



DO NOT COMPLETE THIS FORM. DO NOT RETURN TO OCFS. This survey can only be submitted using a custom survey link that will be emailed to valid child care providers/programs. This document shows all possible questions on the survey. If you complete the survey online some of these questions will not appear, depending on your answers to other questions.

2023 Market Rate Survey: Day Care Centers (DCCs) and NYC GDCs

Welcome and Thank You!

This survey includes questions about:

- Child Enrollment numbers
• The Prices you charge for care.
• Your Costs for providing child care.

*Indicates a required question

Enrollment Numbers - Infants (Up to 18 months of age)

As of today, how many children are enrolled in your program for each age.

NOTE: if you have NO infants in care, please enter 0 (zero).

* 1. Total number of infants enrolled:

Full-Time (30 hours or more in a week) [input box]

Part-Time (Less than 30 hours in a week) [input box]

Enrollment Numbers - Toddlers (18 months to 36 months of age)

NOTE: if you have NO toddlers in care, please enter 0 (zero).

* 2. Total number of toddlers enrolled:

Full-Time (30 hours or more in a week) [input box]

Part-Time (Less than 30 hours in a week) [input box]

Enrollment Numbers - Preschoolers (3 to 5 years of age)

NOTE: if you have NO preschoolers in care, please enter 0 (zero).

* 3. Total number of preschoolers enrolled:

Full-Time (30 hours or more in a week) [input box]

Part-Time (Less than 30 hours in a week) [input box]

NOTE: if you have NO school age children in care, please enter 0 (zero).

Enrollment Numbers - School Age Children (6 through 12 years of age)

* 4. Total number of school age children enrolled:

After school only [input box]

Before school only [input box]

Before and after school [input box]

During school breaks or vacation weeks [input box]



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Child Care Subsidy Participation

* 5. Of the children currently enrolled in your program, how is their care paid for?

- 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)
- N/A. I don't have any children enrolled at this time

* 6. Of the children currently enrolled in your program, how is their care paid for?

- 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)

Contract/Rate Agreements

7. 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

8. Are the rates you charge private-pay families **higher** than the rates paid by the county DSS?

- Yes
- No

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

- Yes
- No

Rates (Prices)

The next set of questions is about the rates (prices) that you charge families for care. Please keep in mind:

- We're looking for your **regular rates for private pay** families for weekday care (Monday to Friday). If you only care for children under a DSS contract, please enter those contract-based rates.
- DO NOT report sliding fee scales, discounted rates, extended care rates, or extra fees.
- **Full-time** is defined as 30 or more hours in a week.
- **Part-time** is defined as less than 30 hours in a week.

Rates for Infants, Toddlers, Preschoolers

* 10. Does your program care for children who are not yet enrolled in school (infants, toddlers, and preschoolers)?

- Yes
- No



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* 11. How do you charge/bill for infant, toddler, and preschool care? Check all that apply.

- Monthly
Weekly
Daily
Hourly

Monthly Rates – Full-Time

12. What are your Monthly Full-Time (30 hours or more in a week) rates?

NOTE: Use whole numbers ONLY (no dollar signs, commas or decimal points).

Infants (\$ per month)
Toddlers (\$ per month)
Preschoolers (\$ per month)

Monthly Rates – Part-Time

13. What are your Monthly Part-Time (less than 30 hours in a week) rates?

NOTE: Use whole numbers ONLY (no dollar signs, commas or decimal points).

Infants (\$ per month)
Toddlers (\$ per month)
Preschoolers (\$ per month)

Weekly Rates – Full-Time

14. What are your Weekly Full-Time (30 hours or more in a week) rates?

NOTE: Use whole numbers ONLY (no dollar signs, commas or decimal points).

Infants (\$ per week)
Toddlers (\$ per week)
Preschoolers (\$ per week)

Weekly Rates – Part-Time

15. What are your Weekly Part-Time (less than 30 hours in a week) rates?

NOTE: Use whole numbers ONLY (no dollar signs, commas or decimal points).

Infants (\$ per week)
Toddlers (\$ per week)
Preschoolers (\$ per week)

Daily Rates

16. What are your Daily Rates for a Full-Day of care (6 or more hours/day)?

NOTE: Use whole numbers ONLY (no dollar signs, commas or decimal points).

Infants (\$ per day)
Toddlers (\$ per day)
Preschoolers (\$ per day)



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Hourly Rates

17. What are your Hourly Rates?

NOTE: Use whole numbers ONLY (no dollar signs, commas or decimal points).

Infants (\$ per hour)

Toddlers (\$ per hour)

Preschoolers (\$ per hour)

Rates for School Age Children

* 18. Does your program care for school-age children enrolled in kindergarten or a higher grade?

Yes

No

* 19. How do you charge/bill for care for school-age child care? Check all that apply.

Monthly

Weekly

Daily

Hourly

Monthly Rates – School Age – Full-Time

20. What are your Monthly Rates for Full-Time (30 or more hours in a week) care?

NOTE: Use whole numbers ONLY (no dollar signs, commas or decimal points).

School Age Children (\$ per month)

Monthly Rates – School Age – Part-Time

21. What are your Monthly Part-Time Rates for care Before and/or After School?

NOTE: Use whole numbers ONLY (no dollar signs, commas or decimal points).

For 1-2 hours a day, 5 days a week (\$ per month)

For 3 hours a day, 5 days a week (\$ per month)

For 4 hours a day, 5 days a week (\$ per month)

Weekly Rates – School Age – Full-Time

22. What are your Weekly Rates for Full-Time (30 or more hours in a week) care?

NOTE: Use whole numbers ONLY (no dollar signs, commas or decimal points).

