td>
</tr>
</tbody>
</table>

*Note: Findings not reported for cell sizes with fewer than 10 respondents.

<table>
<thead>
<tr>
<th>TABLE 15.</th>
<th>AVERAGE FULL- AND PART-TIME STAFF MEMBERS BY SETTING TYPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOME I &amp; II</td>
<td>CENTER-BASED</td>
</tr>
<tr>
<td>Full Time</td>
<td>1.40 (1.01)</td>
</tr>
<tr>
<td>Part Time</td>
<td>1.51 (0.76)</td>
</tr>
<tr>
<td>Total</td>
<td>1.88 (1.29)</td>
</tr>
</tbody>
</table>

Program Participation and Funding Information

<table>
<thead>
<tr>
<th>HOME I &amp; II</th>
<th>CENTER-BASED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1</td>
<td>31.1% (51)</td>
</tr>
<tr>
<td>Step 2</td>
<td>50.6% (83)</td>
</tr>
<tr>
<td>Step 3</td>
<td>6.1% (10)</td>
</tr>
<tr>
<td>Step 4</td>
<td>*** (**)</td>
</tr>
<tr>
<td>Step 5</td>
<td>7.9% (13)</td>
</tr>
</tbody>
</table>

*Note: Findings not reported for cell sizes with fewer than 10 respondents.

Table 17 below shows participation in Head Start, Early Head Start, Sixpence, CACFP, and T.E.A.C.H. ECN across all respondents.

<table>
<thead>
<tr>
<th>TABLE 17.</th>
<th>PERCENTAGE OF PARTICIPATING PROVIDERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOME I &amp; II</td>
<td>CENTER-BASED</td>
</tr>
<tr>
<td>Head Start</td>
<td>2.3% (16)</td>
</tr>
<tr>
<td>Early Head Start</td>
<td>2.5% (17)</td>
</tr>
<tr>
<td>Sixpence</td>
<td>5.9% (41)</td>
</tr>
<tr>
<td>CACFP</td>
<td>69.8% (523)</td>
</tr>
<tr>
<td>T.E.A.C.H. ECN</td>
<td>13.7% (95)</td>
</tr>
</tbody>
</table>
Figure 8 below shows participation in Sixpence, CACFP, and T.E.A.C.H. ECN across setting types. Most striking is the difference in CACFP participation, with family child care homes participating at a noticeably higher proportion than center-based programs.

**FIGURE 8. | PROGRAM PARTICIPATION ACROSS SETTING TYPE**

![Graph showing program participation across setting type]

**CHILD CARE SUBSIDY**

Providers were asked a series of questions related to child care subsidy participation and limits and barriers to participation.

Seven in 10 respondents (70.3%, n=555) indicated that they accept child care subsidy. Of those accepting subsidy, 3 in 4 (74.6%, n=414) indicated having a current subsidy agreement with DHHS. The licensing roster also provides information about providers who accept subsidy. The information gathered through the MRS and the information available on the licensing roster were compared to see if there were any discrepancies between what individuals in the community can know through the licensing roster and the information provided by respondents. There was considerable overlap between the providers who indicated they have a current subsidy agreement with DHHS and those providers who have chosen to display their willingness to accept subsidy on the licensing roster. Almost 70% (69.2%, n=373) of providers show consistency between the two sources of information.

Most providers (88.1%, n=364) who accept subsidy and have a current agreement with DHHS indicated they require families to pay the co-pay amount in full. Average current enrollment using child care subsidy was 9.39 children (SD=11.14).

The majority of respondents (90.5%, n=498) who accept child care subsidy do not set any limits on the number of children they will accept who participate in the subsidy program. For those who do set limits, the most frequently selected limit was five or fewer children (46.2%, n=24).

Respondents were asked to indicate the barriers to participation in the subsidy program that they experience. Figure 9 shows the percentage of respondents who indicated experiencing each barrier listed. Being reimbursed for attendance and not enrollment, payments from families being hard to collect, and not receiving notification when families become ineligible were the three barriers selected with the greatest frequency.

