GREG W. WELCH | ELIZABETH SVOBODA | AMANDA GARRETT KATHLEEN GALLAGHER | MOLLY GOLDBERG | ALEXANDRA DARO

Nebraska Child Care Market Rate Survey Report 2019





ACKNOWLEDGMENTS

Jen Goettemoeller, Cathey Huddleston-Casas, and Susan Sarver for their valuable insights, specifically content knowledge at both the planning and the reviewing stages.

Copyright © 2019 Buffett Early Childhood Institute.

Prepared for the Nebraska Department of Health and Human Services, Division of Children and Family Services, July 2019

Welch, G.W., Svoboda, E.A., Garrett, A., Gallagher, K., Goldberg, M., & Daro, A. (2019). 2019 Nebraska Child Care Market Rate Study. University of Nebraska: Buffett Early Childhood Institute.

The Buffett Early Childhood Institute at the University of Nebraska promotes the development and learning of children from birth through age 8. Our vision is to make Nebraska the best place in the nation to be a baby. Visit <u>buffettinstitute.nebraska.edu</u> for more information.

GREG W. WELCH | ELIZABETH SVOBODA | AMANDA GARRETT KATHLEEN GALLAGHER | MOLLY GOLDBERG | ALEXANDRA DARO

Nebraska Child Care Market Rate Survey Report 2019

Contents

Introduction 4
Methodology
Survey Development
Survey Distribution and Sampling6
Data Management
Key Findings
Survey Respondents
Child Care Market Rates
Full-Time Rates
Program Descriptions
Current Enrollment
Accreditation
Funding
Staffing
Operational Hours
Enrollment Fee
Child Care Subsidy Agreements
Special Populations
Provider Perspectives: Expanded Responses
Child Care Subsidy Participation
Barriers to Participation
Limits to Participation
References
Appendix A
Appendix B

TABLES

TABLE 1	NUMBER (%) OF ACCREDITED PROVIDERS PER PROVIDER TYPE	10
TABLE 2	NUMBER (%) OF ACCREDITED PROVIDERS SERVING EACH AGE GROUP BY PROVIDER TYPE AND GEOGRAPHIC LOCATION	. 10
TABLE 3	NUMBER (%) OF NON-ACCREDITED PROVIDERS SERVING EACH AGE GROUP BY PROVIDER TYPE AND GEOGRAPHIC LOCATION	.11
TABLE 4	HOW MUCH DO CHILD CARE PROVIDERS CHARGE IN URBAN COUNTIES?	12
TABLE 5	HOW MUCH DO CHILD CARE PROVIDERS CHARGE IN RURAL COUNTIES?	13
TABLE 6A	SAMPLE SIZES AND RANGE OF RATES FOR FULL-TIME CARE - URBAN SETTINGS - HOURLY	13
TABLE 6B	SAMPLE SIZES AND RANGE OF RATES FOR FULL-TIME CARE - RURAL SETTINGS - HOURLY	.13
TABLE 6C	SAMPLE SIZES AND RANGE OF RATES FOR FULL-TIME CARE - URBAN SETTINGS - DAILY	13
TABLE 6D	SAMPLE SIZES AND RANGE OF RATES FOR FULL-TIME CARE - RURAL SETTINGS - DAILY	13
TABLE 7	AVERAGE NUMBER OF CHILDREN ENROLLED PER SITE BY GEOGRAPHY AND PROVIDER TYPE	.16
TABLE 8	CHILD CARE PROVIDERS' ACCREDITATION BY PROVIDER TYPE	16
TABLE 9	CHILD CARE PROVIDERS' REPORTED FUNDING SOURCES	17
TABLE 10	AVERAGE NUMBER OF PART-TIME AND FULL-TIME STAFF BY PROVIDER TYPE AND GEOGRAPHY	17
TABLE 11	MEANS AND STANDARD DEVIATIONS OF HOURS	18
TABLE 12	MEANS AND STANDARD DEVIATIONS FOR THE ENROLLMENT FEE BY PROVIDER TYPE AND GEOGRAPHY	.18
TABLE 13	PERCENTAGE OF PROVIDERS WITH CURRENTLY ENROLLED CHILDREN WITH SPECIAL NEEDS, HOMELESS CHILDREN, MIGRANT CHILDREN, ELLS	.19
TABLE 14	NUMBER OF UNIQUE RESPONSES ACROSS ALL ADDITIONAL WRITING QUESTIONS	20

FIGURES

FIGURE 1	LOCATIONS OF RESPONDED PROVIDERS	8
FIGURE 2	DISTRIBUTION AND PERCENTAGE OF THE SAMPLE BY PROVIDER TYPE	.11
FIGURE 3A	AVERAGE INFANT FULL-TIME HOURLY RATES BY COUNTY	.14
FIGURE 3B	AVERAGE TODDLER FULL-TIME HOURLY RATES BY COUNTY	.14
FIGURE 3C	AVERAGE PRESCHOOL FULL-TIME HOURLY RATES BY COUNTY	.15
FIGURE 3D	AVERAGE SCHOOL AGE FULL-TIME HOURLY RATES BY COUNTY	.15
FIGURE 4	DISTRIBUTION OF CHILD CARE SUBSIDY AGREEMENT FROM RESPONDENTS	.19

Introduction

The Child Care and Development Block Grant (CCDBG) Act of 2014 was reauthorized with renewed emphasis placed 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 low-income families 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 low-income families 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 engage in a number of activities designed to inform families receiving CCDF assistance, the general public, and child care providers of various aspects of the new law. This includes a requirement for Lead Agencies 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 low-income families 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 (NDHHS) 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 NDHHS adjust the reimbursement rate for child care every odd numbered year. For 2019, NDHHS contracted with the Buffett Early Childhood Institute (referred to as Institute throughout the remainder of this manuscript) at the University of Nebraska to conduct a market rate survey (MRS) for child care in the state of Nebraska. The 2019 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 2017 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 special 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, and School Age License
- 3. Age Group of Children: Infant, Toddler, Preschool, and School Age
- 4. Special needs status: Medical and Behavioral
- 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. Proportion of children who receive subsidy
- 9. What limits, if any, providers place on the number of children they will accept with the Child Care Subsidy Program
- 10. What level the provider participates in Nebraska's Quality Rating and Improvement system, Step Up to Quality, or other systems of quality indicators
- 11. Cost of implementation required for Health and Safety trainings
- 12. Traditional and non-traditional care

In addition to conducting the 2019 MRS, the Institute agreed to perform the following services for NDHHS:

- Analyze data. Executive summary and recommendations presented in a format and file type approved by the Department of Health and Human Services (DHHS), summarizing overall study findings and providing recommendations to Lead Agencies as mentioned above. Analyses of rates will be presented in Hourly and Day units reflective of 50th through 100th percentiles in increments of 5.
- 2. Provide 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 halfday/full-day units and half-week/full-week units.
- 5. Provide ongoing support, including presentation of study process and findings to stakeholder groups.

Methodology

SURVEY DEVELOPMENT

This survey was conducted by the Institute on behalf of the NDHHS to study the 2019 market rate prices for child care in Nebraska. The 2019 child care market rates will inform the child care subsidy reimbursement rates. The Institute's research team closely collaborated with the NDHHS to develop a draft of the survey based on the state's previous MRS in 2011, 2015, and 2017. The draft was then reviewed and discussed by a steering committee that provided additional guidance and facilitated the decision-making process for the Nebraska MRS. The steering committee¹ was composed of experts who are experienced with the MRS and child care in Nebraska. The final survey content was approved by DHHS prior to survey administration.

The final survey included questions related to (a) rate information by provider type, child age, and geographic setting; (b) program descriptors (e.g., ZIP code, staff, hours of part-time and full-time care, children enrolled, enrollment fee); (c) quality measures and participation (e.g., accreditation, funding); (d) child descriptive information (e.g., children with special needs, homeless and migrant children); and (f) barriers for providers with a Child Care Subsidy agreement. The survey was carefully reviewed and completed by key stakeholders and various employees in the Institute to ensure the questions were clear and the survey was clean of typos, etc. To facilitate distribution of the survey to providers across the state, the Institute contracted with the Bureau of Sociological Research at the University of Nebraska–Lincoln. The Bureau also provided consultation on the layout and design of the survey as well as specific survey items. The process for survey distribution is described in detail below. The final survey is included in Appendix A.

SURVEY DISTRIBUTION AND SAMPLING

The survey was initially mailed to child care providers on Feb. 1, 2019, and data collection remained active through April 26, 2019. The total data collection window lasted approximately 12 weeks. Participation in the survey was voluntary; providers could selectively choose to respond to each question. There were three phases in the survey distribution and sampling process; these are specified below.

6

¹Brandee Lengel, Co-Executive Director at Nebraska Association for the Education of Young Children. Ben Baumfalk, Policy Research Analyst at First Five Nebraska.

Lisa Knoche, Research Associate Professor at Nebraska Center for Research on Children, Youth, Families, and Schools.

