# Nebraska Child Care Market Rate Survey Report 2025





#### **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 and all others who promoted the 2025 Nebraska Child Care Market Rate Survey.

Most importantly, thank you to the licensed child care providers who took the time to complete the 2025 Nebraska Child Care Market Rate Survey. We truly appreciate you and the gift of your time.

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# Nebraska Child Care Market Rate Survey Report 2025

# Contents

| Introduction                                            | 4   |
|---------------------------------------------------------|-----|
| Methodology                                             | 6   |
| Survey Development                                      | 6   |
| Survey Distribution and Sampling                        | 6   |
| Data Management                                         | .10 |
| Key Findings                                            | .11 |
| Survey Respondents                                      | .11 |
| Child Care Market Rates                                 | .12 |
| Program Descriptions                                    | .17 |
| Child Care Subsidy                                      | .23 |
| Diverse Populations                                     | .24 |
| References                                              | .26 |
| Appendix A: 2025 Nebraska Child Care Market Rate Survey | .27 |
| Appendix B: Communication Materials                     | .60 |

#### **TABLES**

| TABLE 1   | PERCENTILE RANKINGS BASED ON REPORTED RATES FOR URBAN+ COUNTIES                           | .13 |
|-----------|-------------------------------------------------------------------------------------------|-----|
| TABLE 2   | PERCENTILE RANKINGS BASED ON REPORTED RATES FOR RURAL COUNTIES                            | .13 |
| TABLE 3A  | URBAN SETTINGS - HALF-DAY                                                                 | .14 |
| TABLE 3B  | RURAL SETTINGS - HALF-DAY                                                                 | .14 |
| TABLE 3C  | URBAN SETTINGS - FULL-DAY                                                                 | .14 |
| TABLE 3D  | RURAL SETTINGS - FULL-DAY                                                                 | .14 |
| TABLE 4A  | URBAN SETTINGS                                                                            | .16 |
| TABLE 4B  | RURAL SETTINGS                                                                            | .17 |
| TABLE 5   | AVERAGE ENROLLMENT AND LICENSED CAPACITY BY SETTING TYPE AND GEOGRAPHY                    | .18 |
| TABLE 6   | AVERAGE IDEAL ENROLLMENT BY SETTING TYPE AND GEOGRAPHY                                    | .19 |
| TABLE 7   | AVERAGE WAITLIST BY SETTING TYPE AND GEOGRAPHY                                            | .20 |
| TABLE 8   | AVERAGE VACANCIES BY SETTING TYPE AND GEOGRAPHY FOR THE FULL SAMPLE                       | .20 |
| TABLE 9   | TOTAL ENROLLMENT AS A PROPORTION OF LICENSED CAPACITY FOR THE FULL SAMPLE                 | .21 |
| TABLE 10  | TYPES OF ACCREDITATION IN THE FULL SAMPLE                                                 | .21 |
| TABLE 11  | AVERAGE FULL AND PART TIME STAFF MEMBERS BY SETTING TYPE FOR THE FULL SAMPLE              | .22 |
| TABLE 12  | PERCENTAGE OF PARTICIPATING PROVIDERS AT EACH LEVEL OF STEP UP TO QUALITY BY SETTING TYPE | .22 |
| TABLE 13  | PERCENTAGE OF PARTICIPATING PROVIDERS IN THE FULL SAMPLE                                  | .22 |
|           |                                                                                           |     |
| FIGURES   |                                                                                           |     |
| FIGURE 1  | LOCATIONS OF ALL RESPONDING PROVIDERS                                                     | 8   |
| FIGURE 2  | PERCENTAGE OF PROVIDERS RESPONDING BY LICENSE TYPE                                        | 9   |
| FIGURE 3  | PERCENTAGE OF PROVIDERS RESPONDING BY GEOGRAPHIC LOCATION                                 | 9   |
| FIGURE 4  | PROVIDERS BY SETTING TYPE                                                                 | .11 |
| FIGURE 5  | PROVIDERS BY GEOGRAPHIC LOCATION                                                          | .11 |
| FIGURE 6  | FREQUENCY FACTORS THAT IMPACT RATE SETTING WERE SELECTED IN TOP 3 IN URBAN COMMUNITIES    | .15 |
| FIGURE 7  | FREQUENCY FACTORS THAT IMPACT RATE SETTING WERE SELECTED IN TOP 3 IN RURAL COMMUNITIES    | .15 |
| FIGURE 8  | PERCENTAGE OF PROVIDERS PROVIDING NON-TRADITIONAL CARE OPTIONS BY GEOGRAPHY               | .16 |
| FIGURE 9  | PERCENTAGE OF PROVIDERS PROVIDING NON-TRADITIONAL CARE OPTIONS BY SETTING TYPE            | .16 |
| FIGURE 10 | PERCENTAGE OF PROVIDERS PROVIDING MULTIPLE SHIFTS OF CARE BY SETTING TYPE AND GEOGRAPHY   | .17 |
| FIGURE 11 | AVERAGE PROPORTION OF LICENSED CAPACITY BY SETTING TYPE, GEOGRAPHY, AND NUMBER OF         |     |
|           | SHIFTS OF CARE                                                                            | .19 |
| FIGURE 12 | PROGRAM PARTICIPATION ACROSS SETTING TYPE                                                 | .23 |
| FIGURE 13 | BARRIERS TO PARTICIPATION IN THE SUBSIDY PROGRAM                                          | .24 |
|           | REASONS FOR NOT PARTICIPATING IN THE SUBSIDY PROGRAM                                      | 0.4 |

### Introduction

The Child Care and Development Block Grant (CCDBG) Act of 2014 was reauthorized with a renewed emphasis on the Child Care and Development Fund (CCDF) program, which seeks to provide families equal access to quality child care. 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 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 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 (MRS) 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 subsidies. 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 an MRS every three years, state legislation requires DHHS to adjust the reimbursement rate for child care every odd-numbered year. For 2025, 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 an MRS for child care in Nebraska. The 2025 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). In 2023, DHHS moved to a half-day/full-day reimbursement structure. Rates reported in this document reflect that change.

Consistent with previous MRSs, the Institute surveyed 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 the 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 (SUTQ), 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 2025 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 half-day and full-day units reflective of 50th through 100th percentiles in increments of five.
- 2. Monthly preliminary data estimates in hourly and day units categorized by geographic location, type of child care provider, and age groups of children.
- 3. Write and deliver a comprehensive report of the study process and results.
- 4. Produce a secondary comprehensive report that calculates rates reflective of half-day/full-day units and half-week/full-week units.
- 5. Provide ongoing support, including presentation of the study process and findings to stakeholder groups.

## Methodology

#### **Survey Development**

The 2025 Nebraska Child Care Market Rate Survey was developed and administered by the 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 2025-2027.

The 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 second 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 2025 MRS 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).

As in the 2023 MRS, the 2025 MRS 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=18) used the Spanish translation of the survey. Because the total number of Spanish-speaking licensed providers is unknown, there is no 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 Jan. 12, 2024. Data collection efforts were broken out into three phases, lasting approximately 30 days or one month. Details regarding each phase are provided in the sections below.

Save the Date Postcard. To increase the response rate, the Institute team created a Save the Date postcard to alert providers to the fact that they would be receiving the MRS in early 2024. Sent on Dec. 11, 2023, the postcard provided information regarding when the MRS would be launched in 2024, gave a brief explanation of what it means for subsidy rates to be set at the 75th percentile, and appealed to providers to participate for the good of all providers, especially providers receiving subsidy. The postcards were provided in both English and Spanish. Copies of the Save the Date postcards are included in Appendix B.

**Phase I.** DHHS provided the Institute team with an electronic version of the licensing roster as of October 26, 2023. This roster included email addresses for providers as available. Emails were sent to providers with valid email addresses, and postcards were mailed to all providers with valid addresses on Jan. 12, 2024. 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 provided them the opportunity to win one of ten \$100 Amazon e-gift cards. This incentivization was intended to boost participation rates and give back to providers in a tangible way.

The 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 2,795 providers with eligible addresses. The Institute team distributed the survey by email using Qualtrics. The email addresses went through a similar cleaning process, and invalid email addresses were removed resulting in a sample of 2,067 providers with valid email addresses. The Institute team requested that the Early Learning Coordinators throughout the state help promote the survey to providers, and social media posts were shared on the Institute's pages to promote participation. At the end of Phase I, on Feb. 12, 2024, a total of 653 surveys had been completed.

Phase II. All providers who had not completed the survey as of Feb. 9, 2024, were sent a reminder email (n=1,531) on Feb. 9, 2024, and reminder postcards (n=2,128) were sent out on Feb. 22, 2024. The identification number on the reminder postcards was misprinted and a correction was sent out on Mar. 5, 2024. Copies of these materials can be found in Appendix B. At the end of Phase II, on Mar. 12, 2024, an additional 201 surveys were completed for a total of 854 surveys.

Phase III. All providers who had not completed the survey as of Mar. 11, 2024, were sent a reminder email (n=1,359) on Mar. 11, 2024. Copies of these materials can be found in Appendix B. Two reminder emails were sent out in April. One, sent on Apr. 5, 2024, let providers know there was one week remaining to complete the survey. The other, sent on Apr. 12, 2024, was a final reminder

(n=1,243) letting providers know it was the last chance to complete the survey. At the end of Phase III, on Apr. 12, 2024, an additional 67 surveys were completed for a total of 921. Once the survey closed, all incomplete surveys were closed and added into the final data set. The final number of responses was 1,108. The ten \$100 Amazon e-gift cards were distributed to the randomly selected winners on Dec. 17, 2024.

Determining Response Rate. Before the data set was finalized, it underwent an extensive cleaning process. Data exported from Qualtrics was checked for duplicate cases. After cleaning, the data set contained 1,069 valid responses representing a 38.3% response rate. This response rate was calculated using the response rate calculator from the American Association for Public Opinion Research (The American Association for Public Opinion Research, 2024). The response rate for the 2023 MRS was 32.9%.

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 (Nebraska Department of Health and Human Services, n.d.).

- 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, 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 rural counties do, and not all counties with licensed child care providers are represented.

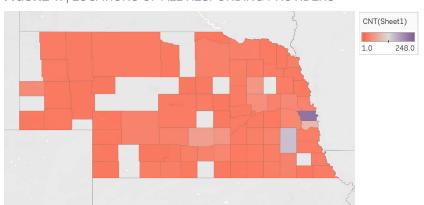


FIGURE 1. | LOCATIONS OF ALL RESPONDING PROVIDERS

When considering the percentage of providers who responded to the survey by setting type, child care centers responded at the highest rate (44%), followed by family child care homes (39%), preschools (32%), and school age only programs (20%). Except for the response rate for preschools, which remained similar to the 2023 response rate, these response rates represent notable increases in response as compared to the 2023 survey.

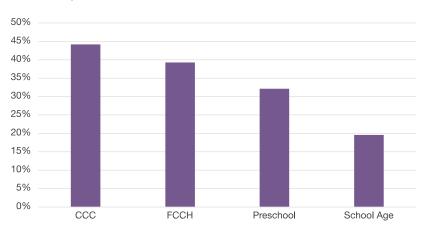


FIGURE 2. | PERCENTAGE OF PROVIDERS RESPONDING BY LICENSE TYPE

When considering geographic location, a greater proportion of rural providers (43%) responded to the survey than urban providers (34%). These response rates represent an increase in responses as compared to the 2023 survey. See Figure 3.

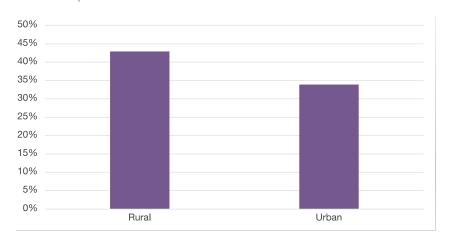


FIGURE 3. | PERCENTAGE OF PROVIDERS RESPONDING BY GEOGRAPHIC LOCATION

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.

#### **Data Management**

Qualtrics. The electronic survey was built 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 was automatically entered and recorded. When data collection was completed, the data were cleaned to prepare for analysis. Removal of extreme values, or outliers, was included in the cleaning process. Descriptive analyses, mainly frequencies, and visual inspections 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 higher than the previous MRS conducted in Nebraska, this value represents the number of providers that responded to any portion of the survey. This does not mean every provider responded to all the survey questions. In fact, the number of providers responding to key questions about full-time and part-time 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. Half- and Full-Day 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 groups of children - infant, toddler, preschool, and school age. Many analyses include an exploration of the data across provider location (i.e., rural vs. urban). 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.

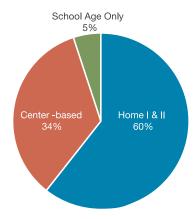
# **Key Findings**

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**

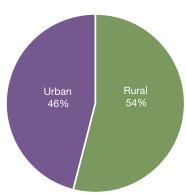
A majority of respondents were licensed family child care homes (60.4%, n=645). One third of respondents were center-based (child care centers or preschools; 34.2%, n=365) and 5.3% (n=57) were school age only.

FIGURE 4. | PROVIDERS BY SETTING TYPE



More than half of respondents were from rural areas (54.2%, n=578), and 45.8% (n=489) were from urban areas.