School Age Children (\$ per week)



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Weekly Rates – School Age – Part-Time

23. What are your **Weekly Part-Time** Rates for care Before and/or After School?

NOTE: Use whole numbers ONLY (no dollar signs, commas or decimal points).

For 1-2 hours a day, 5 days a week (\$ per week)

For 3 hours a day, 5 days a week (\$ per week)

For 4 hours a day, 5 days a week (\$ per week)

Daily Rates – School Age – Full Day

24. What are your **Daily Rates** for **Full Day** (6 or more hours in a day) care?

NOTE: Use whole numbers ONLY (no dollar signs, commas or decimal points).

School Age Children (\$)

Daily Rates – School Age – Part Day

25. What are your **Daily Part-Time** Rates for care Before and/or After School?

NOTE: Use whole numbers ONLY (no dollar signs, commas or decimal points).

For 1-2 hours a day (\$)

For 3 hours a day (\$)

For 4 hours a day (\$)

Hourly Rates – School-Age

26. What are your **Hourly Rates** for **School-Age children**?

NOTE: Use whole numbers ONLY (no dollar signs, commas or decimal points).

School Age Children (\$)



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Rate and Pricing Questions

* 27. Are there any barriers to caring for children with child care subsidies?

- Yes
- No

28. What are the barriers to caring for children with subsidies? **Check all that apply.**

- Takes too long to get paid
- Payments vary from month to month
- Payment rates are too low
- Hard to talk to anyone at the County
- County doesn't pay for holidays
- Extra paperwork
- Other (please specify)
- County doesn't pay for absences
- Parents don't pay their family share
- County pays less than my rate
- Subsidy ends and kids leave
- I don't know when the subsidy case has closed
- don't know if subsidy is authorized when care begins

* 29. Have you raised your prices in the past year?

- Yes
- No

30. Why did your rates go up? **(Check ALL that apply)**

- COVID-19
- Salary / Minimum Wage
- Health Insurance
- Insurance
- Building Costs / Rent
- Program Supplies
- Utilities
- Other (please specify)
- Food
- Training
- Fewer Children in Care
- More Children in Care
- New Staff
- Quality Improvements

* 31. Have you lowered your prices in the past year?

- Yes
- No

32. Why did your rates go down? **(Check ALL that apply)**

- COVID-19
- To Be More Competitive
- More Children in Care
- Other (please specify)
- Fewer Children in Care
- Decreased Costs



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Cost Analysis

This section will collect information about your program's costs.

33. What is your role at the program?

- Director or Assistant Director
- Admin Office Staff
- Teacher, Assistant, Floater, or Substitute
- Other (please specify)

34. How many staff typically work at your program in a week?

NOTE: You may have more staff cleared to work at your site, but some of them rotate between sites. We want to know how many actually work on-site in a typical week.

- 1-50 in groups of 5
- 51-100 in groups of 10
- 101-200 in groups of 25
- 201-400 in groups of 100

35. What is the average salary paid to a lead teacher in your program? (Please choose per year or per hour, then enter the dollar amount.)

- Per Hour
- Per Year

Enter the dollar amount below.

36. How many hours per week does a lead teacher work?

- Numbers between 1-100

37. Does your program offer benefits to employees?

	Yes	No
Vacation Time	<input type="radio"/>	<input type="radio"/>
Sick Days	<input type="radio"/>	<input type="radio"/>
Health Insurance	<input type="radio"/>	<input type="radio"/>
Retirement	<input type="radio"/>	

Other (please specify)



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* 38. Are you in the process of hiring staff?

- Yes
No
I don't know

39. Which position(s) are you hiring for? (Check ALL that apply)

- Director, Assistant Director, Lead Teacher, Other (please specify)
Teacher Assistant, Admin Office Staff

Text input box for specifying other positions

*40. How is the day care space paid for? Choose one.

- Rent or Lease
Mortgage / Own

For the following questions, please enter your total costs (monthly or yearly). Later we'll ask you how much of the home is devoted to your day care program.

41. Rent or Lease - total cost (\$)

NOTE: Use whole numbers ONLY (no dollar signs, commas or decimal points).

Monthly Payment Total [input box]

Yearly Payment Total [input box]

42. Mortgage (including principle, interest, taxes and insurance) - total cost (\$)

NOTE: Use whole numbers ONLY (no dollar signs, commas or decimal points).

Monthly Payment Total [input box]

Yearly Payment Total [input box]

43. How much do you pay for utilities (electric, gas, water) - total cost (\$)?

NOTE: Use whole numbers ONLY (no dollar signs, commas or decimal points).

Monthly Payment Total [input box]

Yearly Payment Total [input box]



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44. Does your program receive funding (including funding in kind, such as free space in a church or school building) from ANY of the following? **(Select ALL that apply)**

- Head Start
- Early Head Start
- Pre-K or 3-K program operating in a public or private school
- Pre-K or 3-K program operating not on school grounds
- NYCHA (New York City Housing Authority) subsidized child care program
- Other (please specify)
- Private fundraising
- Church, synagogue, mosque, or other religious institution
- DSS subsidy or in NYC ACS/HRA/DOE contract or voucher
- I do NOT receive funding



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45. How many hours per WEEK is the program open and caring for children?

* 46. Are you currently operating at maximum capacity?

- Yes, every slot is filled with an enrolled child
- No, there are available slots

47. How many slots are available?

48. Do you currently have a wait list?

- No
- Yes: how many children are on the waiting list?

49. When during the year is the program open?

- The whole year
- School year only (September to June)
- Other (please specify)

50. Is there anything else you think we should know about the rates you charge or your cost of doing business?

This is the end of the survey - please click on Submit.