Jen Goettemoeller, Owner and Consultant at Prairie Oak Publishing & Consulting.

Methodology

Phase 1. NDHHS provided the list of currently licensed child care providers in Nebraska, n=3,220. Bureau project staff removed any duplicated providers' addresses, resulting in an eligible survey sample of 3,219. The team planned a census approach to surveying all 3,219 licensed child care providers in Nebraska.

In the initial mailing, a survey packet including a cover letter explaining the survey, a copy of the survey, and a postage pre-paid addressed business reply envelope for the survey to be mailed back to the Bureau was mailed to each child care provider. A \$1 incentive was also enclosed with the other materials as a small token of appreciation regardless of the provider's decision to participate. The initial mailing was sent to providers on Feb. 1, 2019. For each address, the director of the child care program was asked to complete the questionnaire.

Phase 2. One week after the first mailing, all licensed child care providers were mailed a postcard reminding them to complete the survey. This reminder postcard was sent to providers on Feb. 8, 2019.

A final mailing went out on Feb. 22, 2019, to all non-respondents, which replicated the materials sent in the first mailing except for the \$1 incentive. All communication materials were in English and can be found in Appendix B.

Phase 3. Survey non-respondents received up to three phone calls from the Bureau reminding them to complete the survey. The Bureau answered any providers' questions and also contacted school districts that have a research board to identify school-based child care programs. The Bureau requested the research boards fill out the survey in batches for multiple centers within the same district that offer the same rates. The phone call reminders began March 22, 2019, and ended April 12, 2019. The sample pool for phase III included 2,760 licensed providers in Nebraska who did not complete the initial survey. From Phase III, a total of 1,236 responses (44.78%) out of the 2,760 non-responses were collected.

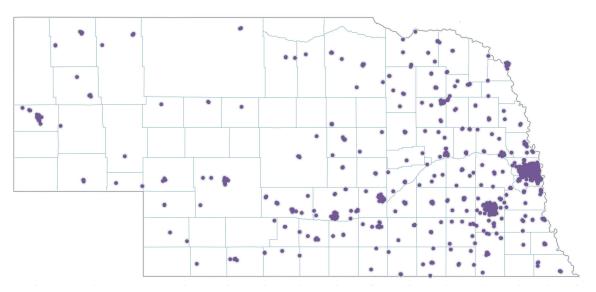
Final Sample. After a data cleansing process excluding invalid responses and unlicensed providers, 1,695 (52.66%) valid responses were obtained for use in data analyses. The response rate of 52.66% was calculated using the American Association for Public Opinion Research's standard definition for Response Rate 2. Of the 3,219 total licensed child care providers, 0.3% (n=10) were determined to be ineligible (e.g., no such address, vacant, closed business) and 3.0% (n=97) were undeliverable addresses with unknown eligibility. Refusals (e.g., blank survey returned, letter, phone call, or email stating refusal to participate, including batch refusals for entire school systems or sites) and refused mail were obtained from 5.4% (n=175) of the sample.

All analyses reported include three provider types:

- Family Child Care Home I and II (Home I and II)
- Center-Based by combining Child Care Centers and Preschools (Center-Based)
- School Age License (School Age).

Two geographic distinctions (rural and urban) were made using DHHS's previously established data reporting categories (Child Care Subsidy Rates, 2018). The 2019 Nebraska MRS adopted these two geographic categories; DHHS had already classified all 93 Nebraska counties into one of the two geographic categories. Four counties were classified as urban, and the remaining 89 counties were considered rural. The survey represents geographic variation with responded providers. Figure 1 presents the geographic locations of provider responses by county across the state.





DATA MANAGEMENT

Data Processing. Mail survey data were entered using Epi Info 6 software. The data were saved on the Bureau's secure network file server. Data entry was completed by an experienced data-entry staff. All of the data-entry workers had previous experience in data entry using Epi Info 6 on other mail survey projects. The data-entry staff was supervised by full-time Bureau project staff.

Data entry was completed in two steps. First, one data-entry worker would enter responses from a single survey. Second, another data-entry worker would re-key the survey and be alerted of any discrepancies with the first entry. Supervisory staff members were available to answer questions about discrepancies or illegible responses.

Methodology

Data Entry and Cleansing. Data collected from child care providers via the mailings were recorded and stored by Bureau staff on a secure server located within the Sociology Department at the University of Nebraska–Lincoln. The Statistical Package for the Social Sciences (SPSS) software package was used to process and document the dataset. The dataset was exported from Epi Info 6 into an SPSS system file. The Bureau removed any cases that were duplicate or blank. The first step in data cleaning was to run frequency distributions on each variable in the survey. The second step was to generate variable and value labels. The final step in data cleaning was to check for out-of-range values on all survey items. Recoding was done to correct for the most obvious errors/inconsistencies in the data. There were several write-in answers as well, which were added as non-numeric additional values.

Outlier detection. Additional data cleaning techniques removed outliers, or extreme values, from key variables. Frequency distributions along with a visual display of the data were used to detect the outliers for removal at both the low and high ends of the distributions of rates.

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 of 1,695 is consistent with previous market rate surveys in Nebraska, in our study this value represents the number of providers that responded to any portion of the survey. This does not mean the provider responded to all of the survey questions. In fact, the number of providers responding to key questions about hourly/daily rates charged was much smaller than the total reported response rate.

Data Analyses. We used the SPSS software (version 25) and the Tableau (version 13) to conduct descriptive data analyses and provide a geographic display of key findings.

Key Findings

Findings are provided across four key areas: (a) a description of the survey respondents; (b) the child care market rates; (c) program descriptions; and (d) special populations served.

SURVEY RESPONDENTS

Table 1 displays the number and percentage of accredited licensed child care providers for each of the three provider types. Table 2 presents the number and percentage of responded providers who are accredited and who serve children at each age group by provider type and geographic location. Table 3 presents the number and percentage of non-accredited licensed child care providers for each of the three provider types. Figure 2 presents the distribution of the sample by provider type.

TABLE 1. | NUMBER (%) OF ACCREDITED PROVIDERS PER PROVIDER TYPE

PROVIDER	ACCREDITED	NOT ACCREDITED
Home I & II	192 (12.77%)	798 (53.09%)
Center-Based	97 (6.45%)	317 (21.09%)
School Age	20 (1.33%)	79 (5.26%)

TABLE 2. | NUMBER (%) OF ACCREDITED PROVIDERS SERVING EACH AGE GROUP BY PROVIDER TYPE AND GEOGRAPHIC LOCATION

	INF	ANT	TODDLER		PRESCH	DOL AGE	SCHOOL AGE		
PROVIDER	URBAN	RURAL	URBAN	RURAL	URBAN	RURAL	URBAN	RURAL	
Home I & II	66 (28.09%)	117 (49.49%)	66 (26.51%)	120 (48.19%)	65 (23.55%)	120 (43.48%)	50 (22.03%)	102 (44.93%)	
Center-Based	35 (14.89%)	17 (7.23%)	42 (16.87%)	21 (8.43%)	49 (17.75%)	42 (15.22%)	33 (14.54%)	22 (9.69%)	
School Age	0	0	0	0	0	0	16 (7.05%)	4 (1.76%)	
Total	101	134	108	141	114	162	99	128	

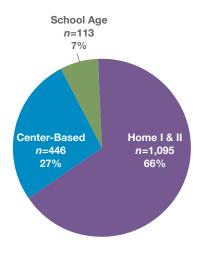
Note. Percentage is calculated by dividing the number of providers within each cell by the total number of each child type ($N_{infant} = 235$; $N_{toddler} = 249$; $N_{preschool} = 276$; $N_{school-age} = 227$).

	INFANT		TODDLER		PRESCHO	OOL AGE	SCHOOL AGE	
PROVIDER	URBAN	RURAL	URBAN	RURAL	URBAN	RURAL	URBAN	RURAL
Home I & II	278 (29.20%)	476 (50.00%)	294 (29.52%)	486 (48.80%)	289 (26.69%)	480 (44.32%)	215 (24.05%)	410 (45.86%)
Center-Based	100 (10.50%)	98 (10.29%)	109 (10.94%)	107 (10.74%)	150 (13.85%)	160 (14.77%)	89 (9.96%)	103 (11.52%)
School Age	0	0	0	0	2 (0.18%)	2 (0.18%)	56 (6.26%)	21 (2.35%)
Total	378	574	403	593	441	642	360	534

TABLE 3. | NUMBER (%) OF NON-ACCREDITED PROVIDERS SERVING EACH AGE GROUP BY PROVIDER TYPE AND GEOGRAPHIC LOCATION

Note. Percentage is calculated by dividing the number of providers within each cell by the total number of each child type ($N_{infant} = 952$; $N_{toddler} = 996$; $N_{preschool} = 1,083$; $N_{school-age} = 894$).