FIGURE 5. | PROVIDERS BY GEOGRAPHIC LOCATION



#### **Child Care Market Rates**

#### Half-Day and Full-Day Rates

Information regarding the percentiles calculated from the full-time rates provided by respondents is 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 (halfday, full-day). The percentiles in this report are calculated from rates provided by licensed providers who responded to the market rate survey. Percentiles are a tool used to increase our understanding of how the rates are distributed across providers. To calculate percentiles, the numbers (the reported rates in this case), are organized from lowest to highest and the value at each percentage point is identified. For example, the 50th percentile represents the midpoint in the range of values. Half of all providers will charge at or less than this value while the other half will charge more. Table 2 indicates that the 50th percentile for full day infant care in rural family child care homes is \$30, meaning 50% of these providers reported charging \$30 or less. Percentiles are calculated based upon the data available. All the percentiles reported in Tables 1 and 2 are based upon the data provided by licensed providers who responded to the 2025 Nebraska Child Care Market Rate Survey.

Nebraska law (revised statute 43-536) sets child care subsidy reimbursement at least at the 75th percentile of the assessed market rates. In accordance with this statute, this report recommends that the subsidy reimbursement rate be set to at least the 75th percentile of the rates reported in Tables 1 and 2—the same approach used in 2023. The 75th percentile represents the rate that covers three-quarters of providers. In other words, 75% of responding providers reported charging that price or less for a child care spot. Providers charging rates at or below the 75th percentile will receive 100% of their charged rate as reimbursement. Providers who charge more than the rate at the 75th percentile will receive the rate at the 75th percentile as reimbursement.

Table 2 shows two instances where the 75th percentile for half day and full day is identical. This type of duplication occurs because percentiles reflect the available data-in these cases, the 75th percentile happens to be the same value for both pricing modes. Since this pattern occurred only for preschool and school age only providers, it is recommended that the next market rate survey investigate how preschool and school age only programs define full day and half day as a typical half day length may constitute a full day of programming for these programs. 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.

#### 2025 Nebraska Market Rate Survey Results Half-Day and Full-Day Rates

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

|     |             | Inf         | ant         |             |             | Tod         | dler        |             |             | Preso       | hool        |             | School Age  |             |             |             |
|-----|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
|     | Home        | I & II      | Center      | -Based      | Home        | I & II      | Center-l    | Based       | Home        | I & II      | Center-     | Based       | Home        | I & II      | Center-     | -Based      |
| PR* | Half<br>Day | Full<br>Day |
| 50  | 32.00       | 37.50       | 47.00       | 58.00       | 30.00       | 36.00       | 39.35       | 52.00       | 30.00       | 35.00       | 34.00       | 48.00       | 30.00       | 35.00       | 30.40       | 40.00       |
| 55  | 32.33       | 39.55       | 49.68       | 58.66       | 32.34       | 36.00       | 40.15       | 53.00       | 30.00       | 36.00       | 35.80       | 49.00       | 30.12       | 35.00       | 31.36       | 42.00       |
| 60  | 34.44       | 40.00       | 52.86       | 60.00       | 34.18       | 37.00       | 43.03       | 54.08       | 30.80       | 36.80       | 36.00       | 50.32       | 31.35       | 35.00       | 32.35       | 43.00       |
| 65  | 34.93       | 40.00       | 55.86       | 61.10       | 34.93       | 38.00       | 44.06       | 55.02       | 32.26       | 38.00       | 36.25       | 51.00       | 32.88       | 36.00       | 33.65       | 44.00       |
| 70  | 35.00       | 40.00       | 58.44       | 62.50       | 34.99       | 40.00       | 44.88       | 56.88       | 34.43       | 39.03       | 39.95       | 52.76       | 34.93       | 36.76       | 35.40       | 46.00       |
| 75  | 35.29       | 42.00       | 60.00       | 66.35       | 35.00       | 40.00       | 47.13       | 60.52       | 34.93       | 40.00       | 41.00       | 55.00       | 34.97       | 37.00       | 36.24       | 47.50       |
| 80  | 37.71       | 43.00       | 60.40       | 68.00       | 36.00       | 41.66       | 49.50       | 63.52       | 35.00       | 40.00       | 41.80       | 57.55       | 35.00       | 38.40       | 38.52       | 50.00       |
| 85  | 43.47       | 45.00       | 63.06       | 71.34       | 41.87       | 44.00       | 52.70       | 67.00       | 39.52       | 40.10       | 45.00       | 60.00       | 42.92       | 40.00       | 40.34       | 52.40       |
| 90  | 48.89       | 45.00       | 65.95       | 73.45       | 47.87       | 45.00       | 54.90       | 69.00       | 48.52       | 42.85       | 48.00       | 61.24       | 49.26       | 41.37       | 43.54       | 55.43       |
| 95  | 54.25       | 46.71       | 66.94       | 77.75       | 54.00       | 45.00       | 57.25       | 73.00       | 54.00       | 45.00       | 50.00       | 64.00       | 54.50       | 45.00       | 45.00       | 59.99       |
| 100 | 55.00       | 50.00       | 66.97       | 85.45       | 55.00       | 61.15       | 60.00       | 76.91       | 55.00       | 50.00       | 57.00       | 92.38       | 55.00       | 50.00       | 45.00       | 62.00       |
| n=  | 22          | 120         | 23          | 104         | 23          | 123         | 30          | 113         | 23          | 122         | 39          | 123         | 21          | 93          | 31          | 101         |

<sup>&</sup>lt;sup>+</sup> Note: Urban counties included Douglas, Lancaster, Sarpy, and Dakota (all other counties were considered rural).

TABLE 2. | PERCENTILE RANKINGS BASED ON REPORTED RATES FOR RURAL COUNTIES

|     |             | Infa        | ant         |             | Toddler     |             |             | Preschool   |             |             |             | School Age  |             |             |             |             |
|-----|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
|     | Home        | I & II      | Center-     | -Based      | Home        | I & II      | Center-     | Based       | Home        | : I & II    | Center-     | -Based      | Home        | 1 & 11      | Center-     | -Based      |
| PR* | Half<br>Day | Full<br>Day |
| 50  | 23.15       | 30.00       | 30.00       | 40.00       | 22.40       | 30.00       | 27.95       | 36.20       | 23.08       | 30.00       | 25.50       | 35.00       | 23.15       | 30.00       | 22.82       | 32.00       |
| 55  | 24.50       | 30.00       | 30.40       | 40.00       | 23.95       | 30.00       | 29.30       | 37.40       | 23.96       | 30.00       | 26.95       | 35.02       | 24.20       | 30.00       | 24.49       | 33.09       |
| 60  | 25.47       | 31.00       | 34.40       | 41.00       | 25.00       | 30.00       | 31.28       | 38.00       | 25.00       | 30.00       | 28.80       | 36.00       | 25.00       | 30.00       | 25.20       | 34.00       |
| 65  | 29.00       | 32.00       | 36.60       | 42.00       | 25.85       | 31.00       | 31.98       | 39.00       | 26.00       | 30.00       | 31.37       | 37.00       | 26.00       | 30.00       | 28.65       | 35.00       |
| 70  | 30.00       | 33.00       | 38.36       | 43.40       | 30.00       | 32.00       | 35.10       | 40.00       | 30.00       | 32.00       | 35.30       | 38.00       | 29.60       | 30.10       | 34.50       | 35.75       |
| 75  | 30.13       | 35.00       | 39.45       | 45.50       | 30.00       | 33.00       | 37.00       | 41.00       | 30.00       | 33.00       | 39.00       | 39.00       | 30.00       | 32.00       | 37.00       | 37.00       |
| 80  | 35.00       | 35.00       | 46.60       | 46.00       | 32.00       | 34.40       | 44.00       | 41.64       | 32.08       | 34.00       | 41.60       | 40.00       | 32.00       | 33.40       | 42.40       | 38.00       |
| 85  | 35.00       | 36.00       | 53.80       | 47.00       | 35.00       | 35.00       | 50.55       | 43.28       | 35.00       | 35.00       | 48.00       | 42.00       | 33.44       | 35.00       | 44.95       | 39.49       |
| 90  | 35.00       | 40.00       | 55.00       | 48.80       | 35.00       | 36.60       | 53.80       | 45.20       | 35.00       | 36.00       | 50.00       | 43.50       | 35.00       | 36.00       | 45.90       | 42.00       |
| 95  | 45.00       | 40.13       | 59.39       | 50.00       | 42.75       | 40.00       | 59.15       | 48.00       | 40.50       | 40.00       | 55.43       | 45.45       | 43.00       | 40.44       | 55.72       | 43.67       |
| 100 | 50.00       | 70.00       | 59.88       | 60.50       | 50.00       | 70.00       | 59.88       | 57.75       | 50.00       | 70.00       | 59.88       | 55.00       | 50.00       | 70.00       | 59.88       | 49.50       |
| n=  | 49          | 237         | 21          | 81          | 48          | 242         | 22          | 87          | 48          | 241         | 28          | 90          | 43          | 192         | 26          | 78          |

<sup>\*</sup> Note: PR denotes percentile rank.

Tables 3a-d. Descriptive Statistics for Half-Day and Full-Day Rates

TABLE 3A. | URBAN SETTINGS - HALF-DAY

|         | Infant      |              | Too         | ddler        | Pres        | school       | School Age  |              |  |
|---------|-------------|--------------|-------------|--------------|-------------|--------------|-------------|--------------|--|
|         | Home I & II | Center-Based |  |
| Mean    | 31.44       | 46.40        | 30.59       | 37.52        | 29.83       | 32.78        | 30.51       | 29.17        |  |
| SD      | 11.12       | 14.44        | 10.92       | 13.98        | 10.78       | 11.34        | 10.39       | 10.01        |  |
| Minimum | 4.63        | 18.00        | 8.94        | 11.40        | 9.26        | 12.20        | 13.89       | 12.50        |  |
| Maximum | 55.00       | 66.97        | 55.00       | 60.00        | 55.00       | 57.00        | 55.00       | 45.00        |  |
| n=      | 22          | 23           | 23          | 30           | 23          | 39           | 21          | 31           |  |

**TABLE 3B.** | RURAL SETTINGS – HALF-DAY

|         | Infant      |              | To          | ddler        | Pres        | school       | School Age  |              |  |
|---------|-------------|--------------|-------------|--------------|-------------|--------------|-------------|--------------|--|
|         | Home I & II | Center-Based |  |
| Mean    | 24.75       | 33.42        | 23.97       | 31.17        | 24.04       | 28.72        | 23.86       | 26.08        |  |
| SD      | 9.11        | 13.18        | 8.90        | 13.43        | 8.77        | 13.82        | 8.84        | 14.41        |  |
| Minimum | 12.00       | 8.40         | 12.00       | 7.35         | 12.00       | 4.25         | 12.00       | 4.25         |  |
| Maximum | 50.00       | 59.88        | 50.00       | 59.88        | 50.00       | 59.88        | 50.00       | 59.88        |  |
| n=      | 49          | 21           | 48          | 22           | 48          | 28           | 43          | 26           |  |

**TABLE 3C.** | URBAN SETTINGS – FULL-DAY

|         | Inf         | Infant       |             | Toddler      |             | chool        | School Age  |              |  |
|---------|-------------|--------------|-------------|--------------|-------------|--------------|-------------|--------------|--|
|         | Home I & II | Center-Based |  |
| Mean    | 38.08       | 58.13        | 36.88       | 53.53        | 35.95       | 48.40        | 34.03       | 40.14        |  |
| SD      | 5.56        | 12.29        | 5.71        | 11.33        | 5.20        | 12.03        | 6.21        | 11.60        |  |
| Minimum | 20.00       | 13.00        | 20.00       | 11.60        | 20.00       | 9.84         | 14.00       | 10.00        |  |
| Maximum | 50.00       | 85.45        | 61.15       | 76.91        | 50.00       | 92.38        | 50.00       | 62.00        |  |
| n=      | 120         | 104          | 123         | 113          | 122         | 123          | 93          | 101          |  |

TABLE 3D. | RURAL SETTINGS - FULL-DAY

|         | Infa        | ant          | Tod         | dler         | Preso       | chool        | School Age  |              |  |
|---------|-------------|--------------|-------------|--------------|-------------|--------------|-------------|--------------|--|
|         | Home I & II | Center-Based |  |
| Mean    | 31.69       | 40.02        | 30.82       | 36.93        | 30.45       | 34.96        | 29.08       | 32.06        |  |
| SD      | 6.20        | \$6.99       | 5.82        | 6.57         | 6.00        | 6.60         | 7.39        | 7.61         |  |
| Minimum | 15.00       | 20.00        | 13.75       | 17.50        | 12.00       | 17.50        | 10.00       | 10.80        |  |
| Maximum | 70.00       | 60.50        | 70.00       | 57.75        | 70.00       | 55.00        | 70.00       | 49.50        |  |
| n=      | 237         | 81           | 242         | 87           | 241         | 90           | 192         | 78           |  |

#### 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 by the highest proportion of respondents as the primary factor influencing rate setting were child care rates in the community (40.1%, *n*=258), staff salaries and training costs (39.7%, *n*=148), and overall operating costs (39.6%, n=272). A breakdown of the factors across geographic location and setting is presented in Figures 6 and 7.

