

# 2021 NYS CHILD CARE MARKET RATE SURVEY



Office of Children and Family Services

## CHILD CARE ENROLLMENT & PAYMENT

1) How many children are *enrolled* in your program for part-time and full-time care, and how old are they?

	INFANTS	TODDLERS	PRESCHOOLERS	SCHOOL AGE CHILDREN
FULL-TIME				
PART-TIME				

2) Of the children currently enrolled in your program, how is their care paid for? Check ONE:

- ONLY private-pay.
- BOTH private-pay **AND** the County Department of Social Services-DSS (or in NYC by ACS, HRA, or DOE).
- ONLY the County DSS (or in NYC by ACS, HRA, or DOE).

3) Do you have a contract or rate agreement with the County DSS (or in NYC with ACS, HRA, or DOE, i.e. Early Learn)?

- Yes  No

4) Are the rates you charge private-pay families higher than the rates paid by the county DSS?

- Yes  No

5) Do you charge county DSS families the difference between the DSS rates and your private-pay rates?

- Yes  No

## RATES – Please read instructions before entering the rates you charge.

- **Do** provide your usual, published rates for weekday care.
- **Do** provide the rates you charge your PRIVATE-PAY families.
- **Only** provide rates for ages of children that you care for.
- **Do Not** write in special rates (weekend, evening, sick child).
- **Do Not** include sliding fee scales, discounted rates, extended care rates, or extra fees.
- **Do you have more than one rate for full-time care?** If so, please use your rate for Monday-Friday care lasting 6 or more hours per day.
- **Do you have more than one rate for part-time care?** If so, please use your rate for Monday-Friday part-day care. Mornings or afternoons only, 2 – 5 hours per day.

## 6) CHILDREN WHO ARE NOT YET ENROLLED IN SCHOOL

How do you charge?	SCHEDULE	Infants	Toddlers	Preschoolers	How many hours do these rates cover?
<input type="checkbox"/> MONTHLY	FULL-TIME Monthly Rate	\$	\$	\$	# _____ hrs/week
	PART-TIME Monthly rate	\$	\$	\$	# _____ hrs/week
<input type="checkbox"/> WEEKLY	FULL-TIME Weekly Rate	\$	\$	\$	# _____ hrs/week
	PART-TIME Weekly Rate	\$	\$	\$	# _____ hrs/week
<input type="checkbox"/> DAILY	FULL DAY (6 or more hrs/day)	\$	\$	\$	
<input type="checkbox"/> HOURLY		\$	\$	\$	

Continue on Reverse Side

**7) SCHOOL AGE – CHILDREN ENROLLED IN KINDERGARTEN OR HIGHER GRADE**

How do you charge?	PART-TIME CARE -- Before and/or after school			FULL-TIME CARE -- During school breaks
	1-2 hrs/day	3 hrs/day	4 hrs/day	6 or more hrs/day
<input type="checkbox"/> MONTHLY	\$	\$	\$	\$
<input type="checkbox"/> WEEKLY	\$	\$	\$	\$
<input type="checkbox"/> DAILY	\$	\$	\$	\$
<input type="checkbox"/> HOURLY	\$	\$	\$	\$

**PRICE CHANGES**

8) Have you **raised** your prices in the past year due to higher operating costs?

- No → Skip ahead to question 9
- Yes → If yes, **why did your rates go up?** (Check ALL that apply.)
- |  |   |   |
|--|---|---|
| <input type="checkbox"/> COVID-19              | <input type="checkbox"/> Program supplies | <input type="checkbox"/> Fewer children in care |
| <input type="checkbox"/> Salary / minimum wage | <input type="checkbox"/> Utilities        | <input type="checkbox"/> More children in care  |
| <input type="checkbox"/> Health insurance      | <input type="checkbox"/> Food             | <input type="checkbox"/> New staff              |
| <input type="checkbox"/> Insurance             | <input type="checkbox"/> Training         | <input type="checkbox"/> Quality improvements   |
| <input type="checkbox"/> Building costs / Rent | <input type="checkbox"/> Other _____      |   |

9) Have you **lowered** your prices in the past year?

- No → Skip ahead to question 10
- Yes → If yes, **why did your rates go down?** (Check ALL that apply.)
- |   |   |  |
|---|---|--|
| <input type="checkbox"/> COVID-19               | <input type="checkbox"/> More children in care  | <input type="checkbox"/> Decreased costs |
| <input type="checkbox"/> To be more competitive | <input type="checkbox"/> Fewer children in care | <input type="checkbox"/> Other _____     |

**SUBSIDIZED CHILD CARE / DSS**

10) Are there any barriers to caring for children with child care subsidies? (Check ALL that apply.)

- |  |   |
|--|---|
| <input type="checkbox"/> Takes too long to get paid                              | <input type="checkbox"/> Payments vary from month to month    |
| <input type="checkbox"/> Payment rates are too low                               | <input type="checkbox"/> Hard to talk to anyone at the County |
| <input type="checkbox"/> County doesn't pay for holidays                         | <input type="checkbox"/> Extra paperwork                      |
| <input type="checkbox"/> County doesn't pay for absences                         | <input type="checkbox"/> Parents don't pay their family share |
| <input type="checkbox"/> County pays less than my rate                           | <input type="checkbox"/> Subsidy ends and kids leave          |
| <input type="checkbox"/> I don't know when the subsidy case has closed.          |   |
| <input type="checkbox"/> I don't know if subsidy is authorized when care begins. |   |
| <input type="checkbox"/> Other _____   |   |

**NYC Family Day Care Networks**

11) If you are a home-based provider in New York City, are you part of a family day care network?

- Yes, What is your network's name? \_\_\_\_\_
- No

\*\*\*THANK YOU FOR YOUR PARTICIPATION\*\*\*