**FIGURE 9. | BARRIERS TO PARTICIPATION IN THE SUBSIDY PROGRAM**

![Graph showing barriers to participation]

Providers who do not accept subsidy were asked to indicate the reasons why they do not participate. Figure 10 shows the percentage of respondents who selected each option as a reason they do not participate.

**FIGURE 10. | REASONS FOR NOT PARTICIPATING IN THE SUBSIDY PROGRAM**

![Graph showing reasons for not participating]
Providers who do not accept subsidy were asked if they had accepted child care subsidy in the past. Over one-third (38%, n=89) of respondents indicated they had accepted child care subsidy in the past. They were also asked if they would be willing to accept child care subsidy in the future, and over one-third (39.8%, n=92) indicated that they would accept it in the future.

DIVERSE POPULATIONS
Providers were asked to provide information about the care they provide to children from diverse populations including children experiencing homelessness, children of migrant families, dual- or English-language learners, and children with behavioral and medical special needs.

One in 10 providers (10.4%, n=81) indicated serving children experiencing homelessness and reported an average enrollment of 4.84 children (SD=9.15) experiencing homelessness. Fifteen percent (15.3%, n=120) indicated serving children of migrant families and reported an average enrollment of 3.33 children (SD=3.55) from migrant families. One-third of providers (33.2%, n=262) indicated serving children who are dual- or English-language learners and reported an average enrollment of 6.78 children (SD=10.64) who are dual- or English-language learners.

For the purposes of this survey, behavioral special needs were defined as Reactive Attachment Disorder, Autism, Oppositional Defiance Disorder, Post-Traumatic Stress Disorder, and Dissociative Disorders. One quarter of providers (23.8%, n=225) reported providing full-time care to children with behavioral special needs and 1 in 10 providers (11.6%, n=110) reported providing part-time care to children with behavioral special needs. The majority of providers (95.5%, n=211) indicated they charged their standard full-time rates for children with behavioral special needs. More than 3 in 5 providers (61%, n=240) who care for children with behavioral special needs accept subsidy for them.

Again for the purposes of this survey, medical special needs were defined including but not limited to C-tubes, seizure disorders, diabetes, and severe allergies requiring an Epi-Pen. One quarter of providers (23.7%, n=226) reported providing full-time care to children with medical special needs and 1 in 10 providers (10.6%, n=100) reported providing part-time care to children with medical special needs. The majority of providers (90.4%, n=198) indicated they charged their standard full-time rates for children with medical special needs. Less than half of providers (46.5%, n=240) who care for children with medical special needs accept subsidy for them.

References


## Nebraska 2023 Market Rate Survey

### Q1 Provider name:

(If this is not your provider name, please exit this survey and contact our help desk at 402-554-6506.)

### Q2 Please provide the following information related to enrollment and attendance.

<table>
<thead>
<tr>
<th>Current Enrollment</th>
<th>Desired Enrollment</th>
<th>Current Center Waitlist</th>
<th>Current Vacancies</th>
<th>Average Daily Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of children currently enrolled (1)</td>
<td>Maximum number of children you prefer to serve (2)</td>
<td>Number of children currently on your center or provider waitlist (3)</td>
<td>Number of full- or part-time openings (4)</td>
<td>Average number of children who attend your program (5)</td>
</tr>
</tbody>
</table>

- **Infants (up to 18 months)** (1)
- **Toddlers (18 months to 36 months)** (2)
- **Preschool (3 and 4 year olds)** (3)
- **School Age Children (5 Year Old and Older)** (4)

### Q3 Select all of the options you provide:

- Full time care (1)
- Part time care (2)

### Q4 Which of the following best describes your rate?

- Hourly (5)
- Daily (6)
- Weekly (7)
- Monthly (8)

### Q5 What is your standard rate for the following age groups?

- Infants (up to 18 months) (1)
- Toddlers (18-36 months) (2)
- Preschool (36 months to school age) (3)
- School age (Kindergarten and up) (4)

### Q6 How many days per week does your rate cover?

- 1 day (1) ... 30 days/1 month (8)

### Q7 Does your rate cover hours that are not included in your hours of operation?

- Yes (1)
- No (2)
Q8 How many hours per day does your $${\text{Field}/2}$$ rate cover?