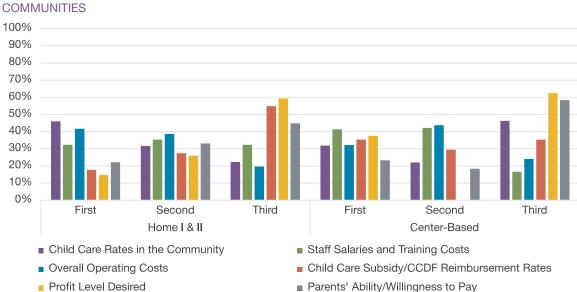
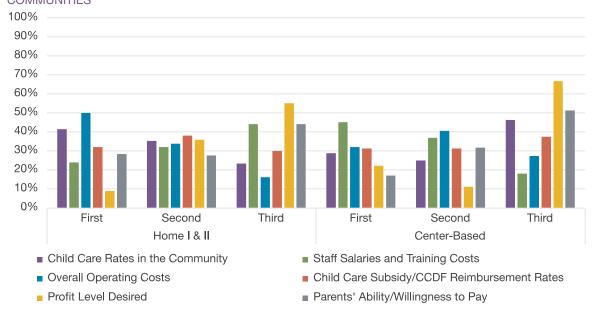


FIGURE 6. | FREQUENCY FACTORS THAT IMPACT RATE SETTING WERE SELECTED IN TOP 3 IN URBAN

FIGURE 7. | FREQUENCY FACTORS THAT IMPACT RATE SETTING WERE SELECTED IN TOP 3 IN RURAL **COMMUNITIES** 



#### **Nontraditional Care Options**

Providers were asked if they provided any of the following nontraditional care options: overnight care, weekend care, drop-in care, summer and non-school day care, and wrap around care. Over two-thirds of providers indicated they provided care during the summer and on non-school days (68.1%, n=727), and over 40% of providers indicated they provided drop-in care (42.3%, n=451). Weekend care (10.5%, n=112), wraparound care (10.6%, n=113), and overnight care (7.4%, n=79) were selected with less frequency. A breakdown of the options across geographic location and across setting is presented in Figures 8 and 9.

FIGURE 8. | PERCENTAGE OF PROVIDERS PROVIDING NON-TRADITIONAL CARE OPTIONS BY GEOGRAPHY

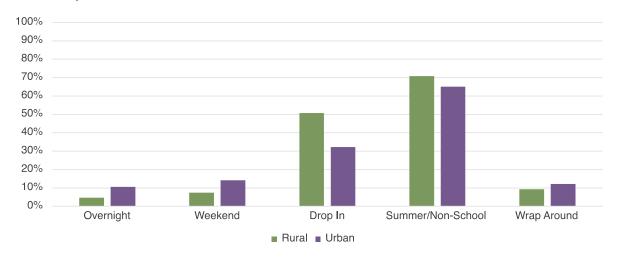
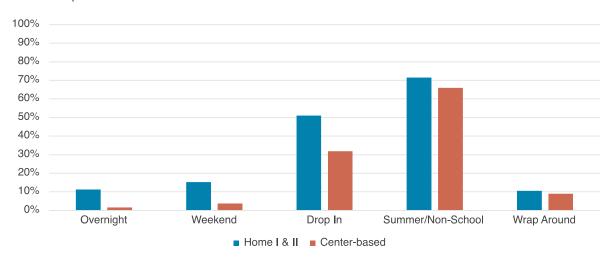


FIGURE 9. | PERCENTAGE OF PROVIDERS PROVIDING NON-TRADITIONAL CARE OPTIONS BY SETTING TYPE



Tables 4a-b. Descriptive Statistics for Enrollment in Non-traditional Care Options TABLE 4A. | URBAN SETTINGS

|         | Overnight      |                  | Weekend        |                  | Drop-In        |                  | Summer and<br>Non-school Day |                  | Wrap Around    |                  |
|---------|----------------|------------------|----------------|------------------|----------------|------------------|------------------------------|------------------|----------------|------------------|
|         | Home<br>I & II | Center-<br>Based | Home<br>I & II | Center-<br>Based | Home<br>I & II | Center-<br>Based | Home<br>I & II               | Center-<br>Based | Home<br>I & II | Center-<br>Based |
| Mean    | 2.69           | ***              | 4.39           | 21.20            | 2.21           | 7.64             | 5.27                         | 35.45            | 6.54           | 39.07            |
| SD      | 1.64           | ***              | 2.81           | 19.41            | 1.45           | 8.46             | 4.20                         | 34.16            | 4.62           | 30.58            |
| Minimum | 1.00           | ***              | 1.00           | 2.00             | 1.00           | 1.00             | 1.00                         | 2.00             | 1              | 4                |
| Maximum | 6.00           | ***              | 10.00          | 50.00            | 10.00          | 45.00            | 24.00                        | 200.00           | 20             | 100              |
| n       | 26             | ***              | 46             | 10               | 78             | 42               | 155                          | 127              | 28             | 15               |

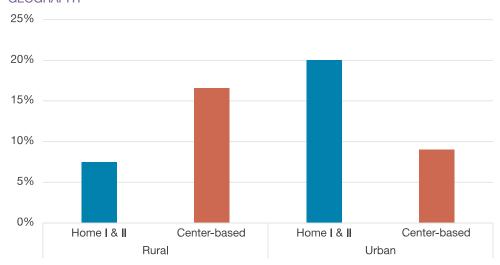
TABLE 4B. | RURAL SETTINGS

|         | Overnight      |                  | Weekend        |                  | Drop-In        |                  | Summer and<br>Non-school Day |                  | Wrap Around    |                  |
|---------|----------------|------------------|----------------|------------------|----------------|------------------|------------------------------|------------------|----------------|------------------|
|         | Home<br>I & II | Center-<br>Based | Home<br>I & II | Center-<br>Based | Home<br>I & II | Center-<br>Based | Home<br>I & II               | Center-<br>Based | Home<br>I & II | Center-<br>Based |
| Mean    | 3.21           | ***              | 3.45           | ***              | 2.37           | 8.93             | 4.99                         | 29.15            | 7.18           | 31.87            |
| SD      | 2.52           | ***              | 2.55           | ***              | 2.15           | 13.98            | 3.92                         | 34.82            | 4.06           | 16.19            |
| Minimum | 1.00           | ***              | 1.00           | ***              | 1.00           | 1.00             | 1                            | 1                | 1              | 1                |
| Maximum | 10.00          | ***              | 12.00          | ***              | 25.00          | 100.00           | 25                           | 225              | 16             | 90               |
| n       | 14             | ***              | 31             | ***              | 183            | 61               | 284                          | 111              | 28             | 11               |

#### Shifts of Care

Thirteen percent of responding providers (n=122) indicated they provide more than one shift of child care. Figure 10 provides a breakdown of the number of providers offering more than one shift of child care across geographic location and setting. In rural areas, more center-based programs tend to offer multiple shifts of child care while the opposite is true in urban areas.

FIGURE 10. | PERCENTAGE OF PROVIDERS PROVIDING MULTIPLE SHIFTS OF CARE BY SETTING TYPE AND **GEOGRAPHY** 



#### **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**

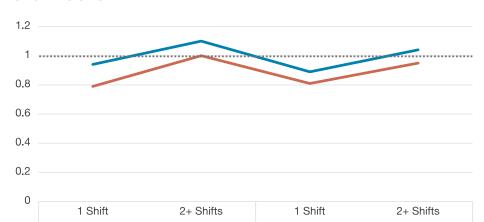
Table 5 represents average enrollment and average licensed capacity by geographic location, setting type, and child age. Consistent with regulations tied to license type and the age of the children, family child care homes tend to have lower average enrollment than center-based and school-age only programs, and average enrollment increases as age increases. Under 5% (4.5%, n=34) of programs serving infants indicated they had no infants enrolled; less than 2% (1.5%, n=12) of programs serving toddlers indicated they had no toddlers enrolled; and less than 4% (3.8%,

n=27) of programs serving school-age children indicated they had no school-age children enrolled. Programs serving preschoolers with no preschoolers enrolled fell below the reporting threshold of n=10. For the enrollment analyses, only responses indicating at least one enrolled child for an age group were included.

TABLE 5. | AVERAGE ENROLLMENT AND LICENSED CAPACITY BY SETTING TYPE AND GEOGRAPHY

|       | Mean <i>(SD)</i>         | Home I & II  | Center-Based   | School Age     |
|-------|--------------------------|--------------|----------------|----------------|
|       | Enrollment by Age        |              |                |                |
|       | Infant                   | 2.33 (3.80)  | 16.14 (11.33)  | _              |
|       | Toddler                  | 3.34 (3.83)  | 21.89 (15.10)  | _              |
| Urban | Preschool                | 3.43 (3.83)  | 35.06 (22.99)  | _              |
|       | School Age               | 3.99 (4.85)  | 27.07 (24.17)  | 68.30 (45.35)  |
|       | <b>Total Enrollment</b>  | 9.78 (3.96)  | 87.31 (55.94)  | 66.00 (45.79)  |
|       | <b>Licensed Capacity</b> | 10.29 (1.06) | 108.13 (55.29) | 135.25 (48.78) |
|       | Enrollment by Age        |              |                |                |
|       | Infant                   | 2.33 (1.09)  | 11.25 (6.80)   | _              |
|       | Toddler                  | 3.23 (1.62)  | 15.99 (10.36)  | _              |
| Rural | Preschool                | 3.38 (1.61)  | 23.37 (16.99)  | _              |
|       | School Age               | 2.74 (1.87)  | 22.16 (24.73)  | 53.40 (41.37)  |
|       | Total Enrollment         | 10.46 (3.33) | 59.41 (40.86)  | 55.93 (39.58)  |
|       | <b>Licensed Capacity</b> | 10.86 (1.08) | 73.58 (48.70)  | 101.82 (58.85) |

Total average enrollment was considered in the context of providers' licensed capacity as represented on the licensing roster. Enrollment can exceed capacity as all enrolled children may not attend at the same time, but comparing enrollment and licensed capacity can give insight into the number of slots potentially available at a given program. Figure 11 represents the average proportion of licensed capacity, calculated by dividing the total enrollment by licensed capacity, broken out across setting type, geographic location, and number of shifts of care. The results indicate that on average and across setting types and geographic location, providers utilizing more than one shift of care approximate or exceed their licensed capacity while providers with only one shift of care tend to fall short of their licensed capacity. Furthermore, family child care homes tend to enroll a higher proportion of their licensed capacity on average than do center-based programs.



■ Home I & II — Center-Based

Rural

FIGURE 11. | AVERAGE PROPORTION OF LICENSED CAPACITY BY SETTING TYPE, GEOGRAPHY, AND NUMBER OF SHIFTS OF CARE

Seventy percent (n=649) of respondents indicated that their current enrollment was their ideal enrollment. Table 6 represents the average ideal 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 ideal enrollment than center-based and school-age only programs, and average ideal enrollment tends to increase as age increases.

Urban

TABLE 6. | AVERAGE IDEAL ENROLLMENT BY SETTING TYPE AND GEOGRAPHY

|       | Mean <i>(SD)</i>        | Home I & II  | Center-Based   | School Age     |
|-------|-------------------------|--------------|----------------|----------------|
|       | Ideal Enrollment by Age |              |                |                |
|       | Infant                  | 2.25 (1.56)  | 19.59 (15.10)  | _              |
| Urban | Toddler                 | 3.44 (2.16)  | 26.14 (18.90)  | _              |
|       | Preschool               | 3.70 (2.05)  | 45.02 (37.48)  | _              |
|       | School Age              | 3.13 (1.73)  | 29.24 (22.81)  | 111.25 (60.75) |
|       | Total Ideal Enrollment  | 10.58 (5.09) | 105.85 (80.91) | 101.11 (64.46  |
|       | Ideal Enrollment by Age |              |                |                |
|       | Infant                  | 2.26 (0.93)  | 13.35 (7.14)   | _              |
| Rural | Toddler                 | 3.44 (1.59)  | 19.32 (12.01)  | _              |
| Hurui | Preschool               | 3.60 (1.60)  | 27.99 (18.71)  | _              |
|       | School Age              | 2.45 (1.11)  | 20.67 (13.62)  | 47.50 (14.75)  |
|       | Total Ideal Enrollment  | 10.42 (3.03) | 67.16 (35.79)  | 47.5 (14.75)   |

Three quarters (74%, n = 681) of respondents indicated they maintain a waitlist for their program. Table 7 represents the average waitlist size by geographic location, setting type, and child age. As with enrollment and ideal enrollment, the average waitlist size is smaller for family child care homes than it is for center-based programs and school-age-only programs.