CHILD CARE MARKET RATES

Full-Time Rates

Tables 4 and 5 show the full-time rates at the 50th-100th percentiles in increments of 5 by provider type (Home I and II, 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 by pricing modes (hourly, daily). The 75th percentile of rates is the price at which 75% of child care slots may be purchased. Several trends are apparent in Tables 4 and 5. Regardless of pricing mode, geographic area, or age level of children, the rates for Home I and II are generally consistently lower than that for Center-Based care; rates in rural areas are lower than rates in urban areas; and the rates for infants and toddlers tend to be slightly higher than that for preschool and school age children. Tables 6a-d provide the sample sizes and range of rates for hourly and daily full-time care across geographic setting, child age, and provider type.

2019 Nebraska Market Rate Survey Results Full-Time Rates

TABLE 4. | HOW MUCH DO CHILD CARE PROVIDERS CHARGE IN URBAN* COUNTIES?

		INF	ANT			TODI	DLER			PRES	CHOOL		SCHOOL AGE			
	H0 1 8	ME & II		TER- SED	H0 I 8	ME & II		TER- SED		ME & II		TER- Sed	H0 1 8	ME & II		TER- SED
PR*	HOUR	DAY	HOUR	DAY	HOUR	DAY	HOUR	DAY	HOUR	DAY	HOUR	DAY	HOUR	DAY	HOUR	DAY
50	4.50	30.00	6.80	43.50	4.00	30.00	6.35	41.55	4.00	30.00	6.00	38.00	4.00	30.00	6.00	34.50
55	4.50	30.00	7.00	44.85	4.00	30.00	6.50	42.00	4.00	30.00	6.00	39.00	4.00	30.00	6.00	35.00
60	4.50	30.00	7.00	45.00	4.40	30.00	6.50	42.40	4.30	30.00	6.25	39.20	4.50	30.00	6.00	35.40
65	5.00	32.00	7.00	45.56	4.50	30.00	7.00	43.53	4.50	30.00	6.60	40.00	4.50	30.00	6.00	36.00
70	5.00	35.00	7.35	46.00	5.00	30.20	7.10	45.00	5.00	30.70	6.80	40.00	5.00	30.00	6.30	36.00
75	5.00	35.00	8.00	48.81	5.00	33.00	7.50	45.30	5.00	33.00	7.00	41.13	5.00	30.00	6.50	38.25
80	5.00	35.00	8.00	50.00	5.00	35.00	7.95	47.00	5.00	35.00	7.40	44.00	5.00	32.00	7.00	40.00
85	6.00	36.00	8.59	50.00	5.00	35.00	8.00	48.00	5.00	35.00	7.50	45.00	5.00	35.00	7.00	40.00
90	6.45	40.00	8.98	52.30	5.70	36.70	8.00	50.00	5.70	36.00	7.70	45.80	5.15	35.00	7.10	44.60
95	7.95	45.00	9.00	55.00	7.20	40.00	8.10	55.00	7.00	40.00	8.00	49.90	6.65	40.00	7.55	50.00
100	9.00	50.00	9.00	59.00	8.50	45.00	8.50	55.00	8.50	45.00	8.00	55.00	8.50	45.00	8.00	55.00

⁺Urban counties included Douglas, Lancaster, Sarpy, and Dakota (all other counties were considered rural).

*PR denotes percentile rank.

Key Findings

		INF	ANT			TODI	DLER			PRESO	CHOOL			SCHOO	OL AGE	
		ME & II	CEN Bas	TER- SED	но 1 8	ME & II		TER- SED	H0 I 8	ME & II	CEN Bas	TER- SED		ME & II		TER- SED
PR*	HOUR	DAY	HOUR	DAY	HOUR	DAY	HOUR	DAY	HOUR	DAY	HOUR	DAY	HOUR	DAY	HOUR	DAY
50	2.85	25.00	4.35	32.00	2.75	25.00	4.00	30.00	2.75	25.00	4.00	29.00	2.75	24.00	4.00	28.00
55	3.00	25.00	4.50	32.20	2.85	25.00	4.11	30.00	2.85	25.00	4.00	30.00	3.00	25.00	4.00	29.90
60	3.00	25.00	4.73	33.00	3.00	25.00	4.25	31.00	3.00	25.00	4.00	30.00	3.00	25.00	4.00	30.00
65	3.00	25.00	5.00	33.52	3.00	25.00	4.50	31.00	3.00	25.00	4.00	30.00	3.00	25.00	4.10	30.00
70	3.00	27.00	5.00	35.20	3.00	25.00	4.50	31.10	3.00	25.00	4.32	30.00	3.00	25.00	4.46	30.00
75	3.00	28.00	5.00	36.00	3.00	25.00	5.00	33.50	3.00	25.00	4.88	31.20	3.00	25.00	5.00	30.50
80	3.00	30.00	5.20	36.80	3.00	27.00	5.50	35.00	3.00	26.60	5.40	35.00	3.00	25.00	5.40	33.00
85	3.48	30.00	5.95	40.00	3.25	29.64	6.00	36.00	3.25	28.00	6.00	35.21	3.49	28.00	6.00	34.00
90	3.56	30.00	6.42	40.00	3.50	30.00	6.45	36.00	3.50	30.00	6.49	36.00	3.60	30.00	6.45	35.42
95	4.15	35.00	8.00	40.00	3.86	30.00	8.00	38.85	4.00	30.00	8.00	37.60	4.91	30.00	8.00	36.00
100	7.00	50.00	9.00	43.00	7.00	40.00	9.00	45.00	7.00	45.00	9.00	40.00	5.00	40.00	9.00	40.00

TABLE 5. | HOW MUCH DO CHILD CARE PROVIDERS CHARGE IN RURAL COUNTIES?

Tables 6a-d. Sample Sizes and Range of Rates for Full-Time Care

TABLE 6A. | URBAN SETTINGS - HOURLY

	INFANT	TODDLER	PRESCHOOL	SCHOOL AGE
Home I & II	80 (\$2.00-9.00)	75 (\$2.00-8.50)	75 (\$2.40-8.50)	86 (\$2.75-8.50)
Center-Based	30 (\$5.00-9.00)	35 (\$4.14-8.50)	35 (\$4.43-8.00)	37 (\$4.50-8.00)

TABLE 6B. | RURAL SETTINGS - HOURLY

	INFANT	TODDLER	PRESCHOOL	SCHOOL AGE
Home I & II	273 (\$1.25-7.00)	270 (\$1.25-7.00)	270 (\$1.25-7.00)	266 (\$1.75-5.00)
Center-Based	47 (\$2.50-9.00)	54 (\$2.25-9.00)	61 (\$2.00-9.00)	60 (\$2.00-9.00)

TABLE 6C. | URBAN SETTINGS - DAILY

	INFANT	TODDLER	PRESCHOOL	SCHOOL AGE
Home I & II	168 (\$9.00-50.00)	162 (\$8.00-45.00)	160 (\$8.00-45.00)	177 (\$7.00-45.00)
Center-Based	45 (\$30.00-59.00)	56 (\$20.00-55.00)	60 (\$20.00-55.00)	58 (\$7.00-55.00)

TABLE 6D. | RURAL SETTINGS - DAILY

	INFANT	TODDLER	PRESCHOOL	SCHOOL AGE
Home I & II	283 (\$10.00-50.00)	280 (\$10.00-40.00)	275 (\$10.00-45.00)	273 (\$4.50-40.00)
Center-Based	54 (\$20.00-43.00)	61 (\$20.00-45.00)	63 (\$15.00-40.00)	61 (\$4.00-40.00)

Key Findings

When the rates were analyzed by county, distinct patterns of rates across the state appeared. Figures 3a-d depict how the rates vary across the state by child age.

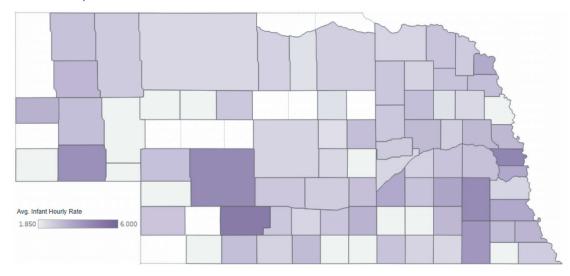
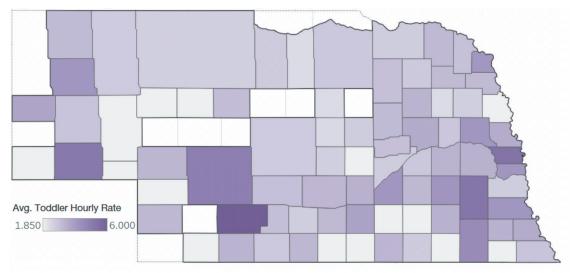


FIGURE 3A. | AVERAGE INFANT FULL-TIME HOURLY RATES BY COUNTY





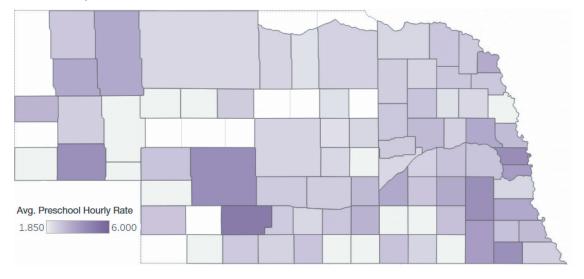
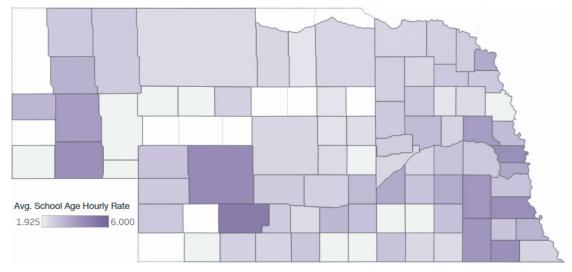


FIGURE 3C. | AVERAGE PRESCHOOL FULL-TIME HOURLY RATES BY COUNTY





PROGRAM DESCRIPTIONS

This section includes information on (1) current enrollment; (2) accreditation; (3) funding; (4) staffing; (5) operational hours; (6) enrollment fees; and (7) child care subsidy agreements.