________________________________________________________________

Display This Question:
If Select all of the options you provide: = Part time care

Q9 Is your $${\text{Field}/2}$$ rate based on (select yes or no for each):
Yes (3) No (4)

Number of days attended per week (1)

Number of hours attended per day (2)

End of Block: Full and Part Time Questions Loop

Start of Block: Program Services

Q10 Select all of the options you provide:

☐ Overnight Care (11)

☐ Weekend Care (12)

☐ Drop In Care (13)

☐ Summer and Non School Day Care (15)

☐ Wrap Around Care (18)

☐ Other: (19) ________________________________________________

End of Block: Program Services

Start of Block: Program Services Loop

Q11 Does your rate for $${\text{Field}/1}$$ change depending on the age of the child?

☐ Yes (1)

☐ No (2)

End of Block: Program Services Loop

Start of Block: Late Pick up

Q15 Do you charge a late pick up fee?

☐ Yes (1)

☐ No (2)

Display This Question:
If Do you charge a late pick up fee? = Yes

Q16 What is your late fee policy?

________________________________________________________________

________________________________________________________________

End of Block: Late Pick up

Page 4 of 16
Start of Block: Diversity of Children
Q17 Does your program serve children with any of the following characteristics?
- Yes (1)
- No (2)

- Children experiencing homelessness (1)
- Children of migrant families (2)
- Dual- and/or English-Language Learners (3)

Display This Question: Do you accept Child Care Subsidy?
Display This Answer: Yes (1) No (2)

Display This Question: Do you currently have a Child Care Subsidy agreement with DHHS?
Display This Answer: Yes (1) No (2)

Q18 How many children are enrolled in your program right now?

<table>
<thead>
<tr>
<th>Number of children</th>
<th>(1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(2)</td>
<td></td>
</tr>
</tbody>
</table>

End of Block: Diversity of Children

Start of Block: Child Care Subsidy Block
Q19 Do you accept Child Care Subsidy?
- Yes (1)
- No (2)

Q20 Do you currently have a Child Care Subsidy agreement with DHHS?
- Yes (1)
- No (2)

Q21 For families with a subsidy co-payment, do you require them to pay the full co-payment amount?
- Yes (1)
- No (2)

Q22 Which of the following are reasons that you do not accept subsidy? (Select all that apply.)
- Not currently a need to accept subsidy (4)
- Reimbursement rate is too low (5)
- Subsidy paperwork is a burden (6)
- Takes too much time (7)
- Takes too long to be reimbursed (8)
- I am just not interested (9)
- I don’t know how to sign up (10)
- Not Applicable (12)
- Other (11)
Q23 Have you accepted Child Care Subsidy in the past?
- Yes (1)
- No (2)

Q24 Would you be willing to accept Child Care Subsidy in the future?
- Yes (1)
- No (2)

Q25 How many children do you currently have enrolled that are utilizing Child Care Subsidy?
- 5 or fewer children (4)
- 6 to 10 children (5)
- 11 to 15 children (6)
- Other (7) ________________________________________________

Q26 Do you have limits on the number of children you will accept who participate in the Subsidy program?
- Yes (1)
- No (2)

Q27 Why do you limit your participation in the Subsidy program?

---

Q28 Which of the following best represents the limit you set on child care subsidy participation?
- 5 or fewer children (4)
- 6 to 10 children (5)
- 11 to 15 children (6)
- Other (7) ________________________________________________

Q29 Which of the following are barriers to your participation in the Subsidy program? (Select all that apply):
- Paid for attendance or a limited number of absences, not enrollment (2)
- Back payments for care already given are not allowed (3)
- Subsidy payments take too long to receive (4)
- Hard to collect co-payments from families (5)
- Takes too long to become an authorized recipient (6)
- Do not get notified when families become ineligible for Subsidy (8)
- The process and requirements take too much time (9)
- COVID-19 and related health measures (10)
- Reduced staffing or enrollment due to COVID-19 (11)

Q30 As a provider, please tell us any barriers you have experienced with the Subsidy program not previously identified.