**TABLE 7.** AVERAGE WAITLIST BY SETTING TYPE AND GEOGRAPHY

|       | Mean <i>(SD)</i>      | Home I & II | Center-Based  | School Age   |
|-------|-----------------------|-------------|---------------|--------------|
|       | Waitlist by Age       |             |               |              |
|       | Infant                | 2.40 (1.96) | 10.62 (11.70) | _            |
| Urbon | Toddler               | 1.95 (1.96) | 8.74 (13.86)  | _            |
| Urban | Preschool             | 1.74 (1.83) | 6.73 (10.55)  | _            |
|       | School Age            | 1.28 (1.90) | 6.11 (13.59)  | 10.07 (7.99) |
|       | Total Waitlist        | 5.29 (5.08) | 25.53 (32.79) | 9.40 (8.12)  |
|       | Waitlist by Age       |             |               |              |
|       | Infant                | 3.47 (3.04) | 10.25 (21.26) | _            |
| Rural | Toddler               | 2.36 (2.84) | 6.74 (11.53)  | _            |
|       | Preschool             | 1.84 (2.47) | 5.07 (6.34)   | _            |
|       | School Age            | 0.92 (1.88) | 3.91 (6.56)   | 1.43 (2.44)  |
|       | <b>Total Waitlist</b> | 6.98 (7.33) | 20.97 (37.33) | 3.29 (4.89)  |

Just over one-third (37.6%, n=346) of respondents indicated they currently have a vacancy in their program. Table 8 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 8. | AVERAGE VACANCIES BY SETTING TYPE AND GEOGRAPHY FOR THE FULL SAMPLE

|        | Mean <i>(SD)</i>       | Home I & II | Center-Based  | School Age    |
|--------|------------------------|-------------|---------------|---------------|
|        | Vacancies by Age       |             |               |               |
|        | Infant                 | 1.20 (1.18) | 4.53 (8.77)   | _             |
| Urban  | Toddler                | 1.80 (1.34) | 5.93 (9.41)   | _             |
| UIDali | Preschool              | 2.15 (1.87) | 9.94 (14.34)  | _             |
|        | School Age             | 1.77 (1.99) | 7.48 (14.92)  | 26.90 (39.43) |
|        | <b>Total Vacancies</b> | 4.53 (4.64) | 22.74 (33.25) | 25.45 (37.68) |
|        | Vacancies by Age       |             |               |               |
|        | Infant                 | 0.97 (0.90) | 2.96 (4.52)   | _             |
| Rural  | Toddler                | 1.65 (1.31) | 4.90 (5.70)   | _             |
|        | Preschool              | 1.67 (1.23) | 7.81 (6.47)   | _             |
|        | School Age             | 1.13 (1.17) | 5.60 (6.55)   | 14.45 (15.76) |
|        | <b>Total Vacancies</b> | 3.64 (2.98) | 16.28 (14.40) | 14.45 (15.76) |

Table 9 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 daily attendance tends to increase as age increases.

TABLE 9. | TOTAL ENROLLMENT AS A PROPORTION OF LICENSED CAPACITY FOR THE FULL SAMPLE

|           | Mean <i>(SD)</i>                | Home I & II   | Center-Based  | School Age    |
|-----------|---------------------------------|---------------|---------------|---------------|
|           | Average Daily Attendance by Age |               |               |               |
|           | Infant                          | 2.72 (4.82)   | 14.61 (10.72) | _             |
| l lub a a | Toddler                         | 3.48 (3.97)   | 19.26 (14.60) | _             |
| Urban     | Preschool                       | 3.53 (4.03)   | 29.06 (19.90) | _             |
|           | School Age                      | 2.58 (2.21)   | 19.42 (17.68) | 44.07 (37.84) |
|           | Total Vacancies                 | 10.30 (12.01) | 71.65 (49.25) | 41.93 (37.43) |
|           | Average Daily Attendance by Age |               |               |               |
|           | Infant                          | 2.31 (1.46)   | 10.14 (6.39)  | _             |
| Rural     | Toddler                         | 3.26 (1.70)   | 14.29 (9.29)  | _             |
| narai     | Preschool                       | 3.34 (1.63)   | 21.00 (15.80) | _             |
|           | School Age                      | 2.07 (1.56)   | 13.30 (13.56) | 43.09 (35.34) |
|           | Total Vacancies                 | 9.80 (3.74)   | 50.81 (32.75) | 46.55 (33.48) |

#### Accreditation

The majority of providers were not accredited (83.1%, n = 887). When considering accreditation status by setting type, 19.8% (n = 128) of family child care homes and 13.2% (n = 48) of center-based programs were accredited. Information about the types of accreditation is presented in Table 10.

**TABLE 10.** | TYPES OF ACCREDITATION IN THE FULL SAMPLE

| Accrediting Organization                                               | Percent (n) |
|------------------------------------------------------------------------|-------------|
| National Accreditation Commission for Early Care and Education Program | 4.0% (33)   |
| National Association for the Education of Young Children (NAEYC)       | 12.9% (107) |
| National Early Childhood Program Accreditation (NECPA)                 | 9.2% (76)   |
| National Association for Family Child Care (NAFCC)                     | 5.1% (42)   |
| Association of Montessori International (AMI)                          | ***         |
| American Montessori Society (AMS)                                      | ***         |
| National After School Association                                      | ***         |
| Total                                                                  | 16% (150)   |

<sup>\*\*\*</sup> Note: Findings not reported for cell sizes with fewer than 10 respondents.

#### Health and Safety Training

Over 40% of respondents (43.2%, n=461) indicated they paid for required health and safety training for their staff members. Family child care home providers indicated they spent an average of \$240.94 per year (SD=\$252.00) on required health and safety training. Center-based providers reported spending an average of \$1,175.03 per year (SD=\$1,959.37) on required health and safety training. Center-based staff pay an average of \$111.36 per year (SD = \$72.66). School-age only programs spent \$1,308.57 per year on average (SD=\$3,181.35). Fewer than 10 responding family child care home providers indicated that they had staff pay for required training; data for this group are not detailed due to the low response rate. No school-age only programs indicated staff pay for health and safety training. Table 11 shows the average number of staff employed by responding providers.

TABLE 11. | AVERAGE FULL AND PART TIME STAFF MEMBERS BY SETTING TYPE FOR THE FULL SAMPLE

|           | Home I & II<br>n (SD) | Center-Based  | School Age  |
|-----------|-----------------------|---------------|-------------|
| Full Time | 1.29 (1.01)           | 11.50 (10.95) | 2.32 (2.45) |
| Part Time | 1.47 (1.04)           | 7.78 (11.55)  | 6.14 (5.04) |
| Total     | 2.03 (1.40)           | 18.12 (18.55) | 7.89 (6.04) |

#### **Program Participation and Funding Information**

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

Over 40% of responding providers (41.7%, n=445) indicated they participated in the Step Up to Quality program. When considering Step Up to Quality participation across setting type, 38.9% (n=251) of family child care homes and 52.1% (n=190) of center-based programs participate. Table 12 shows the percentage of participating providers at each step level by setting type.

TABLE 12. | PERCENTAGE OF PARTICIPATING PROVIDERS AT EACH LEVEL OF STEP UP TO QUALITY BY **SETTING TYPE** 

|        | Home I & II | Center-Based |
|--------|-------------|--------------|
| Step 1 | 35.2% (86)  | 27.3% (51)   |
| Step 2 | 49.6% (121) | 43.3% (81)   |
| Step 3 | *** (***)   | 13.4% (25)   |
| Step 4 | *** (***)   | 10.2% (19)   |
| Step 5 | 3.6% (23)   | 5.9% (11)    |

<sup>\*\*\*</sup> Note: Findings not reported for cell sizes with fewer than 10 respondents.

Table 13 shows participation in Head Start, Early Head Start, Sixpence, CACFP, and T.E.A.C.H. ECN across all respondents.

TABLE 13. | PERCENTAGE OF PARTICIPATING PROVIDERS IN THE FULL SAMPLE

|                  | Percentage of<br>Participating Respondents |
|------------------|--------------------------------------------|
| Head Start       | 2.1% (17)                                  |
| Early Head Start | 1.3% (11)                                  |
| Sixpence         | 6.4% (53)                                  |
| CACFP            | 66.4% (574)                                |
| T.E.A.C.H. ECN   | 10.4% (86)                                 |

Figure 12 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 considerably higher proportion than center-based programs. Center-based participation in T.E.A.C.H. ECN is also at a noticeably higher proportion than family child care homes.

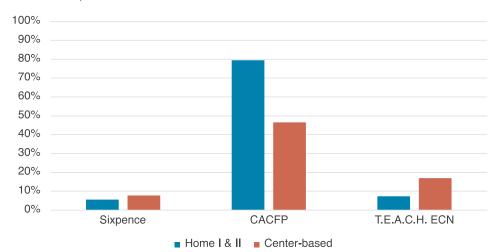


FIGURE 12. | PROGRAM PARTICIPATION ACROSS SETTING TYPE

#### **Child Care Subsidy**

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

Seven in ten respondents (69.8%, n=745) indicated that they are willing to accept child care subsidy. Of those who are willing, 72.7% (n=539) indicated they have a current subsidy agreement with DHHS. The licensing roster also provides information about providers who accept subsidy. The average current enrollment using child care subsidy was 10.47 children (SD=16.88).

The majority of respondents (91.7%, n=681) 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 (57.4%, n=35).

Respondents were asked to indicate the barriers to participation in the subsidy program that they experience. Figure 13 shows the percentage of respondents who indicated experiencing each barrier listed. Being reimbursed for attendance or a limited number of absences rather than for 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.

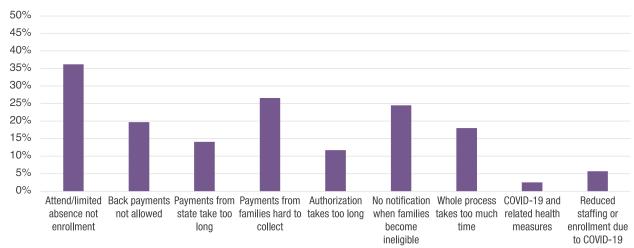


FIGURE 13. | BARRIERS TO PARTICIPATION IN THE SUBSIDY PROGRAM

Providers who do not accept subsidy were asked to indicate the reasons why they do not participate. Figure 14 shows the percentage of respondents who selected each option as a reason they do not participate.

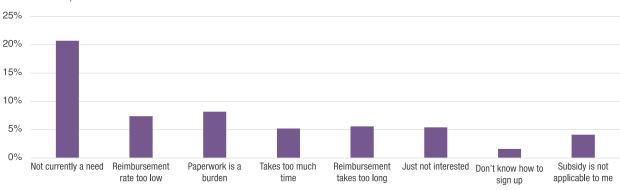


FIGURE 14. | REASONS FOR NOT PARTICIPATING IN THE SUBSIDY PROGRAM

Providers who do not accept subsidy were asked if they had accepted child care subsidy in the past. Over 40% (41.5%, n=151) 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 less than 20% (19.8%, n=32) 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 ten providers (10.0%, n=91) indicated serving children experiencing homelessness and reported an average enrollment of 3.58 children (SD=10.47) experiencing homelessness. 16.3% (n=149) indicated serving children of migrant families and reported an average enrollment of 5.41 children (SD=11.70) from migrant families. One-third of providers (35.7%, n=326) indicated serving children who are dual- or English-language learners and reported an average enrollment of 11.83 children (SD=23.89) 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. Almost half of providers (47.5%, *n*=395) reported providing full-time care, 8.7% (*n*=93) reported providing partial day care, and 13.4% (n=143) reported providing part-time care to children with behavioral special needs. The majority of providers (91.6%, n=360) indicated they charged their standard full-time rates for children with behavioral special needs.

For the purposes of this survey, medical special needs were defined as including but not limited to C-tubes, seizure disorders, diabetes, and severe allergies requiring an Epi-Pen. One-quarter of providers (27.4%, n=292) reported providing full-time care, 8.6% (n=92) reported providing partial day care, and 11.7% (n=125) reported providing part-time care to children with medical special needs. The majority of providers (87.3%, n=255) indicated they charged their standard full-time rates for children with medical special needs.

