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2023 Market Rate Survey: FDC/GFDCs

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 required a question

Enrollment Numbers - Infants (Up to 24 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)

Part-Time (Less than 30 hours in a week)

Enrollment Numbers - Toddlers (2 years of age)

* 2. Total number of toddlers enrolled:

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

Full-Time (30 hours or more in a week)

Part-Time (Less than 30 hours in a week)

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

* 3. Total number of preschoolers enrolled:

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

Full-Time (30 hours or more in a week)

Part-Time (Less than 30 hours in a week)

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

* 4. Total number of school age children enrolled:

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

After school only

Before school only

Before and after school

During school breaks or vacation weeks



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Child Care Subsidy Participation

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

[Dropdown menu]

- 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?

[Dropdown menu]

- 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 DSS, please enter those 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.



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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

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

- Monthly
Weekly
Daily
Hourly

Monthly Rates – Full-Time

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).

Input fields for Monthly Full-Time rates for Infants, Toddlers, and Preschoolers (\$ per month)

Monthly Rates – Part-Time

12. 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).

Input fields for Monthly Part-Time rates for Infants, Toddlers, and Preschoolers (\$ per month)

Weekly Rates – Full-Time

13. 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).

Input fields for Weekly Full-Time rates for Infants, Toddlers, and Preschoolers (\$ per week)

Weekly Rates – Part-Time

14. 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).

Input fields for Weekly Part-Time rates for Infants, Toddlers, and Preschoolers (\$ per week)



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Daily Rates

15. 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)

Hourly Rates

16. 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)



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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)

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

Rate and Pricing Questions (cont.)

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

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

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

- No
Yes - please enter your network's name

Text input box for network name

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

- Yes
No

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

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



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

- Yes
No

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

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

Cost Analysis

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

34. What is your role at the program?

- I am the provider
I am an assistant
I am a family member helping the provider complete the survey (Please complete these questions from the perspective of the provider / provider's household)
Other (please specify)

Text input box for specifying role

35. How many staff typically work at your program in a week, including yourself?

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.

Dropdown menu for staff count

- 1-50
51 or more
Unknown

36. How many scheduled weeks per year does the program close? (do not include unplanned closures, such as for COVID-19)

Dropdown menu for scheduled weeks

- 1-50
51 or more
Unknown

* 37. Do you pay yourself a salary?

- Yes
No
I don't know



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38. Please enter your current salary:

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

Per Hour (\$)

Per Week (\$)

Per Month (\$)

Per Year (\$)

* 39. How do you pay for the home where day care is provided? Choose one.

- Rent or Lease
- Mortgage / Own

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

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

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

Monthly Payment Total

Yearly Payment Total

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

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

Monthly Payment Total

Yearly Payment Total

42. 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

Yearly Payment Total

43. About how many hours a week do you spend with kids (actively watching children)?

- 1-60
- 61 or more
- I don't know

44. About how many hours a week do you spend without kids (administrative tasks, prep, etc.)?

- 1-60
- 61 or more
- I don't know



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45. What income do you receive from your business?

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

\$ per month

\$ per year

46. What percent of the home is devoted to day care?

Use the slider below to until you hit your desired percentage.

47. Is the child care program financially supported by other household member(s)? For example, if your spouse's income pays for the mortgage.

Yes

No

48. Do you receive any of the following benefits from NYS? **(Select ALL that apply)**

SNAP

Housing Assistance

TA

SSI

Medicaid

WIC

Medicare

I do NOT receive benefits

HEAP

Other (Please Specify)

49. 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 below.