---

End of Block: Child Care Subsidy Block

Start of Block: Special needs
Q31 Do you provide care for children with (select all that apply):

<table>
<thead>
<tr>
<th>Full time care (1)</th>
<th>Part time care (2)</th>
<th>None (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical special needs (Examples may include but are not limited to: C-tube, seizure disorders, diabetes, severe allergies requiring Epi-pen) (2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behavioral special needs (Example may include but are not limited to: Reactive Attachment Disorder, Autism, Oppositional Defiance Disorder, Post-Traumatic Stress Disorder, Dissociative Disorder) (1)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

End of Block: Special needs

Start of Block: Staff Training
Q32 Do you employ staff?
- Yes (1)
- No (2)

Display This Question:
If Do you employ staff? = Yes

Q33 Enter the number of employed staff at your program:
- Full time (4)
- Part time (5)

Display This Question:
If Do you employ staff? = Yes

Q34 Does your program pay for the required Health and Safety training for your staff (e.g., Pediatric First Aid/CPR, fire safety, and mandatory reporting of suspected abuse or neglect)?
- Yes (1)
- No (2)

Display This Question:
If Do you employ staff? = Yes

Q35 Approximately how much do you spend per month on the required Health and Safety training of your staff? Please enter dollar amount.

Q36 Does your staff pay for the required Health and Safety training for themselves (e.g., Pediatric First Aid/CPR, fire safety, and mandatory reporting of suspected abuse or neglect)?
- Yes (1)
- No (2)

Display This Question:
If Do you employ staff? = Yes

Q37 Approximately how much does your staff spend per month on the required Health and Safety training?

Display This Question:
If Do you employ staff? = Yes

Q38 Do you participate in, receive funding for, or offer any of the following?
- Head Start (1)
- Early Head Start (2)
- Step Up to Quality (4)
- Sixpence (3)
- Child and Adult Care Food Program (CACFP) (5)
- T.E.A.C.H Early Childhood Nebraska (6)
- Other, please use box below: (8)

Display This Question:
If Do you participate in, receive funding for, or offer any of the following? = Step Up to Quality [ Yes ]
Q39 What is your current Step Up to Quality level?

- ▼ Step 1 (1) ... Step 5 (6)

Q40 Are you accredited with any of the following national or international organizations?

- Yes (1)
- No (2)

<table>
<thead>
<tr>
<th>Organization</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Accreditation Commission for Early Care and Education Program (1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>National Association for the Education of Young Children (NAEYC) (2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>National Early Childhood Program Accreditation (NECPA) (3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>National Association for Family Child Care (NAFCC) (4)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Association of Montessori International (AMI) (5)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>American Montessori Society (AMSI) (6)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>National After School Association (7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other, please use box below (12)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Q41 Rank the top three factors that influence the rates you charge to families, with 1 being the highest:

1. Child care rates in the community (1)
2. Staff salaries and training costs (2)
3. Overall operating costs (3)
4. Child Care Subsidy/CCDF reimbursement rates (4)
5. Profit level desired (5)
6. Parents’ ability/willingness to pay (6)

Q42 What other factors impact your rates for children?

Q43 The next questions are being asked in order to collect information to better understand the true cost of providing childcare in Nebraska. All information will remain confidential and will be used only to inform the childcare subsidy rate. DHHS will use this information in aggregate to assess how/if subsidy rates are sufficient in covering a provider’s true cost of care.

In the table below, please provide the information requested for the staff in your program. If you employ only one employee in that position, please enter their salary into the “Highest Annual Salary or Hourly Wage” column. If you do not employ a specific staff position, please enter “0”. If you are self-employed family childcare home provider, please enter the salary you pay yourself into the “Director” staff position.