Current Enrollment

Table 7 presents the average number of children enrolled per site by geography and provider type for the programs affiliated with the survey respondents. Overall, there are more children enrolled in Home I and II in rural than in urban settings. The number of children enrolled in Center-Based care is about the same in rural and urban areas, with slightly more in rural settings; interestingly, there are more children in Center-Based care

in urban settings per site, on average. There are more children enrolled in School Age care in urban than in rural settings.

GEOGRAPHY	PROVIDER TYPE	MEAN	SD	N
	Home I & II	8.95	4.51	403
Urban	Center-Based	86.34	52.21	214
	School Age	122.21	185.44	78
	Home I & II	10.61	5.16	683
Rural	Center-Based	56.04	48.30	223
	School Age	70.78	63.35	27

TABLE 7. | AVERAGE NUMBER OF CHILDREN ENROLLED PER SITE BY GEOGRAPHY AND PROVIDER TYPE

Accreditation

Providers were asked about their current accreditation status. Accreditation is also available via licensing records. Table 8 indicates accreditation status and affiliations based on self-report from the MRS survey; 1,536 (90.62%) providers reported accreditation with at least one association.

TABLE 8. | CHILD CARE PROVIDERS' ACCREDITATION BY PROVIDER TYPE

ASSOCIATION	HOME I & IIª	CENTER- BASED⁵	SCHOOL AGEº
National Accreditation Commission for Early Care and Education Program (NACECEP)	72 (6.58%)	16 (3.59%)	3 (2.65%)
National Association for the Education of Young Children (NAEYC)	79 (7.21%)	51 (11.43%)	5 (4.42%)
National Early Childhood Program Accreditation (NECPA)	76 (6.94%)	14 (3.14%)	2 (1.77%)
National Association for Family Child Care (NAFCC)	85 (7.76%)	3 (0.67%)	1 (0.88%)
Association Montessori International (AMI)	2 (0.18%)	0 (0.00%)	0 (0.00%)
American Montessori Society (AMS)	1 (0.09%)	6 (1.35%)	0 (0.00%)
National After School Association (NASA)	3 (0.27%)	3 (0.67%)	9 (7.96%)

Note: The result is based on self-report. ^a Number of funded providers divided by the total number of Home I and II providers, n=1,095; ^b divided by the total number of Center-Based providers, n=446; ^c divided by the total of school age-only providers, n=113.

Funding

Overall, there were 1,130 providers (66.67%) out of the 1,695 respondents who reported receiving funding from at least one of the following: Head Start, Early Head Start,

Sixpence, Step Up to Quality, Child and Adult Care Food Program, and/or T.E.A.C.H. Early Childhood® Nebraska. Table 9 presents the number and percentage of programs receiving each category of funding.

FUNDING	HOME I & IIª	CENTER-BASED ^b	SCHOOL AGE°
Head Start	11 (1.00%)	22 (4.93%)	0 (0.00%)
Early Head Start	6 (0.55%)	11 (2.47%)	0 (0.00%)
Sixpence	17 (1.55%)	21 (4.71%)	0 (0.00%)
Step Up to Quality	163 (14.88%)	155 (34.75%)	0 (0.00%)
Child and Adult Care Food Program (CACFP)	802 (73.24%)	196 (43.95%)	32 (28.32%)
T.E.A.C.H. Early Childhood® NEBRASKA	45 (4.11%)	70 (15.70%)	0 (0.00%)

TABLE 9. | CHILD CARE PROVIDERS' REPORTED FUNDING SOURCES

Note: ^a Number of funded providers divided by the total number of Home I and II providers, n=1,095; ^b divided by the total number of Center-Based providers, n=446; ^c divided by the total of school age-only providers, n=113.

Staffing

Among the 1,695 providers, 1,141 (67.32%) providers responded on the number of employed part-time staff and 1,410 (83.19%) providers responded on the number of employed full-time staff. Table 10 presents the means and standard deviations for staff by provider type and geography. On average, there are more full-time staff per site for both Home I and II and Center-Based care than part-time staff, regardless of geographic location; however, there are more part-time staff per site for School Age providers than full-time staff, regardless of geographic location. Overall, there are more full-time staff per site for Center-Based care than Home I and II.

TABLE 10. | AVERAGE NUMBER OF PART-TIME AND FULL-TIME STAFF BY PROVIDER TYPE AND GEOGRAPHY

	PART-	TIME STAFF	FULL-TIM	IE STAFF
PROVIDER TYPE	<i>URBAN</i> MEAN (SD)	<i>RURAL</i> MEAN (SD)	URBAN MEAN (SD)	<i>RURAL</i> MEAN (SD)
Home I & II	0.39 (0.73)	0.51 (1.01)	0.70 (0.60)	0.98 (6.28)
Center-Based	7.64 (12.39)	5.96 (7.95)	12.73 (13.83)	7.32 (11.72)
School Age	18.90 (39.76)	5.28 (4.00)	3.50 (7.17)	2.71 (3.24)

Operational Hours

On average, the hours constituting full-time care per week were 44.35 hours reported by 1,211 providers (71.45%). On average, the hours constituting full-time care per day were

9.36 hours from 1,233 providers (72.74%). On average, a weekly rate for full-time care covers 4.91 days per week (M = 4.91, SD = .57) from 1,313 responses (77.46%). Table 11 presents the average hours constituting full-time care per week and full-time care per day by provider type and geographic location.

PROVIDER	FULL-TIME HOURS PER WEEK					FULL-TIME	HOUR	S PER DAY	
M(SD)	URBAN	n	RURAL	n		URBAN	n	RURAL	n
Home I & II	46.85 (22.81)	351	44.23 (12.97)	538		9.87 (3.68)	353	9.55 (4.17)	542
Center-Based	47.95 (16.79)	130	40.73 (29.54)	125		9.67 (3.62)	131	8.68 (6.50)	129
School Age	28.30 (17.65)	37	24.23 (16.32)	11		5.43 (3.38)	43	5.48 (5.76)	16

TABLE 11. | MEANS AND STANDARD DEVIATIONS OF HOURS

Enrollment Fee

A total of 619 (36.52%) out of the 1,695 respondents reported on the enrollment fee. Among them, 600 (35.40%) out of the 619 providers charged an enrollment fee. Table 12 presents the means and standard deviations of the enrollment fee by provider type and geographic location. Results indicate providers in urban areas charge a higher enrollment fee than providers in rural areas. Home I and II providers charge a higher enrollment fee than Center-Based care providers, regardless of geographic setting. Center-Based care providers charge a higher enrollment fee than School Age providers, regardless of geographic setting.

TABLE 12. | MEANS AND STANDARD DEVIATIONS FOR THE ENROLLMENT FEE BY PROVIDER TYPE AND GEOGRAPHY

		URBAN		RURAL
PROVIDER TYPE	N	<i>M</i> (SD)	N	<i>M</i> (SD)
Home I & II	109	\$80.56 (75.03)	91	\$72.89 (58.00)
Center-Based	192	\$63.47 (44.58)	135	\$38.97 (23.67)
School Age	60	\$36.52 (23.75)	11	\$27.27 (8.47)

Child Care Subsidy Agreements

Out of 1,695 providers who responded,1,370 providers (80.83%) addressed whether they had a Child Care Subsidy agreement with NDHHS at the time of the survey. Among this group, 608 providers (44.38%) did not have a Child Care Subsidy agreement, and the other 762 providers (55.62%) had an agreement (see Figure 4). Specifically, 381 (50%) Home I and II providers had an agreement; 281 (36.88%) Center-Based providers had an agreement; and 86 (11.29%) School Age providers had an agreement (see Figure 4). A total of 1,461 providers (86.19%) responded to the number of children their program currently receives subsidy payments for from NDHHS at the time of the survey. On average, providers currently receive subsidy payments for 4.69 children (M=4.69, SD=12.48). A total of 1,591 providers (93.9%) responded on whether they accept subsidy as payment at the time of the survey. Among this group, 836 out of the 1,591

providers (52.5%) did not accept subsidy as payment at the time of the survey, and the other 755 providers (47.5%) did accept subsidy as payment at the time of the survey.