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# Appendix A: 2025 Nebraska Child Care Market Rate Survey

**English Version (Spanish Version Available Upon Request)** 

## Nebraska 2025 Market Rate Survey/Encuesta de Tasas de Mercado de Nebraska 2025 **Survey Flow**

Start of Block: Default Question Block Q1 We are asking for your help with the 2025 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. The survey should take about 15 minutes to complete. Participation is voluntary, and responses will be kept completely confidential. We truly appreciate your time. Providers who complete the survey will be entered in a drawing for the chance to win one of ten \$100 Amazon gift cards. If you have any questions, please contact our help desk at 402.554.6503. Q2 \${e://Field/Provider\_Name} (If this is not your provider name, please exit this survey and contact our help desk at 402-554-6503.) **End of Block: Default Question Block** Start of Block: Children Served Q3 Which of the following age groups does your program serve? (select all that apply) Infants (up to 18 months) (1) Toddlers (18 months to 36 months) (2) Preschool (3 and 4 year olds) (3) School Age children (5 years or older) (4) End of Block: Children Served

| Start of Bloo            | ck: Rates and Fees                                               |
|--------------------------|------------------------------------------------------------------|
| Q4 Select all            | of the options you provide:                                      |
|                          | Full daytime care (4)                                            |
|                          | Part time care based on the number of days attended per week (6) |
|                          | Part day care based on the number of hours attended per day (7)  |
| End of Block             | k: Rates and Fees                                                |
| Start of Bloo            | ck: Program Services                                             |
| Q5 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)                                                      |
|                          |                                                                  |
| Page Break               |                                                                  |
| Display This Q           | uestion:                                                         |
| If Q5 = 11               |                                                                  |
| Or Q5 = 1.<br>Or Q5 = 1. |                                                                  |
| Or Q5 = 1 $Or Q5 = 1$    |                                                                  |
| Or Q5 = 1 $Or Q5 = 1$    |                                                                  |
| Or Q5 = 1                |                                                                  |
| Carry Forward            | Selected Choices from "Q5"                                       |

| Q6 Approximately how many children in your program receive the following type of care? Please use numbers only. |
|-----------------------------------------------------------------------------------------------------------------|
| Overnight Care (1)                                                                                              |
| O Weekend Care (2)                                                                                              |
| O Drop In Care (3)                                                                                              |
| Summer and Non School Day Care (4)                                                                              |
| ○ Wrap Around Care (5)                                                                                          |
| Other: (6)                                                                                                      |
| End of Block: Program Services                                                                                  |
| Start of Block: Full-time Questions                                                                             |
| Display This Question:  If Q4 = 4                                                                               |
| Q7 What is the maximum number of days per week that your full-time rate covers?                                 |
| ▼ 1 day (1) 30 days/1 month (8)                                                                                 |
|                                                                                                                 |
| Page Break ————————————————————————————————————                                                                 |
| Display This Question:  If Q4 = 4                                                                               |
| Q8 Which of the following best describes the payment schedule for your full-time rate?                          |
| O Hourly (5)                                                                                                    |
| Opaily (6)                                                                                                      |
| ○ Weekly (7)                                                                                                    |
| O Monthly (8)                                                                                                   |
| Page Break                                                                                                      |

| Display This Question                             | า:                    |                      |                          |                |
|---------------------------------------------------|-----------------------|----------------------|--------------------------|----------------|
| If Q4 = 4                                         |                       |                      |                          |                |
|                                                   | ed Choices from "Q3"  |                      |                          |                |
| Carry Forward Select                              | ed Choices from "Q8"  |                      |                          |                |
| * X- Q9 What is your state only, no \$.           | andard full-time rate | for the following ag | ge groups? <b>Please</b> | use numbers    |
|                                                   | Hourly (1)            | Daily (2)            | Weekly (3)               | Monthly (4)    |
| Infants (up to 18 months) (x1)                    |                       |                      |                          |                |
| Toddlers (18<br>months to 36<br>months) (x2)      |                       |                      |                          |                |
| Preschool (3<br>and 4 year olds)<br>(x3)          |                       |                      |                          |                |
| School Age<br>children (5 years<br>or older) (x4) |                       |                      |                          |                |
| Page Break ——                                     |                       |                      |                          |                |
| Display This Question  If Q4 = 4                  | on:                   |                      |                          |                |
| *                                                 |                       |                      |                          |                |
| Q10 What is the n numbers only.                   | naximum number of     | hours per day you    | r full-time rate cove    | rs? Please use |
| End of Block: Fu                                  | II-time Questions     |                      |                          |                |

| Start of Plack: Pa                                                                                                                   | rt time Ouestiens                                                      |                                             |                                         |                                                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|---------------------------------------------|-----------------------------------------|--------------------------------------------------|--|
|                                                                                                                                      | Start of Block: Part-time Questions  Display This Question:  If Q4 = 7 |                                             |                                         |                                                  |  |
| Q11 Which of the f                                                                                                                   | following best descr                                                   | ibes the payment s                          | schedule for your pa                    | art-time rate?                                   |  |
| O Hourly (5)                                                                                                                         |                                                                        |                                             |                                         |                                                  |  |
| O Daily (6)                                                                                                                          | Opaily (6)                                                             |                                             |                                         |                                                  |  |
| O Weekly (7)                                                                                                                         |                                                                        |                                             |                                         |                                                  |  |
| O Monthly (8                                                                                                                         | )                                                                      |                                             |                                         |                                                  |  |
| Page Break ——                                                                                                                        |                                                                        |                                             |                                         |                                                  |  |
| Display This Question:  If Q4 = 6 Or Q4 = 7  Carry Forward Selected Choices from "Q4"  Carry Forward Selected Choices from "Q3"  * X |                                                                        |                                             |                                         |                                                  |  |
| Q12 What is your s only, no \$.                                                                                                      | tandard part-time ra                                                   | ate for the following                       | age groups? Pleas                       | e use numbers                                    |  |
|                                                                                                                                      | Infants (up to 18 months) (2)                                          | Toddlers (18<br>months to 36<br>months) (3) | Preschool (3<br>and 4 year olds)<br>(4) | School Age<br>children (5 years<br>or older) (1) |  |
| Full daytime<br>care (x4)                                                                                                            |                                                                        |                                             |                                         |                                                  |  |
| Part time care<br>based on the<br>number of days<br>attended per<br>week (x6)                                                        |                                                                        |                                             |                                         |                                                  |  |
| Part day care<br>based on the<br>number of hours<br>attended per<br>day (x7)                                                         |                                                                        |                                             |                                         |                                                  |  |
|                                                                                                                                      |                                                                        |                                             |                                         |                                                  |  |

Page Break ----

| Display This Question:  If Q4 = 7                                                                    |
|------------------------------------------------------------------------------------------------------|
| *                                                                                                    |
| Q13 What is the maximum number of hours per day your part-time rate covers? Please use numbers only. |
|                                                                                                      |
| Page Break                                                                                           |
| Display This Question:  If Q4 = 6                                                                    |
| Q14 What is the maximum number of days per week your part-time rate covers?                          |
| ▼ 1 (4) 4 (7)                                                                                        |
| End of Block: Part-time Questions                                                                    |
| Start of Block: Enrollment and Attendance                                                            |
| Q15 This series of questions is about the number of children you have enrolled in your program.      |
| Page Break                                                                                           |
| Carry Forward Selected Choices from "Q3"                                                             |
| Q16 What is your current enrollment for each of the age groups below? Please use numbers only.       |
| O Infants (up to 18 months) (1)                                                                      |
| O Toddlers (18 months to 36 months) (2)                                                              |
| O Preschool (3 and 4 year olds) (3)                                                                  |
| ○ School Age children (5 years or older) (4)                                                         |
|                                                                                                      |

| Q17 Does your current enrollment represent the number of children you would ideally have enrolled in your program?                  |
|-------------------------------------------------------------------------------------------------------------------------------------|
| ○ Yes (1)                                                                                                                           |
| ○ No (2)                                                                                                                            |
| Skip To: Q19                                                                                                                        |
| Page Break —                                                                                                                        |
| Carry Forward Selected Choices from "Q3"                                                                                            |
| Q18 What is the ideal number of children you would have enrolled in your program for each age group below? Please use numbers only. |
| O Infants (up to 18 months) (1)                                                                                                     |
| O Toddlers (18 months to 36 months) (2)                                                                                             |
| Preschool (3 and 4 year olds) (3)                                                                                                   |
| ○ School Age children (5 years or older) (4)                                                                                        |
| Page Break —————                                                                                                                    |
| Q19 Do you maintain a waitlist for your program?                                                                                    |
| ○ Yes (1)                                                                                                                           |
| ○ No (2)                                                                                                                            |
| Skip To: Q20 If Q19 = 1<br>Skip To: Q21 If Q19 = 2                                                                                  |
| Page Break ————                                                                                                                     |

| Carry Forward Selected Choices from "Q3"                                           |                               |
|------------------------------------------------------------------------------------|-------------------------------|
| Q20 How many children are currently on your waitlist for each of use numbers only. | the ages listed below? Please |
| O Infants (up to 18 months) (1)                                                    | _                             |
| O Toddlers (18 months to 36 months) (2)                                            | _                             |
| Preschool (3 and 4 year olds) (3)                                                  |                               |
| School Age children (5 years or older) (4)                                         | _                             |
| Page Break                                                                         |                               |
| Q21 Do you have any vacancies in your program right now?                           |                               |
| ○ Yes (1)                                                                          |                               |
| ○ No (2)                                                                           |                               |
| Skip To: Q22                                                                       |                               |
| Page Break                                                                         |                               |
| Carry Forward Selected Choices from "Q3"                                           |                               |
| Q22 How many vacancies do you have for each of the ages listed only.               | d below? Please use numbers   |
| O Infants (up to 18 months) (1)                                                    | _                             |
| O Toddlers (18 months to 36 months) (2)                                            | _                             |
| O Preschool (3 and 4 year olds) (3)                                                | _                             |
| School Age children (5 years or older) (4)                                         |                               |
|                                                                                    |                               |
| Page Break ————————————————————————————————————                                    |                               |

| ip To: Q24 If Q23 = 1<br>ip To: Q25 If Q23 = 2                                 |                        |                         |                  |
|--------------------------------------------------------------------------------|------------------------|-------------------------|------------------|
|                                                                                |                        |                         |                  |
| ge Break                                                                       |                        |                         |                  |
| rry Forward Selected Choic                                                     | ces from "Q3"          |                         |                  |
| :                                                                              |                        |                         |                  |
| 24 What is the average d                                                       | aily attendance for ea | ch age group in each sl | hift? Please use |
| mbers only.                                                                    |                        |                         |                  |
|                                                                                | Shift 1 (1)            | Shift 2 (2)             | Shift 3 (3)      |
|                                                                                |                        |                         |                  |
| Infants (up to 18                                                              |                        |                         |                  |
| months) (x1)                                                                   |                        |                         |                  |
|                                                                                |                        |                         |                  |
| oddlers (18 months to 36 months) (x2)                                          |                        |                         |                  |
| , ( ,                                                                          |                        |                         |                  |
|                                                                                |                        |                         |                  |
| D l. /0 l. /                                                                   |                        |                         |                  |
| Preschool (3 and 4 year olds) (x3)                                             |                        |                         |                  |
| Preschool (3 and 4 year olds) (x3)                                             |                        |                         |                  |
| Preschool (3 and 4 year olds) (x3)  School Age children 5 years or older) (x4) |                        |                         |                  |

| Display This Question:<br>If Q23 = 2           |                                   |                            |
|------------------------------------------------|-----------------------------------|----------------------------|
| Carry Forward Selected Choices fro             | om "Q3"                           |                            |
| Q25 What is your average daily                 | attendance for each age group     | ? Please use numbers only. |
| O Infants (up to 18 months)                    | (1)                               |                            |
| O Toddlers (18 months to 3                     | 6 months) (2)                     |                            |
| O Preschool (3 and 4 year                      | olds) (3)                         |                            |
| O School Age children (5 ye                    | ears or older) (4)                |                            |
| End of Block: Enrollment and                   | Attendance                        |                            |
| Start of Block: Diversity of Ch                | ildren                            |                            |
| Q26 Does your program serve c                  | hildren with any of the following | characteristics?           |
|                                                | Yes (1)                           | No (2)                     |
| Children experiencing homelessness (1)         | 0                                 | 0                          |
| Children of migrant families (2)               | 0                                 | $\circ$                    |
| Dual- and/or English-<br>Language Learners (3) | 0                                 | 0                          |
|                                                |                                   |                            |
| Page Break ————                                |                                   |                            |

```
Display This Question:
    If Q26 = 1 [ 1 ]
    Or Q26 = 2[1]
    Or Q26 = 3 [ 1 ]
Q27 How many children are enrolled in your program right now? Please use numbers only.
Display This Answer:
Display This Answer:
   If Q26 = 3 [ 1 ]
                                                                          Display This Answer:
                          Display This Answer:
                                                  Display This Answer:
                                                                               If Q26 = 3 [ 1 ]
                               If Q26 = 1 [ 1 ]
                                                       If Q26 = 2 [ 1 ]
                                                                         Dual- and/or English-
                                                  Children of migrant
                         Children experiencing
                                                                          Language Learners
                           homelessness (2)
                                                      families (3)
                                                                                   (4)
  Number of children
          (1)
End of Block: Diversity of Children
Start of Block: Special needs
Display This Question:
   Or Q4 = 7
Q28 Do you provide care for children with (select all that apply):
                          Part time care based
                                                  Part time based on
                                                                                None (3)
                          on hours per day (2)
                                                   days per week (4)
    Medical special
   needs (Examples
  may include but are
 not limited to: C-tube,
   seizure disorders,
   diabetes, severe
   allergies requiring
     Epi-pen.) (2)
  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)
Page Break
```

| Display This Question:                                                                                                                                                                                  |                                      |                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------------------|
| If Q4 = 4                                                                                                                                                                                               |                                      |                              |
| Q29 Do you provide full-time car                                                                                                                                                                        | e for children with (select all that | apply):                      |
|                                                                                                                                                                                                         | Yes (1)                              | No (2)                       |
| Medical special needs (Examples may include but are not limited to: C-tube, seizure disorders, diabetes, severe allergies requiring Epi-pen.) (2)                                                       | 0                                    | 0                            |
| 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) | 0                                    | 0                            |
| Page Break  Display This Question:                                                                                                                                                                      |                                      |                              |
| If Q29 = 2 [ 1 ]                                                                                                                                                                                        |                                      |                              |
| standard full time rate?  Yes (1)  No (2)                                                                                                                                                               | ge for children with medical special | •                            |
| Page Break                                                                                                                                                                                              |                                      |                              |
| Display This Question:                                                                                                                                                                                  |                                      |                              |
| If Q28 = 2 [ 2 ]                                                                                                                                                                                        |                                      |                              |
| Or Q28 = 2 [ 4 ]                                                                                                                                                                                        |                                      |                              |
| And Q4 = 6                                                                                                                                                                                              |                                      |                              |
| Or Q4 = 7                                                                                                                                                                                               |                                      |                              |
| Q31 Is the part time rate you char standard part time rate?                                                                                                                                             | ge for children with medical specia  | al needs different from your |
| O Yes (1)                                                                                                                                                                                               |                                      |                              |
| ○ No (2)                                                                                                                                                                                                |                                      |                              |
| Page Break                                                                                                                                                                                              |                                      |                              |