<table>
<thead>
<tr>
<th>Number of Individuals in the Position</th>
<th>Director (1)</th>
<th>Assistant Director (Director Designee) (2)</th>
<th>Administrative Assistant (3)</th>
<th>Lead Teacher (Full-time) (4)</th>
<th>Assistant Teacher (Full-time) (5)</th>
<th>Teacher (Part-time) (6)</th>
<th>Lead Teacher (Part-time) (7)</th>
<th>Assistant Teacher (Part-time) (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wage Type:</td>
<td>Annual Salary or Lowest Hourly Wage (1)</td>
<td>☐ *</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Wage Type:</td>
<td>Highest Annual Salary or Highest Hourly Wage (2)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Q44 Do you currently offer your full-time employees any of the following benefits? (select all that apply)

- ☐ Paid sick leave (1)
- ☐ Paid vacation (2)
- ☐ Health insurance (3)
- ☐ Dental Insurance (4)
- ☐ Vision Insurance (5)
- ☐ Retirement plan (6)
Q52 Is the part time rate you charge for children with [Field1] different from your standard part time rate?

- Yes (2)
- No (1)

Display This Question:
If Loop current: Is the part time rate you charge for children with [Field1] different from your standard rate? = Yes

Q53 Which of the following best describes your part time rate for children with [Field1]?

<table>
<thead>
<tr>
<th>Part Time Rate</th>
<th>(1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hourly</td>
<td>Daily</td>
</tr>
<tr>
<td>Daily</td>
<td>Weekly</td>
</tr>
<tr>
<td>Weekly</td>
<td>Monthly</td>
</tr>
</tbody>
</table>

Display This Question:
If Loop current: Is the part time rate you charge for children with [Field1] different from your standard rate? = Yes

Q54 Does your part time rate for children with [Field1] change depending on the age of the child?

- Yes (2)
- No (1)

Display This Question:
If Loop current: Is the part time rate you charge for children with [Field1] different from your standard rate? = Yes

Q55 What is your part time rate for children with [Field1] for each of the following age ranges:

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Hourly</th>
<th>Daily</th>
<th>Weekly</th>
<th>Monthly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infants</td>
<td>(4)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toddlers</td>
<td>(5)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preschool</td>
<td>(6)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>School Age</td>
<td>(7)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Display This Question:
If Loop current: Is the part time rate you charge for children with [Field1] different from your standard rate? = Yes

Q56 How many children with [Field1] do you have enrolled right now for each age group?

<table>
<thead>
<tr>
<th># of children enrolled</th>
<th>(1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Toddlers</td>
<td>(2)</td>
</tr>
<tr>
<td>Preschool</td>
<td>(3)</td>
</tr>
<tr>
<td>School Age</td>
<td>(4)</td>
</tr>
</tbody>
</table>

Display This Question:
If Loop current: Do you accept subsidy for children with [Field1]: = Yes

Q57 Do you accept subsidy for children with [Field1]:

- Yes (1)
- No (2)

Display This Question:
If Loop current: Do you accept subsidy for children with [Field1]: = Yes

Q58 What barriers have you experience with accepting subsidy for children with [Field1]:

- None

Display This Question:
If Loop current: Do you accept subsidy for children with [Field1]: = Yes

End of Block: Special Needs Loop - Medical
Appendix B: Communication Materials

INITIAL POSTCARD MAILING — FRONT & BACK

Help us gather important information on child care rates in Nebraska.

Ayúdenos a recopilar información importante sobre las tarifas de cuidado infantil en Nebraska.
REMINDER POSTCARD — INSIDE (FRONT AND BACK SAME AS PREVIOUS)

(Apple of the postcard is shown here)

INITIAL EMAIL TO SURVEY NONRESPONDENTS – ENGLISH VERSION

2023 Nebraska Child Care Market Rate Survey

Dear Nebraska Child Care Provider,

We are asking for your help with the 2023 Nebraska Child Care Market Rate Survey. Results from the survey will be used to set the Child Care Subsidy rates in Nebraska, allowing equitable access to quality child care across the state.

We ask that the director of your child care program complete the survey. This survey should take about 15 minutes to complete. Participation is voluntary, and responses will be kept completely confidential.