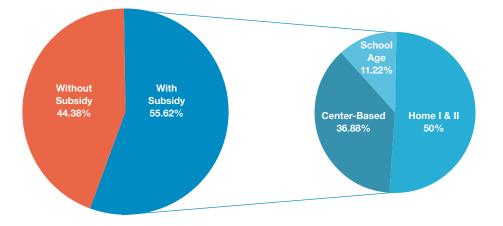


FIGURE 4. | DISTRIBUTION OF CHILD CARE SUBSIDY AGREEMENT FROM RESPONDENTS

SPECIAL POPULATIONS: CHILDREN WITH SPECIAL NEEDS, ENGLISH LANGUAGE LEARNERS, MIGRANT CHILDREN, AND HOMELESS CHILDREN

A total of 1,634 (96.4%) providers responded whether they had children enrolled with diverse backgrounds at the time of the survey. Among them, 801 (47.3%) of the 1,634 indicated they had children enrolled with diverse backgrounds. Specifically, 737 (45.1%) providers serve children with special needs (medical and/or behavioral); 380 (23.26%) providers have English Language Learners (ELLs) enrolled; 216 (13.22%) providers have migrant children enrolled; and 199 (12.18%) providers have homeless children. Table 13 presents the percentage of providers who reported currently enrolling children with diverse backgrounds by provider type and geographic location. The highest percentage of sites serving diverse children are Center-Based providers, followed by Home I and II. The percentage of providers serving diverse children in urban areas is higher than that in rural areas regardless of provider type for both Center-Based providers.

TABLE 13. | PERCENTAGE OF PROVIDERS WITH CURRENTLY ENROLLED CHILDREN WITH SPECIAL NEEDS, HOMELESS CHILDREN, MIGRANT CHILDREN, ELLS

	CHILDREN WITH SPECIAL NEEDS ^a		HOMELESS CHILDREN ^₅		MIGRANT CHILDREN°	
PROVIDER TYPE	URBAN	RURAL	URBAN	RURAL	URBAN	RURAL
Home I & II	117 (15.88%)	212 (28.77%)	24 (12.06%)	37 (18.59%)	33 (15.28%)	36 (16.67%)
Center-Based	146 (19.81%)	150 (20.35%)	43 (21.61%)	38 (19.10%)	50 (23.15%)	39 (18.06%)
School Age	68 (9.23%)	22 (2.99%)	40 (20.10%)	7 (3.52%)	42 (19.44%)	8 (3.70%)

Note: Percentage is calculated by dividing the number of providers within each cell by the total number of each child type ($N_{specialneeds}$ =737; $N_{homeless}$ =199; $N_{migrant}$ =216; N_{ELL} =380).

Provider Perspectives: Expanded Responses

To further examine issues related to participation in the Child Care Subsidy program, providers were offered opportunities to expand on their survey answers in writing. Over 800 (n=808) distinct licensed child care providers responded to open-ended survey questions. Table 14 provides the number of unique responses across all open-ended survey questions for the Family Child Care Homes I and II group as well as the Child Care Centers and Preschools group.

TABLE 14. | NUMBER OF UNIQUE RESPONSES ACROSS ALL ADDITIONAL WRITING QUESTIONS

Child Care Center and Preschool	329
Total	1,238

CHILD CARE SUBSIDY PARTICIPATION

Providers were asked to describe reasons about subsidy participation in a series of three questions:

Why do you not accept Child Care Subsidy (Title XX)? Why would you not accept a child that is utilizing Child Care Subsidy? Why do you not accept Subsidy as a payment now?

Answers to these questions were thematically coded into categories (Guest, MacQueen, Namey, 2012) and then analyzed across these three questions. Of the providers, 808 (47.7%) of the responses were codable answers that were interpretable in the context of the questions. Licensed Family Child Care Home I and II providers supplied the majority of responses, 77.6% (n= 627), and providers from licensed Child Care Centers and Preschools supplied 18.3% (n=148) of the responses. Across all types of providers, 15.2% (n= 204) indicated multiple reasons for not accepting children funded by child care subsidy, including payment issues, administrative issues, not being interested in participating, and/or negative past experiences were often listed together. Responses were coded into eight distinct categories: no need for subsidy, subsidy not applicable, issues with subsidy payment, administrative issues, not interested in accepting subsidy, negative past experiences with subsidy, logistical issues, and no knowledge of subsidy.

No perceived need for subsidy. Across all provider groups, 39.9% (n=322) responded that they did not perceive a need for child care subsidy. Comments in this category included: parents had not asked providers for subsidy to be accepted, enrollment slots were full (with or without a waiting list), providers served populations that could afford

current rates, providers had been enrolled in the past but let their agreement lapse, and providers offered scholarships to the children they served.

Awareness and applicability. Over 13 percent of the providers (13.3%, n=107), reported that they either did not know about the subsidy program (1.0%; n=8) or that the program did not apply to them (12.3%; n=99).

Payment issues. Some providers (9.3%; n=75) described issues with the payment for the care they provided to children funded by subsidy, including reductions in payment when children were not in care, and the time lag between submitting paperwork and payment, the methods for payment, and the infrequent pay schedule. Providers shared that they could not make enough money if they accepted children funded by subsidy.

Administrative issues. Some providers (6.1%, *n*=49), described administrative difficulties with subsidy, such as problems with communication and receiving notifications from DHHS. Administrative difficulties included perceptions that the amount and complexity of the necessary paperwork was too intensive and a "hassle".

Lack of interest. Other providers, (4.8%, n=39), stated they were "simply not interested" in participating, with some indicating that it was their personal preference or right to operate their business as they so choose. Of these providers, some had "heard bad things" about the program, but most reported that they were not interested in participating.

Negative experiences with subsidy. A few providers, 1.2% (n=10) described negative past experiences with accepting subsidy. Examples of negative past experiences included negative interactions with parents regarding payment of the parent portion of the fees, uncertain drop-off and pickup times, short notice when terminating care, and providers feeling "taken advantage of."

Logistical issues. Less than half a percent (0.2%; n=2) of the responding providers reported issues related to computer use—not having or understanding how to operate a computer.

BARRIERS TO PARTICIPATION

Providers were asked about barriers preventing them from participating in the child care subsidy program in the following question:

As a provider, please tell us any barriers you have experienced with the Subsidy program.

Over half of responded providers (56.1%; n=950) provided codable entries. Responses were coded by themes, and licensed Family Child Care Homes provided the majority of responses (65.2%; n=619), while over a quarter of the statements, (26.3%, n=250), came from licensed Child Care Centers and Preschools. Responses were coded into 10 categories: no need for or experience with the subsidy program, not applicable, not interested, negative past experiences with subsidy use, payment issues, administrative issues, logistical issues, miscellaneous, and no barriers.

Just over 3 percent (3.3%; n=31) of providers indicated that they had either **no need for or no experience** with the subsidy program. Ten percent (n=95) of providers indicated that the subsidy program was **not applicable to their provider type**. A small segment of providers, 1.4% (n=13), indicated they simply were **not interested or had heard negative things about the program**. Over 6 percent (6.4%; n=61) of providers indicated that **negative past experiences with subsidy use** was a barrier to participating in the subsidy program. Some responses in this category included comments indicating friction in the relationship between the provider and parents.

Payment and administrative issues often appeared together in the responses. Just over 12 percent (12.2%; n=116) of providers indicated multiple barriers to their participation in the program. Notably, over a quarter of providers (25.3%; n=240) possessed no barriers to participating in the child care subsidy. Some providers offered compliments to the program on its ease of use.

Almost one quarter of providers (23.7%; n=225) indicated **payment issues** were a barrier to participating in the subsidy program. Responses in this category included reporting lost revenue due to children's lack of attendance. Just over half of the providers who responded to the barriers question (51.6%; n=166) specifically mention subsidy rates as a barrier to accepting children funded by subsidy. In the Family Child Care Home group, 46.9% (n=100) of these providers mentioned subsidy rates as a barrier. In the Child Care Center and Preschool group, 60.2% (n=50) of these providers mentioned subsidy rates as a barrier. Responses in this category include those subsidy rates or pay being too low, private pay rates being higher than subsidy, and losing money/budget problems due to the difference between their private pay rates and subsidy rates.

Furthermore, 16% (n=152) of providers indicated administrative issues as barriers, especially difficulties with paperwork. Just over 1 percent (1.1%, n=10) of providers described logistical problems (e.g., computer and staffing issues).

Miscellaneous (low frequency) responses (.7%, n=7) included parents not paying the family fee or co-pay, the need for parents to request subsidy in order for providers to qualify for it, and the (lack of) value of the subsidy program.

LIMITS TO PARTICIPATION

When asked about the limits to the number of children funded by subsidy they would accept into their program, 13.3% (n=226) of providers answered the following question:

What are the limits you have to the number of children you will accept who participate in the Subsidy program?