| Display This Question:  If Q28 = 2 [ 2 ]  Or Q28 = 2 [ 4 ]  Or Q29 = 2 [ 1 ]                                                 |
|------------------------------------------------------------------------------------------------------------------------------|
| Carry Forward Selected Choices from "Q3"  X+                                                                                 |
| Q32 How many children with medical special needs do you have enrolled right now for each age group? Please use numbers only. |
| O Infants (up to 18 months) (1)                                                                                              |
| O Toddlers (18 months to 36 months) (2)                                                                                      |
| O Preschool (3 and 4 year olds) (3)                                                                                          |
| School Age children (5 years or older) (4)                                                                                   |
| Page Break ————————————————————————————————————                                                                              |
| Display This Question:  If Q29 = 1 [1]  And Q4 = 4                                                                           |
| Q33 Is the full time rate you charge for children with behavioral special needs different from your standard full time rate? |
| ○ Yes (1)                                                                                                                    |
| ○ No (2)                                                                                                                     |
| Page Break ————————————————————————————————————                                                                              |
| Display This Question:  If Q28 = 1 [ 2 ]  Or Q28 = 1 [ 4 ]  Or Q29 = 1 [ 1 ]                                                 |
| Q34 Is the part time rate you charge for children with behavioral special needs different from your standard part time rate? |
| ○ Yes (1)                                                                                                                    |
| ○ No (2)                                                                                                                     |
| Page Break ————                                                                                                              |

| Display This Question:                                                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------|
| If Q28 = 1 [ 2 ]                                                                                                                |
| Or Q28 = 1 [ 4 ]                                                                                                                |
| Or Q29 = 1 [1]                                                                                                                  |
| Carry Forward Selected Choices from "Q3"                                                                                        |
| $X$ $\Rightarrow$                                                                                                               |
| Q35 How many children with behavioral special needs do you have enrolled right now for each age group? Please use numbers only. |
| O Infants (up to 18 months) (1)                                                                                                 |
| O Toddlers (18 months to 36 months) (2)                                                                                         |
| Preschool (3 and 4 year olds) (3)                                                                                               |
| ○ School Age children (5 years or older) (4)                                                                                    |
| End of Block: Special needs                                                                                                     |
| Start of Block: Child Care Subsidy Block                                                                                        |
| Q36 Are you willing to accept Child Care Subsidy?                                                                               |
| ○ Yes (1)                                                                                                                       |
| ○ No (2)                                                                                                                        |
|                                                                                                                                 |
| Page Break ————————————————————————————————————                                                                                 |
| Display This Question:                                                                                                          |
| If Q36 = 1                                                                                                                      |
| Q37 Do you currently have a Child Care Subsidy agreement with DHHS?                                                             |
| ○ Yes (1)                                                                                                                       |
| ○ No (2)                                                                                                                        |
| Page Break                                                                                                                      |

| Display This Q  | uestion:                                                                             |
|-----------------|--------------------------------------------------------------------------------------|
| If Q36 = 2      |                                                                                      |
| Or Q37 =        | 2                                                                                    |
| Q38 Which o     | f 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)                                                                           |
|                 |                                                                                      |
| Page Break      |                                                                                      |
|                 |                                                                                      |
| Display This Q  | uestion:                                                                             |
| If Q36 = 2      |                                                                                      |
| <i>Or Q37 =</i> | 2                                                                                    |
| Q39 Have yo     | u accepted Child Care Subsidy in the past?                                           |
| O Yes (         | 1)                                                                                   |
| O No (2         | 2)                                                                                   |
| Dogo Proofs     |                                                                                      |
| Page Break      |                                                                                      |

| Display This Question:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| If Q36 = 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| Q40 Would you be willing to accept Child Care Subsidy in the future?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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| ○ Yes (1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| O No. (2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| O No (2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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| Display This Question:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| If Q36 = 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| And Q37 = 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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| Q41 How many children do you currently have enrolled that are utilizing Child Care Subsidy?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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| If Q36 = 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| Q42 Do you have limits on the number of children you will accept who participate in the Subsidy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| program?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| ○ Yes (1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| O res (1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| O No (2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| · <i>'</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| Display This Question:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| If Q42 = 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| Q43 Why do you limit your participation in the Subsidy program?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Page Break —                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

| Display This Q             | uestion:                                                                                       |
|----------------------------|------------------------------------------------------------------------------------------------|
|                            | f the following best represents the limit you set on child care subsidy participation?         |
| O 5 or fe                  | ewer children (4)                                                                              |
| O 6 to 10                  | O children (5)                                                                                 |
| ○ 11 to <sup>2</sup>       | 15 children (6)                                                                                |
| Other                      | (7)                                                                                            |
| Page Break                 |                                                                                                |
| Ü                          | f the following are barriers to your participation in the Subsidy program? (Select all         |
|                            | 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)                                            |
| Page Break                 |                                                                                                |
| Q46 As a pronot previously | vider, please tell us any barriers you have experienced with the Subsidy program y identified. |
|                            |                                                                                                |
|                            |                                                                                                |

End of Block: Child Care Subsidy Block

| Page Break ————————————————————————————————————                                  |                           |
|----------------------------------------------------------------------------------|---------------------------|
| Display This Question:                                                           |                           |
| If Q36 = 2  Q40 Would you be willing to accept Child Care Subsidy in the future? |                           |
| ○ Yes (1)                                                                        |                           |
| ○ No (2)                                                                         |                           |
|                                                                                  |                           |
| Page Break ————————————————————————————————————                                  |                           |
| Display This Question:                                                           |                           |
| If Q36 = 1                                                                       |                           |
| And Q37 = 1                                                                      |                           |
|                                                                                  |                           |
| Q41 How many children do you currently have enrolled that are utilizing          | Child Care Subsidy?       |
|                                                                                  |                           |
| Page Break                                                                       |                           |
| Display This Question:                                                           |                           |
| If Q36 = 1                                                                       |                           |
| Q42 Do you have limits on the number of children you will accept who porogram?   | articipate in the Subsidy |
| ○ Yes (1)                                                                        |                           |
| ○ No (2)                                                                         |                           |
| Page Break                                                                       |                           |
| Display This Question:                                                           |                           |
| Q49 How many part-time staff are employed for each age group?                    |                           |
| O Infants (up to 18 months) (1)                                                  |                           |
| O Toddlers (18 months to 36 months) (2)                                          |                           |
| O Preschool (3 and 4 year olds) (3)                                              |                           |
| School Age children (5 years or older) (4)                                       |                           |
| ——————————————————————————————————————                                           |                           |
| Page Break —————————————————————                                                 |                           |

| Display This Question:                                                                                                                                                                                                                                                                                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                           |
| If If Enter the number of employed staff at your program: Text Response Is Greater Than 0                                                                                                                                                                                                                                                 |
| And Q47 = 1                                                                                                                                                                                                                                                                                                                               |
| And And Enter the number of employed staff at your program: Text Response Is Not Empty                                                                                                                                                                                                                                                    |
| Carry Forward Selected Choices from "Q3"                                                                                                                                                                                                                                                                                                  |
| $X$ $\rightarrow$                                                                                                                                                                                                                                                                                                                         |
| Q50 How many full-time staff are employed for each age group?                                                                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                           |
| O Infants (up to 18 months) (1)                                                                                                                                                                                                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                           |
| O Toddlers (18 months to 36 months) (2)                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                           |
| Preschool (3 and 4 year olds) (3)                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                           |
| ○ School Age children (5 years or older) (4)                                                                                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                           |
| Page Break ————————————————————————————————————                                                                                                                                                                                                                                                                                           |
| 1 age Break                                                                                                                                                                                                                                                                                                                               |
| Display This Question:                                                                                                                                                                                                                                                                                                                    |
| If Q47 = 1                                                                                                                                                                                                                                                                                                                                |
| Q51 Who pays 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)?                                                                                                                                                              |
| ○ The program pays (1)                                                                                                                                                                                                                                                                                                                    |
| The program paye (1)                                                                                                                                                                                                                                                                                                                      |
| Staff pays (2)                                                                                                                                                                                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                           |
| ○ Staff pays (2)                                                                                                                                                                                                                                                                                                                          |
| O Staff pays (2) Page Break                                                                                                                                                                                                                                                                                                               |
| ○ Staff pays (2)                                                                                                                                                                                                                                                                                                                          |
| O Staff pays (2)  Page Break  Display This Question:                                                                                                                                                                                                                                                                                      |
| O Staff pays (2)  Page Break  Display This Question:                                                                                                                                                                                                                                                                                      |
| O Staff pays (2)  Page Break  Display This Question:  If Q51 = 1  *  Q52 Approximately how much do you spend per year on the required Health and Safety training                                                                                                                                                                          |
| O Staff pays (2)  Page Break  Display This Question:  If Q51 = 1                                                                                                                                                                                                                                                                          |
| O Staff pays (2)  Page Break  Display This Question:  If Q51 = 1  *  Q52 Approximately how much do you spend per year on the required Health and Safety training                                                                                                                                                                          |
| O Staff pays (2)  Page Break  Display This Question:  If Q51 = 1  *  Q52 Approximately how much do you spend per year on the required Health and Safety training                                                                                                                                                                          |
| O Staff pays (2)  Page Break  Display This Question:  If Q51 = 1  *  Q52 Approximately how much do you spend per year on the required Health and Safety training of your staff? Please enter dollar amount.                                                                                                                               |
| O Staff pays (2)  Page Break  Display This Question:  If Q51 = 1  *  Q52 Approximately how much do you spend per year on the required Health and Safety training of your staff? Please enter dollar amount.  Page Break                                                                                                                   |
| O Staff pays (2)  Page Break  Display This Question:  If Q51 = 1  *  Q52 Approximately how much do you spend per year on the required Health and Safety training of your staff? Please enter dollar amount.  Page Break  Display This Question:                                                                                           |
| O Staff pays (2)  Page Break  Display This Question:  If Q51 = 1  *  Q52 Approximately how much do you spend per year on the required Health and Safety training of your staff? Please enter dollar amount.  Page Break                                                                                                                   |
| O Staff pays (2)  Page Break  Display This Question:  If Q51 = 1  *  Q52 Approximately how much do you spend per year on the required Health and Safety training of your staff? Please enter dollar amount.  Page Break  Display This Question:                                                                                           |
| Ostaff pays (2)  Page Break  Display This Question:  If Q51 = 1  Continuous and the required Health and Safety training of your staff? Please enter dollar amount.  Page Break  Display This Question:  If Q51 = 2  Continuous and the required Health and Safety training of your staff spend per year on the required Health and Safety |
| O Staff pays (2)  Page Break  Display This Question:  If Q51 = 1  *  Q52 Approximately how much do you spend per year on the required Health and Safety training of your staff? Please enter dollar amount.  Page Break  Display This Question:  If Q51 = 2  *                                                                            |

**End of Block: Staff Training** 

| g for, or offer any of the Yes (1)   | following?  No (2) |
|--------------------------------------|--------------------|
| mount.<br>g for, or offer any of the | following?         |
|                                      |                    |
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| uality level?                        |                    |
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|                                      | ality?             |

| Q58 Are you accredited with any                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | of the following national or internation (1)   | ational organizations?<br>No (2) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|----------------------------------|
| National Accreditation<br>Commission for Early Care<br>and Education Program (1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 0                                              | 0                                |
| National Association for the Education of Young Children (NAEYC) (2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 0                                              | 0                                |
| National Early Childhood<br>Program Accreditation<br>(NECPA) (3)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 0                                              | 0                                |
| National Association for Family Child Care (NAFCC) (4)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 0                                              | 0                                |
| Association of Montessori<br>International (AMI) (5)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 0                                              | $\circ$                          |
| American Montessori Society (AMS) (6)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 0                                              | 0                                |
| National After School<br>Association (7)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 0                                              | 0                                |
| Other, please use box below: (12)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 0                                              | $\circ$                          |
| Page Break —                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                |                                  |
| *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                |                                  |
| highest: Child care rates in the comparison of t | g costs (2)<br>3)<br>F reimbursement rates (4) | families, with 1 being the       |
| Page Break                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                |                                  |
| Q60 What other factors impact yo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | our rates for children?                        |                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                  |

| Start of Block: Cost Analysis                                                                                                                                                                                                                                                                                                                                                            |                                                                               |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|--|--|
| Q61 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 questions below, please provide the information requested for the staff in your program. If you are self-employed family childcare home provider, please enter the salary you pay yourself into the "Director" staff position.                                                                                                                                                    |                                                                               |  |  |
| Page Break                                                                                                                                                                                                                                                                                                                                                                               |                                                                               |  |  |
| Q62 Which of the following staff positions are represented in the program you own, operate, or administer?                                                                                                                                                                                                                                                                               |                                                                               |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                          | Director (14)                                                                 |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                          | Assistant Director (15)                                                       |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                          | Teacher (1)                                                                   |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                          | Co-teacher (2)                                                                |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                          | Assistant Teacher/Para (3)                                                    |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                          | Master Teacher (4)                                                            |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                          | Home Visitor (5)                                                              |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                          | Bus Driver (6)                                                                |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                          | Maintenance/Custodian (7)                                                     |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                          | Kitchen Staff (8)                                                             |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                          | Clerical/Office (9)                                                           |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                          | Coach (10)                                                                    |  |  |
| Transport                                                                                                                                                                                                                                                                                                                                                                                | Coordinator/Specialist (Educational, Family Service/PFCE, Health, ation) (11) |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                          | Other (12)                                                                    |  |  |
| Page Break                                                                                                                                                                                                                                                                                                                                                                               |                                                                               |  |  |

