

Registered Homes Version

please visit <https://www.prenatal5fiscal.org/newmexico/nm-engagement> for link to online survey

2024 NM Cost of Care and Rate Survey

Introduction

Welcome! This survey is also available in Spanish. To select Spanish, please click on the drop-down menu at the top of the page.

¡Bienvenidos! Esta encuesta también está disponible en español. Para seleccionar la versión en español de la encuesta, haga clic en el menú en la parte superior de la página.

The New Mexico Early Childhood Education and Care Department (ECECD) will continue with an alternative methodology approach to inform state child care subsidy rates. New Mexico was the first state to move to this cost based alternative methodology in 2021. Part of this approach includes a survey, administered by Prenatal to Five Fiscal Strategies (P5FS), that will support the updating of New Mexico's cost estimation tool. The survey is for individuals, organizations, and programs that provide child care services to children from birth through twelve years in New Mexico. Because most of the survey questions ask about the costs incurred providing care to children, the best people to complete this survey are the following:

- An executive director, program director, or financial director of a child care center
- An executive director, program director, or financial director of a preschool program
- An owner of a family child care home
- A family member, friend, or neighbor who provides care to their relatives and/or other children but who is not licensed

For those who run a child care business, you may want to gather your expense statements and/or budget (if you have one) to help answer the questions (for example, it may be helpful to have your Schedule C IRS tax form nearby for reference). For those who are not licensed and provide care to family members, friends, and/or neighbors, we ask that you just do your best to estimate any costs you are asked to provide.

All other information will be kept completely confidential and only the P5FS team will be able to see your individual responses. Your data will be combined with data from other child care programs and only the combined data will be shared in summary form and cannot be linked back to you or your program.

The survey should take 15-20 minutes to complete if you have your financial information and child enrollment data nearby. The survey lets you save and continue your responses later by entering your email when requested. You will be sent a unique link back to your survey progress up to that point. If you have any questions about this survey or need any additional support, please do not hesitate to reach out to: newmexico@prenatal5fiscal.org or call (217) 469-5250 and someone from our team will return your call.

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Privacy Policy and Consent

Your individual responses will not be available to anyone other than the Prenatal to Five Fiscal Strategies (P5FS) study team. Only de-identified data that has been combined across respondents will be shared with anyone external to the P5FS study team. P5FS will not report any sample sizes that are less than 10 to support confidentiality. Your personally identifiable information will be stored in secure systems.

1) Please confirm the following:*

I have read the above information and I consent to having my information collected and stored.

Contact Information

2) From the list below, please select the option that best describes the type of child care you provide (please select one):*

- Licensed Family Home
- Licensed Group Home
- Child care center
- School-based PreK program
- School-age only child care center
- School-age only public-school program
- Early Head Start
- Head Start
- Registered Home

As a reminder, the best people to complete this survey are:

- An executive director, program director, or financial director of a licensed child care center, out-of-school time/out-of-school recreation program.*
 - Licensed family child care home or group family child care home owner or provider.*
 - A family member, friend, or neighbor who provides care to their relatives and/or other children but who is not a licensed child care home.*
-

Demographic Information

3) Your name _____

4) Your phone number _____

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5) Your Email Address * _____

6) In which county do you live?

(if you are unsure, enter the address [here](#) and it will identify the county)*

- Bernalillo
- Catron
- Chaves
- Cibola
- Colfax
- Curry
- De Beca
- Dona Ana
- Eddy
- Grant
- Guadalupe
- Harding
- Hidalgo
- Lea
- Lincoln
- Los Alamos
- Luna
- McKinley
- Mora
- Otero
- Quay
- Rio Arriba
- Roosevelt
- San Juan
- San Miguel
- Sandoval
- Santa Fe
- Sierra
- Socorro
- Taos
- Tarrant
- Union
- Valencia
- Not applicable

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7) In which tribal territory do you live?*

- Not applicable
- Acoma
- Cochiti
- Fort Sill Apache
- Isleta
- Jicarilla Apache
- Jemez
- Mescalero Apache
- Navajo Nation
- Laguna
- Nambe
- Ohkay Owingeh
- Pojoaque
- Sandia
- San Felipe
- San Ildefonso
- Santa Ana
- Santa Clara
- Santo Domingo
- Taos
- Tesu`que
- Zuni
- Zia

Capacity and Enrollment

8) How many children in each of the following age groups do you care for?*

- _____ Infants (6 weeks - 23 months)
- _____ Toddlers (24 months-35 months)
- _____ Preschoolers (36 months-kindergarten entry)
- _____ School-age children

9) How many of the children you care for have **SPECIAL NEEDS**? _____

Revenue

10) How often were you paid money by parents/guardians to provide child care to any of these children? (please remember that any information will be kept confidential, and your name will not be connected with your response)*

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- Always
- Sometimes
- Never

11) [if always or sometimes] When you do receive payment, approximately how much are you paid PER WEEK to provide child care (total for all children)?* \$_____per week

12) Do you have a paid job other than providing child care?