Of the respondents, 77.4% (n=175) were licensed Family Child Care Homes I and II, and 19% (n=43) were licensed Child Care Centers or Preschools. Providers most frequently specified a number of children they would accept, which were recoded into ranges and described subsequently. Across all provider types, 31.4% (n=71) indicated they were willing to enroll between one and five children funded by subsidy, 30.1% of providers (n=68) indicated they were not willing to enroll any children funded by subsidy, 7.5% (n=17) indicated they were willing to take six or more children funded by subsidy, and 3.1% (n=7) indicated they did not limit the number of children they enrolled who were funded by subsidy.

Among providers in Family Child Care Homes, 36% (n=63) were willing to take between one and five children, 33.7% (n=59), stated they were not willing to take any children funded by subsidy, 6.9% (n=12) were willing to take six or more children funded by subsidy, and 1.7% (n=3) indicated they did not have a limit. Providers in the family child care home settings sometimes also indicated the reason they will not enroll children funded by subsidy, or only take between one and five children funded by subsidy, is due to low pay compared to what they generally charge ("can't take that kind of loss each week," "income restrictions," etc.).

Among (combined) Child Care Center and Preschool providers, 18.6% (n=8) indicated they were willing to enroll between one and five children funded by subsidy, 11.6% (n=5) indicated they were not willing to enroll any children funded by subsidy, 11.6% (n=5) indicated they were willing to enroll six or more children funded by subsidy, and 9.3% (n=4) indicated they had no limit to the number they were willing to enroll. Some providers in the combined child care center and preschool group stated they would take none or only up to five children due to the loss of income ("don't pay enough," "all my budget allows," etc.).

Across provider types, some providers choose to answer the question in ways that did not directly specify the number of children funded by subsidy they were willing to enroll in their programs. For example, six providers gave a percentage (ranging between 25% and 50%) of their total children, while others indicated that they were only willing to take children in specific time slots or age ranges. Still others said it depended on their current income or budget. These additional responses indicate that providers use a variety of strategies for determining how many children funded by subsidy they are willing to enroll and provide care for.

Overall, the written responses allowed for a more thorough examination of the reasons and motivations for subsidy use among child care providers across settings. Learning these perspectives may allow program and policy teams to better understand how the child care subsidy program in Nebraska can be improved to better serve children, families, and child care providers.

References

Child Care Subsidy Rates. (2018). Retrieved from http://dhhs.ne.gov/Pages/Child-Care-Subsidy-Information-for-Providers.aspx

Davis, E., Karoly, L., Weber, B., Caronongan, P., Tout, K., Banghart, P., Shaw, S., & Partika, A. (2017). Market rate surveys and alternative methods of data collection and analysis to inform subsidy payment rates, OPRE Report #2017-115, Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

Guest, G., MacQueen, K. M., & Namey, E. E. (2012). Applied thematic analysis. Thousand Oaks, CA: Sage.

Appendix A: 2019 Nebraska Market Rate Survey

2019 Nebras Market Ra	
Section 1: About Your Program I. Which of the following best describes your program? Family Child Care Home I (Licensed) Family Child Care Home II (Licensed) Child Care Center (Licensed) School-Age-Only Center (Licensed) Other, please specify: Other, please specify: Other, please specify: No → Go to #5 3. How many infants are currently enrolled in your program? I What is the minimum age you allow infants to enroll in your program?	 5. Does your program serve toddlers (18-36 months)? Yes No → Go to #7 6. How many toddlers are currently enrolled in your program? 7. Does your program serve preschool-age children (36 months - school-age)? Yes No → Go to #9 8. How many preschool-age children are currently enrolled in your program? 9. Does your program serve school-age children (kindergarten-age and up)? Yes No → Go to #11 10. How many school-age children are currently enrolled in your program?
 11. Are you accredited with each of the following? a. National Accreditation Commission for Early Care b. National Association for the Education of Young C c. National Early Childhood Program Accreditation (fd. National Association for Family Child Care (NAFCC e. Association Montessori International (AMI) f. American Montessori Society (AMS) g. National After School Association h. Other, please specify: 	hildren (NAEYC) O O NECPA) O O

12. Do you participate in,	receive funding for, or	offer any	of the	followi	ng?	

	163	NU	if yes, please describe the extent to which you participate.
a. Head Start	0	0	
b. Early HeadStart	0	0	
c. Sixpence	0	0	
d. Step up to Quality	0	0	
e. Child and Adult Care Food Program (CACFP)	0	0	
f. T.E.A.C.H. Early Childhood® NEBRASKA	0	0	
g. Other, please specify:	0	0	

13. Please answer the following questions about your hours of operation.

15. What is your hourly rate for evening care?

16. Approximately how many children in your program receive evening care?

Children

\$

per hour

	Are you open for each of these days in a week? If yes, what are your normal hour					
			Yes	No	Open Time	Close Time
	a.	Monday	0	0		
	b.	Tuesday	0	0		
	c.	Wednesday	0	0		
	d.	Thursday	0	0		
	e.	Friday	0	0		
	f.	Saturday	0	0		
	g.	Sunday	0	0		
14.	 14. Does your program provide evening care? Yes No → Go to #17 			17.	Does your program provid ○ Yes ○ No → Go to #20	le overnight care?

18. What is your <u>hourly</u> rate for overnight care?

19. Approximately how many children in your program receive overnight care?

Children

20. Does your program provide weekend care? ○ Yes ○ No → Go to #23	32. Does your program provide care during the summer?
	\bigcirc No \rightarrow Go to #35
21. What is your <u>hourly</u> rate for weekend care?	33. What is your <u>hourly</u> rate for care during the
\$ per hour	summer?
	\$ per hour
22. Approximately how many children in your program receive weekend care?	
	34. Approximately how many children in your
Children	program receive care during the summer?
	Children
23. Does your program provide drop in care?	
⊖ Yes	35. Does your program provide care during the
\bigcirc No \rightarrow Go to #26	holidays (except major holidays)?
	O Yes
24. What is your <u>hourly</u> rate for drop in care?	\bigcirc No \rightarrow Go to #38
\$ per hour	36. What is your <u>hourly</u> rate for care during the
	holidays?
25. Approximately how many children in your	\$ per hour
program receive drop in care?	\$ per hour
Children	
Children	37. Approximately how many children in your program receive care during the holidays?
26. Does your program provide emergency care?	Children
$\bigcirc \text{ No} \rightarrow \text{Go to #29}$	
	Section II: Child Care Rates and Fees
27. What is your <u>hourly</u> rate for emergency care?	38. What rate do you charge?
\$ per hour	O Full-time
	\bigcirc Part-time \rightarrow Go to #47
	 Both full-time and part-time
28. Approximately how many children in your program receive emergency care?	
	39. Do you charge each of the following types of
Children	rates for <u>full-time</u> care?
	YesNoa. HourlyO
29. Does your program provide care during school	b. Daily O
breaks?	c. Weekly O O
\bigcirc No \rightarrow Go to #32	d. Monthly O O
30. What is your hourly rate for care during school	40. How many days per week does your full-time
breaks?	weekly rate cover?
\$ per hour	\bigcirc 2 days
	\bigcirc 3 days
	\bigcirc 4 days
31. Approximately how many children in your	O 5 days
program receive care during school breaks?	O 6 days
Children	O 7 days
<u> </u>	

41. How many hours are included for full-time care per day? Hours	46. What is your standard full-time rate for <u>school</u> <u>age</u> (kindergarten and up)? Please fill in only the boxes that apply to your program.
	a. Hourly \$
42. How many hours are included for full-time care per week?	b. Daily \$
Hours	c. Weekly \$
43. What is your standard full-time rate for <u>infants</u> (up to 18 months)? Please fill in only the boxes that apply to your program.	d. Monthly \$
a. Hourly	If full-time only, go to #55>
	47. Do you charge each of the following types of rates for part-time care?
b. Daily \$	Yes No
	a. Hourly O O
c. Weekly \$	b. Daily O O c. Weekly O O
d. Monthly \$	d. Monthly O O
	48. How many days per week does your part-time weekly rate cover?
44. What is your standard full-time rate for toddlers	O 1 day
(18-36 months)? Please fill in only the boxes that apply to your program.	 2 days 3 days
	\bigcirc 4 days
a. Hourly \$	O 5 days
b. Daily \$	6 days7 days
c. Weekly \$	49. How many hours are included for part-time care per day?
d. Monthly \$	Hours
	50. How many hours are included for part-time care per week?
45. What is your standard full-time rate for <u>preschool</u> (36 months-school age)? Please fill in only the boxes that apply to your program.	Hours
a. Hourly \$	51. What is your standard part-time rate for <u>infants</u> (up to 18 months)? Please fill in only the boxes that apply to your program.
b. Daily \$	a. Hourly \$
c. Weekly \$	b. Daily \$
d. Monthly \$	c. Weekly \$
	d. Monthly \$

toddlers (18-36 months)? Please fill in only the boxes that apply to your program.	age children? Please fill in only the boxes that apply to your program.
a. Hourly \$	a. Hourly \$
b. Daily \$	b. Daily \$
c. Weekly \$	c. Weekly \$
d. Monthly \$	d. Monthly \$
 53. What is your standard part-time rate for preschool (36 months-school age)? Please fill in only the boxes that apply to your program. a. Hourly \$	57. What are your <u>after</u> school rates for school age- children? Please fill in only the boxes that apply to your program.
b. Daily \$	a. Hourly \$
c. Weekly \$	b. Daily \$
d. Monthly \$	c. Weekly \$
54. What is your standard part-time rate for school age (kindergarten and up)? Please fill in only the boxes that apply to your program. a. Hourly \$ b. Daily \$ c. Weekly \$ d. Monthly \$	 58. Do you charge an enrollment fee? Yes No → Go to #60 59. How much do you charge for the enrollment fee? \$
 55. For school-age children, do you charge a different rate for before and after school? Yes No → Go to #58 Our program does not have school-age children 	60. Do you charge a fee for being wait-listed?