# Carry Forward Selected Choices from "Q62" Q63 How many individuals do you employ in each of these positions? Please use numbers only. O Director (1)\_\_\_\_\_ Assistant Director (2) O Teacher (3) \_\_\_\_\_ O Co-teacher (4) \_\_\_\_\_ Assistant Teacher/Para (5) Master Teacher (6) O Home Visitor (7) Bus Driver (8) \_\_\_\_\_\_ Maintenance/Custodian (9) ○ Kitchen Staff (10) O Clerical/Office (11) Ocach (12) \_\_\_ Ocoordinator/Specialist (Educational, Family Service/PFCE, Health, Transportation) (13) Other (14) Page Break -Display This Question: If If How many individuals do you employ in each of these positions? Please use numbers only. Text Or Or How many individuals do you employ in each of these positions? Please use numbers Or Or How many individuals do you employ in each of these positions? Please use numbers only. Text Response Is Greater Than 1 Or Or How many individuals do you employ in each of these positions? Please use numbers only. Text Response Is Greater Than 1 Or Or How many individuals do you employ in each of these positions? Please use numbers only. Text Response Is Greater Than 1 Or Or How many individuals do you employ in each of these positions? Please use numbers Or Or How many individuals do you employ in each of these positions? Please use numbers Or Or How many individuals do you employ in each of these positions? Please use numbers only. Text Response Is Greater Than 1

| Or Or How many individuals do you employ in each of these positions? Please use numbers<br>7. Text Response Is Greater Than 1                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| Or Or How many individuals do you employ in each of these positions? Please use numbers  7. Text Response Is Greater Than 1                             |
| Or Or How many individuals do you employ in each of these positions? Please use numbers  7. Text Response Is Greater Than 1                             |
| Or Or How many individuals do you employ in each of these positions? Please use numbers                                                                 |
| <ul> <li>7. Text Response Is Greater Than 1</li> <li>Or Or How many individuals do you employ in each of these positions? Please use numbers</li> </ul> |
| /. Text Response Is Greater Than 1                                                                                                                      |
| Or Or How many individuals do you employ in each of these positions? Please use numbers<br>/. Text Response Is Greater Than 1                           |
| ry Forward Selected Choices from "Q62"                                                                                                                  |
|                                                                                                                                                         |
| 4 What is the annual salary of the <b>lowest paid staff</b> member in each of these sitions? Please use numbers only, do not use \$.                    |
| O Director (1)                                                                                                                                          |
| O Assistant Director (2)                                                                                                                                |
| O Teacher (3)                                                                                                                                           |
| Oc-teacher (4)                                                                                                                                          |
| Assistant Teacher/Para (5)                                                                                                                              |
| O Master Teacher (6)                                                                                                                                    |
| O Home Visitor (7)                                                                                                                                      |
| O Bus Driver (8)                                                                                                                                        |
| O Maintenance/Custodian (9)                                                                                                                             |
| ○ Kitchen Staff (10)                                                                                                                                    |
| O Clerical/Office (11)                                                                                                                                  |
| O Coach (12)                                                                                                                                            |
| O Coordinator/Specialist (Educational, Family Service/PFCE, Health, Transportation) (13                                                                 |
| Coordinator/Specialist (Educational, Family Service/PFCE, Health, Transportation) (1                                                                    |

#### Display This Question:

- If If How many individuals do you employ in each of these positions? Please use numbers only. Text Response Is Greater Than 1
- Or Or How many individuals do you employ in each of these positions? Please use numbers
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- only. Text Response Is Greater Than 1
- Or Or How many individuals do you employ in each of these positions? Please use numbers only. Text Response Is Greater Than 1
- Or Or How many individuals do you employ in each of these positions? Please use numbers only. Text Response Is Greater Than 1
- Or Or How many individuals do you employ in each of these positions? Please use numbers
- Or Or How many individuals do you employ in each of these positions? Please use numbers

Carry Forward Selected Choices from "Q62"

| O Director (1)                                                                   |        |
|----------------------------------------------------------------------------------|--------|
|                                                                                  |        |
| Assistant Director (2)                                                           |        |
| O Teacher (3)                                                                    |        |
| Oco-teacher (4)                                                                  |        |
| Assistant Teacher/Para (5)                                                       |        |
| O Master Teacher (6)                                                             | _      |
| O Home Visitor (7)                                                               |        |
| O Bus Driver (8)                                                                 |        |
| Maintenance/Custodian (9)                                                        |        |
| ○ Kitchen Staff (10)                                                             |        |
| Clerical/Office (11)                                                             | _      |
| O Coach (12)                                                                     |        |
| Coordinator/Specialist (Educational, Family Service/PFCE, Health, Transportation | ) (13) |
| Other (14)                                                                       |        |

| Carry Forward Selected Choices from "Q62"                                                                                |
|--------------------------------------------------------------------------------------------------------------------------|
| $\chi_{\Rightarrow}$                                                                                                     |
| Q66 What is the annual salary of the staff member(s) in each of these positions? Please use numbers only, do not use \$. |
| O Director (1)                                                                                                           |
| O Assistant Director (2)                                                                                                 |
| O Teacher (3)                                                                                                            |
| O Co-teacher (4)                                                                                                         |
| Assistant Teacher/Para (5)                                                                                               |
| O Master Teacher (6)                                                                                                     |
| O Home Visitor (7)                                                                                                       |
| O Bus Driver (8)                                                                                                         |
| ○ Maintenance/Custodian (9)                                                                                              |
| ○ Kitchen Staff (10)                                                                                                     |
| O Clerical/Office (11)                                                                                                   |
| O Coach (12)                                                                                                             |
| Coordinator/Specialist (Educational, Family Service/PFCE, Health, Transportation) (13)                                   |
| Other (14)                                                                                                               |
| Page Break ————                                                                                                          |

| Q67 Do you c<br>apply)                                                                                                                                                                                                                                                                                                               | urrently offer your full-time employees any of the following benefits? (select all that |  |  |                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--|--|----------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                      | Paid sick leave (1)                                                                     |  |  |                                              |
|                                                                                                                                                                                                                                                                                                                                      | Paid vacation (2)                                                                       |  |  |                                              |
|                                                                                                                                                                                                                                                                                                                                      | Health insurance (3)                                                                    |  |  |                                              |
|                                                                                                                                                                                                                                                                                                                                      | Dental Insurance (4)                                                                    |  |  |                                              |
|                                                                                                                                                                                                                                                                                                                                      | Vision Insurance (5)                                                                    |  |  |                                              |
|                                                                                                                                                                                                                                                                                                                                      | Retirement plan (6)                                                                     |  |  |                                              |
| Education stipend (i.e., tuition payments) (7)  Free tuition for employees' children (8)                                                                                                                                                                                                                                             |                                                                                         |  |  |                                              |
|                                                                                                                                                                                                                                                                                                                                      |                                                                                         |  |  | Discount tuition for employees' children (9) |
| My program does not offer any of these benefits (10)                                                                                                                                                                                                                                                                                 |                                                                                         |  |  |                                              |
| Other benefits (11)                                                                                                                                                                                                                                                                                                                  |                                                                                         |  |  |                                              |
| Page Break                                                                                                                                                                                                                                                                                                                           |                                                                                         |  |  |                                              |
| Display This Qu                                                                                                                                                                                                                                                                                                                      | iestion:                                                                                |  |  |                                              |
| If Q4 = 4                                                                                                                                                                                                                                                                                                                            |                                                                                         |  |  |                                              |
| Q68 Please estimate your total annual costs for personnel (wages and benefits) and non-personnel expenses for the full-time care you provide. Non-personnel expenses include rent/mortgage, cleaning or maintenance fees, insurance, program equipment and supplies, curriculum and assessment, etc. Please use numbers only, no \$. |                                                                                         |  |  |                                              |
| O Total annual personnel expenses (1)                                                                                                                                                                                                                                                                                                |                                                                                         |  |  |                                              |
| O Total a                                                                                                                                                                                                                                                                                                                            | O Total annual non-personnel expenses (2)                                               |  |  |                                              |
| Dogo Prode                                                                                                                                                                                                                                                                                                                           |                                                                                         |  |  |                                              |
| Page Break                                                                                                                                                                                                                                                                                                                           |                                                                                         |  |  |                                              |

Page Break —

| Display This Question:                                                                                                                                                                                                                                                                                                                                                |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| If Q4 = 6                                                                                                                                                                                                                                                                                                                                                             |  |  |  |
| Q69 Please estimate your total annual costs for personnel (wages and benefits) and non-<br>personnel expenses for the part-time care based on days per week you provide. Non-personnel<br>expenses include rent/mortgage, cleaning or maintenance fees, insurance, program equipment<br>and supplies, curriculum and assessment, etc. Please use numbers only, no \$. |  |  |  |
| O Total annual personnel expenses (1)                                                                                                                                                                                                                                                                                                                                 |  |  |  |
| O Total annual non-personnel expenses (2)                                                                                                                                                                                                                                                                                                                             |  |  |  |
| Page Break                                                                                                                                                                                                                                                                                                                                                            |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |
| Display This Question:                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| If Q4 = 7                                                                                                                                                                                                                                                                                                                                                             |  |  |  |
| Q70 Please estimate your total annual costs for personnel (wages and benefits) and non-<br>personnel expenses for the part-time based on hours per day care you provide. Non-personnel                                                                                                                                                                                |  |  |  |
| Q71 Do you currently carry Liability insurance?                                                                                                                                                                                                                                                                                                                       |  |  |  |
| ○ Yes (1)                                                                                                                                                                                                                                                                                                                                                             |  |  |  |
| ○ No (2)                                                                                                                                                                                                                                                                                                                                                              |  |  |  |
| Skip To: Q75                                                                                                                                                                                                                                                                                                                                                          |  |  |  |
| Page Break —————                                                                                                                                                                                                                                                                                                                                                      |  |  |  |
| аув швак                                                                                                                                                                                                                                                                                                                                                              |  |  |  |
| Display This Question:                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| If Q71 = 2                                                                                                                                                                                                                                                                                                                                                            |  |  |  |
| Q72 Within the last 12 months, have you carried Liability insurance?                                                                                                                                                                                                                                                                                                  |  |  |  |
| ○ Yes (1)                                                                                                                                                                                                                                                                                                                                                             |  |  |  |
| ○ No (2)                                                                                                                                                                                                                                                                                                                                                              |  |  |  |
| Skip To: Q76                                                                                                                                                                                                                                                                                                                                                          |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |

| Display This Qu                                                              | uestion:                                                                                                 |  |  |  |  |  |  |
|------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|
| If Q71 = 2                                                                   |                                                                                                          |  |  |  |  |  |  |
| And Q72 =                                                                    | :1                                                                                                       |  |  |  |  |  |  |
| Q73 Why do you no longer carry Liability insurance? (Select all that apply.) |                                                                                                          |  |  |  |  |  |  |
|                                                                              | Cost too high. (3)                                                                                       |  |  |  |  |  |  |
| Cost increased too much. (2)                                                 |                                                                                                          |  |  |  |  |  |  |
| Insurance company no longer offered the policy. (1)                          |                                                                                                          |  |  |  |  |  |  |
| No longer needed it. (4)                                                     |                                                                                                          |  |  |  |  |  |  |
|                                                                              | Other, please specify: (5)                                                                               |  |  |  |  |  |  |
| Page Break                                                                   |                                                                                                          |  |  |  |  |  |  |
| Display This Qu                                                              | uestion:                                                                                                 |  |  |  |  |  |  |
| If Q71 = 2                                                                   | . 1                                                                                                      |  |  |  |  |  |  |
| And Q72 =                                                                    |                                                                                                          |  |  |  |  |  |  |
|                                                                              | s your yearly premium (the cost you paid to have the policy) for Liability ease use numbers only, no \$. |  |  |  |  |  |  |
|                                                                              |                                                                                                          |  |  |  |  |  |  |
| Page Break                                                                   |                                                                                                          |  |  |  |  |  |  |
| Display This Qu                                                              | uestion:                                                                                                 |  |  |  |  |  |  |
| If Q71 = 1                                                                   |                                                                                                          |  |  |  |  |  |  |
| *                                                                            |                                                                                                          |  |  |  |  |  |  |
|                                                                              | your yearly premium (the cost you pay to have the policy) for Liability Insurance? umbers only, no \$.   |  |  |  |  |  |  |
|                                                                              |                                                                                                          |  |  |  |  |  |  |
| Page Break                                                                   |                                                                                                          |  |  |  |  |  |  |