You will need to use your unique Login Identification Number to take the survey. (Para realizar la encuesta, necesitará utilizar su número de identificación de inicio de sesión único: 0000)

COMPLETE THE SURVEY

We truly appreciate your time. Providers who complete the survey will be entered in a drawing for the chance to win one of three $100 Amazon gift cards.

If you have any questions, please contact our help desk at (402) 554-6506. Thank you!

Sincerely,

Greg Welch, Ph.D.
Associate Director of Research and Evaluation
Buffett Early Childhood Institute
University of Nebraska
SPANISH TRANSLATION ACCESSED THROUGH INITIAL EMAIL

Estimado/a proveedor/a de atención infantil de Nebraska,

Debería haber recibido correos electrónicos anteriores invitándolo a completar la Encuesta de tasa de mercado. Si ya la ha completado, le agradecemos. Si no, este es el recordatorio final antes de la fecha límite. Pídalo al director de su programa de cuidado infantil que complete la encuesta tan pronto como lo sea posible.

Los resultados de la encuesta se utilizarán para establecer las tarifas del subsidio de cuidado infantil en Nebraska, lo que permitirá el acceso equitativo a cuidado infantil de calidad en todo el estado. Su participación es voluntaria y las respuestas serán estrictamente confidenciales.

Para realizar la encuesta, deberá usar su número de identificación de inicio de sesión único de su correo electrónico.

Agradecemos sinceramente su tiempo. Los proveedores que completen la encuesta participarán en un sorteo por la oportunidad de ganar una de las tres tarjetas de regalo de Amazon por USD 100.

Si tiene alguna pregunta, póngase en contacto con nuestro centro de ayuda al (402) 554-6610. ¡Gracias!

Atentamente,

Greg Welch, Ph.D.
Director adjunto de Investigación y Evaluación
Instituto para la Primera Infancia Buffett (Buffett Early Childhood Institute)
Universidad de Nebraska

COMPLETE LA ENCUESTA

EMAIL REMINDERS TO SURVEY NONRESPONDENTS – ENGLISH VERSION

2023 Nebraska Child Care Market Rate Survey
Para ver este correo electrónico en español, por favor haga clic aquí.

Dear Nebraska Child Care Provider,

Last month you should have received an email inviting you to complete the Market Rate Survey. If you have already completed it, thank you! If not, the deadline is quickly approaching. Please have the director of your child care program complete the survey at their earliest convenience.

Results from the survey will be used to set the Child Care Subsidy rates in Nebraska, allowing equitable access to quality child care across the state. Your participation is voluntary, and your responses will be kept strictly confidential.

You will need to use your unique Login Identification Number to take the survey. (Para realizar la encuesta, necesitará utilizar su número de identificación de inicio de sesión único: 9000)

COMPLETE THE SURVEY

We truly appreciate your time. Providers who complete the survey will be entered in a drawing for the chance to win one of three $100 Amazon gift cards.

If you have any questions, please contact our help desk at (402) 554-6506. Thank you!

Sincerely,

Greg Welch, Ph.D.
Associate Director of Research and Evaluation
Buffett Early Childhood Institute
University of Nebraska
SPANISH TRANSLATION ACCESSED THROUGH REMINDER EMAIL

Estimado/a proveedor/a de atención infantil de Nebraska,

Debería haber recibido correos electrónicos anteriores invitándolo a completar la Encuesta de tasa de mercado. Si ya la ha completado, le agradecemos. Si no, este es el recordatorio final antes de la fecha límite. Pidale al director de su programa de cuidado infantil que complete la encuesta tan pronto como le sea posible.

Los resultados de la encuesta se utilizarán para establecer las tarifas del subsidio de cuidado infantil en Nebraska, lo que permitirá el acceso equitativo a cuidado infantil de calidad en todo el estado. Su participación es voluntaria y las respuestas serán estrictamente confidenciales.

Para realizar la encuesta, deberá usar su número de identificación de inicio de sesión único de su correo electrónico.

Agradecemos sinceramente su tiempo. Los proveedores que completen la encuesta participarán en un sorteo por la oportunidad de ganar una de las tres tarjetas de regalo de Amazon por USD 100.

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COMPLETA LA ENCUESTA