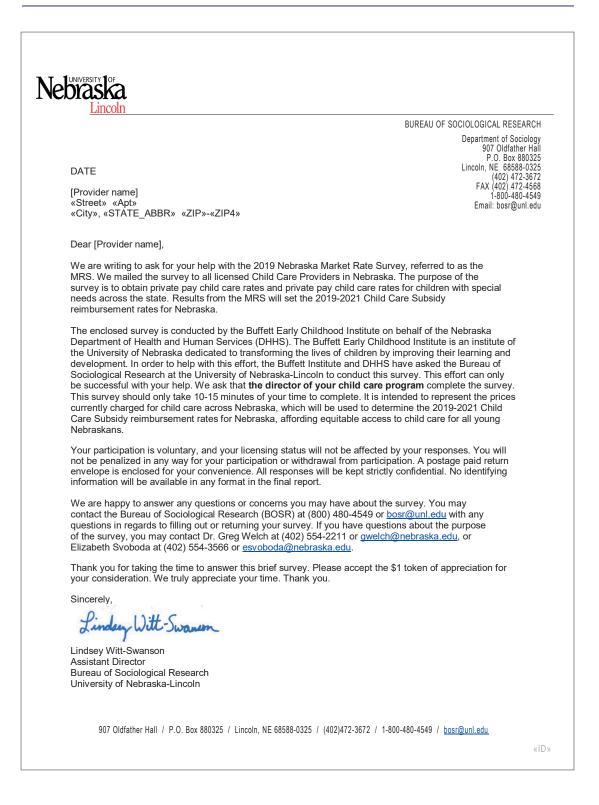
61.		many staff	are emplo	yed at you	r program?		apply	to your prog	ram.
	a.	Full time:					a.	Hourly	\$
	b.	Part time:					b.	Daily	\$
~~	D				to all the allele		с.	Weekly	\$
	and S First	ach of the fo Safety traini Aid/CPR, fir rting of susp	ngs of you e safety, a	ir staff (e.g ind mandat	tory		d.	Monthly	\$
				Yes	No				n with behavioral special
		Program Individual	staff	0	0			Infants (up	l in your program?
		Other, plea specify:		0	0			to 18 months)	Children
		Specity.					b.	Toddler	\square
								(18-36	Children
63	Annr	oximately h	ow much	do vou spa	nd ner		с.	months) Preschool	
	mont	<u>th</u> on requir			trainings of			(36	Children
	your	staff?						months- school age)	
	_		_						
	\$						d.	• • •	
	0	I do not pay		· ·	taff		d.	School age (kindergart en and up)	Children
Sec 64.	ction Does	ı IV: Diver	sity of C	Children Children wit	th any of the		Do yo specia limite	School age (kindergart en and up) u provide car al needs? (Exa d to: C-tube,	re for children with <u>medica</u> amples may include but arı seizure disorders, diabete:
Sec 64.	Ction Does follow	IV: Diver	rsity of C am serve c eristics?	Children Children wit Yes	th any of the No		Do yo specia limite	School age (kindergart en and up) u provide car al needs? (Exa d to: C-tube, e allergies rec	re for children with <u>medica</u> amples may include but are
Sec 64.	Ction Does follow	IV: Diver	rsity of C im serve c eristics?	Children Children wit	th any of the		Do yo specia limite sever	School age (kindergart en and up) u provide car al needs? (Exa d to: C-tube, e allergies rec	re for children with <u>medica</u> amples may include but arc seizure disorders, diabetes quiring Epi-pen.)
Sec 64.	Ction Does follow	Vision IV: Diver	rsity of C im serve c eristics?	Children Children wit Yes	th any of the No		Do yo specia limite sever	School age (kindergart en and up) u provide can al needs? (Exa d to: C-tube, e allergies rea (es	re for children with <u>medica</u> amples may include but arc seizure disorders, diabetes quiring Epi-pen.)
Sec 64.	Ction Does follow a. b.	Vour progra wing charate Children w special nee Homeless children	rsity of C m serve c eristics? ith eds	Children Children wit Yes	th any of the No	70.	Do yo specia limite sever O 1 For ch	School age (kindergart en and up) u provide can al needs? (Exi d to: C-tube, e allergies rea (es No \rightarrow Go to #	re for children with <u>medica</u> amples may include but arr seizure disorders, diabetes quiring Epi-pen.) 173 nedical special needs, do y
Sec 64.	Ction Does follow a. b. c.	Vision IV: Diver	rsity of C m serve c eristics? ith eds ildren	Children Ithildren with Yes	th any of the No O	70.	Do yo specia limite severa O 1 For ch rates	School age (kindergart en and up) u provide can al needs? (Ex. d to: C-tube, e allergies ref (es No \rightarrow Go to #	re for children with <u>medica</u> amples may include but arr seizure disorders, diabetes quiring Epi-pen.)
Sec 64.	Ction Does follow a. b. c.	your progra wing charate Children w special nee Homeless children Migrant ch	rsity of C m serve c eristics? ith eds ildren	Children Children wit Yes O	th any of the No O	70.	Do yo specia limite sever O 1 For ch rates	School age (kindergart en and up) u provide can al needs? (Ex. d to: C-tube, e allergies ref (es No \rightarrow Go to #	re for children with <u>medica</u> amples may include but arc seizure disorders, diabeter quiring Epi-pen.) 173 nedical special needs, do y n the child's severity of nee
Sec 64.	Ction Does follow a. b. c. d. Do yce speci limite Autis Traur	your progra wing charate Children w special nee Homeless children Migrant ch English-lar learners ou provide c ial needs? (E ed to: React m, Oppositi matic Stress	sity of (am serve of eristics? ith eds ildren guage are for ch xamples r ve Attach onal Defia Disorder,	Children with Yes O O O O Ildren with may include ment Disord	th any of the No O O O O O O O O O O O O O O O O O O	70. 71.	Do yo specia limite sever O 1 For ch rates O 1 What specia apply a.	School age (kindergart en and up) u provide call al needs? (Ex. d to: C-tube, e allergies ref (es No \rightarrow Go to # wary based of (es No \rightarrow Go to # are the rates al needs? Pleat to your prog Hourly rate	re for children with <u>medica</u> amples may include but are seizure disorders, diabetes quiring Epi-pen.) 173 nedical special needs, do y n the child's severity of nee 172 5 for children with medical ase fill in only the boxes th ram.
Sec 64. 65.	Ction Does follow a. b. c. d. C. speci limite Autis Traun O For cl	Your progra wing charate Children w special nee Homeless children Migrant ch English-lar learners Du provide co ial needs? (fe ed to: React im, Oppositi matic Stress Yes No → Go to hildren with	sity of (im serve o eristics? ith eds ildren guage are for ch xamples r ive Attach onal Defia Disorder, #69 behavior	Children children with Yes O O O O O O O O O O O O O	th any of the No O O O O D D D D D D D D D D D D D D D	70. 71.	Do yo specia limite sever O r For ch rates Specia apply a. b.	School age (kindergart en and up) u provide can al needs? (Exa d to: C-tube, e allergies re- res No \rightarrow Go to # wary based or res No \rightarrow Go to # are the rates al needs? Plea to your prog Hourly rate Daily rate	re for children with <u>medica</u> amples may include but are seizure disorders, diabetes quiring Epi-pen.) 173 nedical special needs, do y n the child's severity of nee 172 5 for children with medical ase fill in only the boxes th ram.
Sec 64. 65.	Ction Does follow a. b. c. d. C. speci limite Autis Traun O For cl	Your progra wing charate Children w special nee Homeless children Migrant ch English-lar learners ou provide c ial needs? (E ed to: React m, Oppositi matic Stress Yes No → Go to hildren with rates vary b	sity of (im serve o eristics? ith eds ildren guage are for ch xamples r ive Attach onal Defia Disorder, #69 behavior	Children children with Yes O O O O O O O O O O O O O	th any of the No O O O O D D D D D D D D D D D D D D D	70. 71.	Do yo specia limite sever O r For ch rates Specia apply a. b.	School age (kindergart en and up) u provide cat al needs? (Exa d to: C-tube, e allergies rea (es No \rightarrow Go to # wary based of (es No \rightarrow Go to # are the rates al needs? Plea to your prog Hourly rate Daily rate Weekly	re for children with <u>medica</u> amples may include but are seizure disorders, diabetes quiring Epi-pen.) 173 nedical special needs, do y n the child's severity of nee 172 5 for children with medical ase fill in only the boxes th ram.
Sec 64. 65.	Ction Does follov a. b. c. d. C. speci limit Autis Traur	your progra wing charate Children w special nee Homeless children Migrant ch English-lar learners ou provide c ial needs? (E ed to: React m, Oppositi matic Stress Yes No → Go to hildren with rates vary b s?	sity of (im serve o eristics? ith eds ildren guage are for ch xamples r ive Attach onal Defia Disorder, #69 behavior	Children children with Yes O O O O O O O O O O O O O	th any of the No O O O O D D D D D D D D D D D D D D D	70. 71.	Do yo specia ilimite sever O I For ch rates O I What specia apply a. b. C.	School age (kindergart en and up) u provide can al needs? (Exa d to: C-tube, e allergies re- res No \rightarrow Go to # wary based or res No \rightarrow Go to # are the rates al needs? Plea to your prog Hourly rate Daily rate	re for children with <u>medica</u> amples may include but are seizure disorders, diabetes quiring Epi-pen.) 173 nedical special needs, do y n the child's severity of nee 172 5 for children with medical ase fill in only the boxes th ram. \$