| Q76 Do you currently carry Commercial Auto insurance?                              |  |  |  |
|------------------------------------------------------------------------------------|--|--|--|
| ○ Yes (1)                                                                          |  |  |  |
| ○ No (2)                                                                           |  |  |  |
| Skip To: Q80 If Q76 = 1                                                            |  |  |  |
| Page Break ————————————————————————————————————                                    |  |  |  |
| Display This Question:  If Q76 = 2                                                 |  |  |  |
| Q77 Within the last 12 months, have you carried Commercial Auto insurance?         |  |  |  |
| ○ Yes (1)                                                                          |  |  |  |
| ○ No (2)                                                                           |  |  |  |
|                                                                                    |  |  |  |
| Page Break ————————————————————————————————————                                    |  |  |  |
| Display This Question:  If Q76 = 2                                                 |  |  |  |
| And Q77 = 1                                                                        |  |  |  |
| Q78 Why do you no longer carry Commercial Auto insurance? (Select all that apply.) |  |  |  |
| Cost too high. (1)                                                                 |  |  |  |
| Cost increased by too much. (4)                                                    |  |  |  |
| Insurance company no longer offered the policy. (5)                                |  |  |  |
| No longer needed it. (6)                                                           |  |  |  |
| Other (please specify.) (7)                                                        |  |  |  |
|                                                                                    |  |  |  |
| Page Break ————————————————————————————————————                                    |  |  |  |

| Display This Question:                                                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------|
| If Q76 = 2                                                                                                                             |
| And Q77 = 1                                                                                                                            |
| *                                                                                                                                      |
| Q79 What was your yearly premium (the cost you paid to have the policy) for Commercial Auto Insurance? Please use numbers only, no \$. |
|                                                                                                                                        |
| Page Break ————————————————————————————————————                                                                                        |
| Display This Question:                                                                                                                 |
| If Q76 = 1                                                                                                                             |
| *                                                                                                                                      |
| Q80 What is your yearly premium (the cost you pay to have the policy) for Commercial Auto Insurance? Please use numbers only, no \$.   |
|                                                                                                                                        |
|                                                                                                                                        |
| End of Block: Cost Analysis                                                                                                            |

# Appendix B: Communication Materials

# Save The Date Postcard Mailing - Front And Back



## Save The Date Postcard Mailing – Inside

English

## SAVE THE DATE

The Nebraska Child Care Market Rate Survey will be sent out mid-January 2024 and you will have 90 days to fill out the survey.

The more providers who fill out the Market Rate Survey, the more accurate the subsidy reimbursement rates will be. Help your fellow providers by completing the Nebraska Child Care Market Rate Survey!

Did you know? You receive the full amount of your rate as long as it is less than or equal to the subsidy reimbursement rate. If your rate is above the subsidy reimbursement rate, you will receive the reimbursement rate only.

Prefer to fill out a paper survey? Call (402) 554-6503 to request a paper survey. Questions? Contact Melissa at mboyer@nebraska.edu

- Español

# **RESERVA**

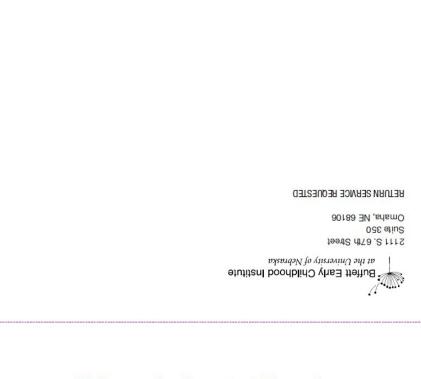
La Encuesta de tarifas del mercado de cuidado infantil de Nebraska se enviará a mediados de enero de 2024 y usted tendrá 90 días para completar la encuesta.

Cuantos más proveedores completen la Encuesta de Tarifas del Mercado, más precisas serán las tasas de reembolso de subsidios. ¡Ayude a sus compañeros proveedores completando la Encuesta de Tarifas del Mercado de cuidado infantil de Nebraska!

¿Sabía? Recibirá el importe total de su tarifa siempre que sea inferior o igual a la tasa de reembolso del subsidio. Si su tasa es superior a la tasa de reembolso del subsidio, recibirá únicamente la tasa de reembolso.

¿Prefiere completar una encuesta en papel? Llame al (402) 554-6503 para solicitar una encuesta en papel. ¿Tiene preguntas? Comuníquese con Melissa mboyer@nebraska.edu

# **Initial Postcard Mailing - Front And 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.





## **Initial Postcard Mailing – Inside**

| Login Identification Number / Número de identificación de inicio de sesión: |  |
|-----------------------------------------------------------------------------|--|
|                                                                             |  |

**English** 

Nebraska Child Care Provider,

We are asking for your help with the 2025 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.

#### Please use this link to take the survey: tinyurl.com/Market-Rate-Survey

You will need to use your unique Login Identification Number found in the upper right-hand corner of this postcard to take 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 ten \$100 Amazon gift cards.

If you have any questions, please contact our help desk at (402) 554-6503. Thank you!

Greg Welch, Ph.D. Associate Director of Research and Evaluation **Buffett Early Childhood Institute** University of Nebraska



Español

Proveedor/a de atención infantil de Nebraska,

Solicitamos su ayuda con la Encuesta de las Tarifas del Mercado de cuidado infantil de Nebraska de 2025. 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.

Le pedimos que el director de su programa de cuidado infantil complete la encuesta. Completar esta encuesta debería tomar unos 15 minutos. La participación es voluntaria y las respuestas serán completamente confidenciales.

#### Utilice este enlace para realizar la encuesta: tinyurl.com/Market-Rate-Survey

Para realizar la encuesta, necesitará utilizar su número de identificación de inicio de sesión único que se encuentra en la esquina superior derecha de esta postal.

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

Si tiene alguna pregunta, póngase en contacto con nuestro centro de ayuda al (402) 554-6503. ¡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



# **Reminder Postcard Mailing – Front And Back**

RETURN SERVICE REQUESTED

Omaha, NE 68106 Suite 350 2111 S. 67th Street

at the University of Nebraska Buffett Early Childhood Institute

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 Mailing - Inside

#### Login Identification Number / Número de identificación de inicio de sesión:

**English** 

Nebraska Child Care Provider,

Last month you should have received a postcard 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.

#### Please visit this website to take the survey: tinyurl.com/Market-Rate-Survey

You will need to use your unique Login Identification Number found in the upper right-hand corner of this postcard to take 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 ten \$100 Amazon gift cards.

If you have any questions, please contact our help desk at (402) 554-6503. Thank you!

Greg Welch, Ph.D. Associate Director of Research and Evaluation Buffett Early Childhood Institute University of Nebraska



Complete the Survey

Español

Proveedor/a de atención infantil de Nebraska,

El mes pasado debería haber recibido una postal en la que se le invitaba a completar la Encuesta de las Tarifas del Mercado. Si ya la ha completado, le agradecemos. Si no lo ha hecho, la fecha límite se acerca rápidamente. Pídale 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.

#### Visite este sitio web para realizar la encuesta: tinyurl.com/Market-Rate-Survey

Para realizar la encuesta, necesitará utilizar su número de identificación de inicio de sesión único que se encuentra en la esquina superior derecha de esta postal.

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

Si tiene alguna pregunta, póngase en contacto con nuestro centro de ayuda al (402) 554-6503. ¡Gracias!

Atentamente

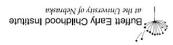
Greg Welch, Ph.D. Director adjunto de Investigación y Evaluación Instituto para la Primera Infancia Buffett (Buffett Early Childhood Institute) Universidad de Nebraska



#### **Correction - Front And Back**

#### RETURN SERVICE REQUESTED

Omaha, NE 68106 Suite 350 2111 S. 67th Street



# CORRECTION | CORRECCIÓN

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

Ayúdenos a recopilar información importante sobre las tarifas de cuidado infantil en Nebraska.





#### **Correction - Inside**

## CORRECTION: Login Identification Number | CORRECCIÓN: Número de identificación de inicio de sesión:

English

Nebraska Child Care Provider,

Last month you should have received a postcard 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.

#### Please visit this website to take the survey: tinyurl.com/Market-Rate-Survey

You will need to use your unique Login Identification Number found in the upper right-hand corner of this

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

If you have any questions, please contact our help desk at (402) 554-6503. Thank you!

Greg Welch, Ph.D. Associate Director of Research and Evaluation **Buffett Early Childhood Institute** University of Nebraska



Español

Proveedor/a de atención infantil de Nebraska,

El mes pasado debería haber recibido una postal en la que se le invitaba a completar la Encuesta de las Tarifas del Mercado. Si ya la ha completado, le agradecemos. Si no lo ha hecho, la fecha límite se acerca rápidamente. Pídale 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.

#### Visite este sitio web para realizar la encuesta: tinyurl.com/Market-Rate-Survey

Para realizar la encuesta, necesitará utilizar su número de identificación de inicio de sesión único que se encuentra en la esquina superior derecha de esta postal.

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

Si tiene alguna pregunta, póngase en contacto con nuestro centro de ayuda al (402) 554-6503. ¡Gracias!

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



## **Initial Email To Survey Nonrespondents**

Dear PROGRAM NAME,

We are asking for your help with the 2025 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. The survey should take about 15 minutes to complete. Participation is voluntary, and responses will be kept completely confidential.

To take the survey, you will need to use your unique login ID number: XXXX

We truly appreciate your time.

Follow this link to the Survey:

Take the Survey

Or copy and paste the URL below into your internet browser:

https://unomaha.az1.qualtrics.com/jfe/form/SV\_01HoqSWzsg7852m?Q DL=Jy1llArVe8pPYHH 01HoqSWzsg7852m CGC yUAluihd29WQlUs&Q CHL=email

Follow the link to opt out of future emails:

Click here to unsubscribe

Estimado PROGRAM NAME,

Le pedimos su ayuda con la Encuesta de tasas del mercado de cuidado infantil de Nebraska de 2025. Los resultados de la encuesta se utilizarán para establecer las tarifas del subsidio de cuidado infantil en Nebraska, lo que permitirá un acceso equitativo a un cuidado infantil de calidad en todo el estado. Le pedimos que el director de su programa de cuidado infantil complete la encuesta. La encuesta debería tardar unos 15 minutos en completarse. La participación es voluntaria y las respuestas se mantendrán completamente confidenciales.

Para realizar la encuesta, deberá utilizar su número de identificación de inicio de sesión único: XXXX

Realmente apreciamos su tiempo.

Siga este enlace a la Encuesta:

Take the Survey

O copie y pegue la siguiente URL en su navegador de Internet:

https://unomaha.az1.gualtrics.com/jfe/form/SV\_01HoqSWzsg7852m?Q DL=Jy1llArVe8pPYHH 01HoqSWzsg7852m CGC yUAluihd29WQlUs&Q CHL=email

Siga el enlace para optar por no recibir futuros correos electrónicos:

Click here to unsubscribe

## **Email Reminders To Survey Nonrespondents**

Dear PROGRAM NAME,

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. The survey should take about 15 minutes to complete.

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

Providers who complete the survey will be entered in a drawing for the chance to win one of ten \$100 Amazon gift cards.

You will need to use your unique login ID number: XXXX

We truly appreciate your time.

Follow this link to the Survey:

Take the Survey

Or copy and paste the URL below into your internet browser: https://unomaha.az1.gualtrics.com/jfe/form/SV 01HogSWzsg7852m?Q DL=Jy1llArVe8pPYHH 01HoqSWzsg7852m CGC FofMyL2Zj6LojsM&Q CHL=email

Follow the link to opt out of future emails:

Click here to unsubscribe

El mes pasado deberías haber recibido un correo electrónico invitándote a completar la Encuesta sobre Precios de Mercado. Si ya la completaste, ¡gracias! Si no, la fecha límite se acerca rápidamente. Por favor, solicite al director de su programa de cuidado infantil que complete la encuesta lo antes posible. La encuesta le tomará aproximadamente 15 minutos.

Los resultados de la encuesta se utilizarán para establecer las tarifas de subsidio para el cuidado infantil en Nebraska, lo que permitirá un acceso equitativo al cuidado infantil de calidad en todo el estado. La participación es voluntaria y las respuestas se mantendrán completamente confidenciales.

Los proveedores que completen la encuesta participarán en un sorteo por la oportunidad de ganar una de las diez tarjetas de regalo de Amazon por USD 100.

Para realizar la encuesta, deberá utilizar su número de identificación de inicio de sesión único: XXXX

Realmente apreciamos su tiempo.

Siga este enlace a la Encuesta:

Take the Survey

O copie y pegue la siguiente URL en su navegador de Internet: https://unomaha.az1.qualtrics.com/jfe/form/SV\_01HoqSWzsg7852m?Q\_ DL=Jy1llArVe8pPYHH 01HoqSWzsg7852m CGC yUAluihd29WQIUs&Q CHL=email

Siga el enlace para optar por no recibir futuros correos electrónicos: Click here to unsubscribe



at the University of Nebraska

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

buffettinstitute.nebraska.edu