are enrolled in your program?	currently receive Subsidy payments for?
18 months) Children	Children
b. Toddler (18- 36 months) Children	
c. Preschool (36 months- school age) Children	 80. Do you have limits on the number of children you will accept who participate in the Subsidy program? Yes
d. School age (kindergarten Children and up)	O No → Go to #82
73. Do you accept Child Care Subsidy (Title XX)? O Yes → Go to #75	81. What are the limits you have to the number of children you will accept who participate in the Subsidy program?
 No 74. Why do you not accept Child Care Subsidy (Title 	
xx)?	
► Go to #77	 82. Have you ever provided care for children on the Subsidy program in the past? Yes No
75. Do you currently have a Child Care Subsidy	
agreement with DHHS? ○ Yes ○ No → Go to #77	 83. Do you accept Subsidy as a payment now? Yes → Go to #85 No
76. How many children do you currently have enrolled that are utilizing Child Care Subsidy?	84. Why do you not accept Subsidy as a payment now?
Children	
 77. If you had an open enrollment spot, would you accept a child that is utilizing Child Care Subsidy? ○ Yes → Go to #79 ○ No 	
	85. As a provider, please tell us any barriers you have experienced with the Subsidy program.
78. Why would you not accept a child that is utilizing Child Care Subsidy?	

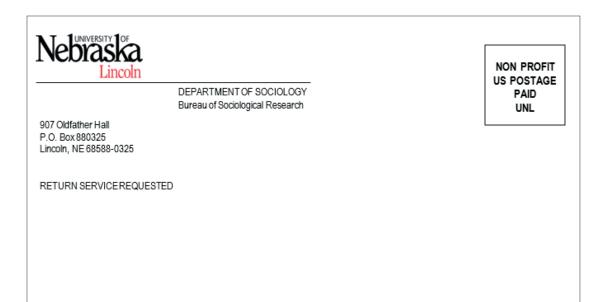
Appendix A: 2019 Nebraska Market Rate Survey

 38. What other factors impact your rates for children? 39. Please explain if you feel this survey does not apply to you. 39. Please explain if you feel this survey does not apply to you. 30. Would you like to have a copy of the final report emailed to you? Yes No → Go to End 31. Please provide the email address you would like the report sent to. Thank you! We greatly appreciate the time you have taken to complete this survey. For your convenience, please use the postage-paid return envelope included in your survey packet to return your questionnaire. Questions or requests about this survey can be directed to: Bureau of Sociological Research University of Nebraska-Lincoln 907 Oldfather Hall PO Box 880325 	 86. Which of the following is the <u>greatest</u> influence on the rates you charge to families? Child care rates in the community Staff salaries and training costs Overall operating costs Child Care Subsidy/CCDF reimbursement rates Profit level desired Parents' ability/willingness to pay 	 87. Which of the following is the second greatest influence on the rates you charge to families? Child care rates in the community Staff salaries and training costs Overall operating costs Child Care Subsidy/CCDF reimbursement rates Profit level desired Parents' ability/willingness to pay
90. Would you like to have a copy of the final report emailed to you? Yes No → Go to End 91. Please provide the email address you would like the report sent to. Thank you! We greatly appreciate the time you have taken to complete this survey. For your convenience, please use the postage-paid return envelope included in your survey packet to return your questionnaire. Questions or requests about this survey can be directed to: Bureau of Sociological Research University of Nebraska-Lincoln 907 Oldfather Hall	8. What other factors impact your rates for children?	
90. Would you like to have a copy of the final report emailed to you? Yes No → Go to End 91. Please provide the email address you would like the report sent to. Thank you! We greatly appreciate the time you have taken to complete this survey. For your convenience, please use the postage-paid return envelope included in your survey packet to return your questionnaire. Questions or requests about this survey can be directed to: Bureau of Sociological Research University of Nebraska-Lincoln 907 Oldfather Hall		
 Yes No → Go to End Please provide the email address you would like the report sent to. Thank you! We greatly appreciate the time you have taken to complete this survey. For your convenience, please use the postage-paid return envelope included in your survey packet to return your questionnaire. Questions or requests about this survey can be directed to: Bureau of Sociological Research University of Nebraska-Lincoln 907 Oldfather Hall 	9. Please explain if you feel this survey does not appl	ly to you.
Thank you! We greatly appreciate the time you have taken to complete this survey. For your convenience, please use the postage-paid return envelope included in your survey packet to return your questionnaire. Questions or requests about this survey can be directed to: Bureau of Sociological Research University of Nebraska-Lincoln 907 Oldfather Hall		
We greatly appreciate the time you have taken to complete this survey. For your convenience, please use the postage-paid return envelope included in your survey packet to return your questionnaire. Questions or requests about this survey can be directed to: Bureau of Sociological Research University of Nebraska-Lincoln 907 Oldfather Hall	O Yes	mailed to you?
We greatly appreciate the time you have taken to complete this survey. For your convenience, please use the postage-paid return envelope included in your survey packet to return your questionnaire. Questions or requests about this survey can be directed to: Bureau of Sociological Research University of Nebraska-Lincoln 907 Oldfather Hall	$\begin{array}{c} \bigcirc & \text{Yes} \\ \bigcirc & \text{No} \rightarrow \text{Go to End} \end{array}$	
We greatly appreciate the time you have taken to complete this survey. For your convenience, please use the postage-paid return envelope included in your survey packet to return your questionnaire. Questions or requests about this survey can be directed to: Bureau of Sociological Research University of Nebraska-Lincoln 907 Oldfather Hall	$\begin{array}{c} \bigcirc & \text{Yes} \\ \bigcirc & \text{No} \rightarrow \text{Go to End} \end{array}$	
postage-paid return envelope included in your survey packet to return your questionnaire. Questions or requests about this survey can be directed to: Bureau of Sociological Research University of Nebraska-Lincoln 907 Oldfather Hall	 Yes No → Go to End 1. Please provide the email address you would like the 	ne report sent to.
Bureau of Sociological Research University of Nebraska-Lincoln 907 Oldfather Hall	 Yes No → Go to End I. Please provide the email address you would like the 	ne report sent to.
Lincoln, NE 68588-0325	 Yes No → Go to End Please provide the email address you would like the The We greatly appreciate the time you have taken to compare the time you have taken to c	ank you!
Phone: 1-800-480-4549 (toll free) E-mail: bosr@unl.edu	 Yes No → Go to End Please provide the email address you would like the first of the email address you would like the time you have taken to concern the postage-paid return envelope included in Questions or requests about the grade of Society of S	ank you! complete this survey. For your convenience, please use the your survey packet to return your questionnaire. but this survey can be directed to: bociological Research of Nebraska-Lincoln Didfather Hall Box 880325

Appendix B: Communication Materials







Dear [Provider],

Last week I sent you the MRS survey. If you have already done it, thank you! If not, please do so. I really need your help. Remember to have **the director of your child care program** complete the survey so the results will be valid. If you need another copy, please call 1-800-480-4549.

The survey will be used to set the Child Care Subsidy rates for 2019-2021 in Nebraska, affording equitable access to child care across the state. Your participation is voluntary, and your responses will be kept completely confidential.

Thank you for your time.

Lindsey Witt-Swanson Assistant Director Bureau of Sociological Research University of Nebraska-Lincoln



Buffett Early Childhood Institute

at the University of Nebraska

2111 S. 67th St., Suite 350 Omaha, NE 68106 402.554.2924

buffettinstitute.nebraska.edu