- Yes
- No

Child Care Assistance Program

13) Do you participate in the Child Care Assistance Program?*

- Yes
- No

14) [if yes to #60] How many of the children you care for receive child care subsidy through the Child Care Subsidy Program?*

64) What are the barriers or challenges, if any, to participating in the Child Care Subsidy Program? (select all that apply)*

- I do not have challenges or experience barriers with the program
- Reimbursement rates are too low
- Delays in receiving reimbursement
- Not enough families qualify/Not enough demand
- Don't know enough about the program
- Program is confusing
- Communication from the state and/or state partners is poor
- Don't have the time
- Don't have the resources
- Issues receiving co-pays from parents/families
- Issues administering co-pays to parents/families
- Need more information about how to enroll in the program
- Paperwork is too difficult
- Other - Write In

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Wages

16) Approximately how many hours per week do you spend caring for children?
(please enter a number between 0 and 168)*

17) Approximately how many additional hours per week do you spend on other tasks related to caring for children like shopping, cooking, and cleaning?
(please enter a number between 0 and 168)*

18) How often were you paid money by parents/guardians to provide child care to any of these children? (please remember that any information will be kept confidential, and your name will not be connected with your response)

- Always
- Sometimes
- Never

19) When you do receive payment, approximately how much were you paid PER WEEK to provide child care (total for all children)?
\$ _____ per week

Benefits

20) Did you have health insurance coverage in 2023?*

- Yes
- No

21) [if yes to #90] What health insurance coverage did you have?*

- Purchased my own health insurance
- Medicaid
- Medicare
- Spouse/Partner's Insurance
- Other - Write In: _____

22) Do you have access to any additional benefits through a spouse/partner's employer?

- Yes
- No

23) [if yes to #93] Which benefits do you have access to through a spouse/partner's employer? (select all that apply)

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- Dental insurance
- Vision insurance
- Retirement
- Life insurance
- Long-term care insurance
- Employee Assistance Program (EAP) services
- Other - Write In: _____
- None of the above

Expenses

24) Please estimate the approximate **MONTHLY** amount you spend on the following expenses related to the child care you provide. *

	Monthly Amount
Rent/lease/mortgage	\$ per month
Supplies and materials	\$ per month
Equipment	\$ per month
Food	\$ per month
Utilities	\$ per month
Transportation	\$ per month
Liability Insurance	\$ per month

Special Populations

25) Do you provide care for children and families experiencing any of the following circumstances? (Please select all that apply)*

- Children learning more than one language
- Children requiring extra behavioral support (for example, children who have challenges managing their emotions/behavior beyond what is typical for their age or children with unusually limited communication or social skills)
- Children with particular needs related to delays, disabilities, or medical conditions
- Children involved in child welfare system or at risk of abuse or neglect

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Children who are experiencing homelessness/or are unhoused (those who lack a fixed, regular, and adequate nighttime residence, including children sharing housing due to loss of housing, living in motels or campgrounds, living in emergency or transitional shelters, or living in places unfit for human habitation such as cars, public spaces, or abandoned buildings)

Families who need care during non-traditional hours (before 7:00 AM, after 6:00 PM, on weekends, or who have schedules that vary from week to week or day to day)

Families who are undocumented

None of the above

[if children learning more than one language selected in #100] What additional costs, if any, do you incur when caring for children learning more than one language? (please describe)*

[if children requiring extra behavior support selected in #100] What additional costs, if any, do you incur when caring for children requiring extra behavior support? (please describe)*

[if children with delays, disabilities, or medical conditions selected in #100] What additional costs, if any, do you incur when caring for children with particular needs related to delays, disabilities, or medical conditions? (please describe)*

[if children in child welfare system selected in #100] What additional costs, if any, do you incur when caring for children involved in child welfare system or at risk of abuse or neglect? (please describe)*

[if children experiencing homelessness selected in #100] What additional costs, if any, do you incur when caring for children experiencing homelessness/who are unhoused? (please describe)*

[if families needing care during non-traditional hours selected in #100] What additional costs, if any, do you incur when caring for families who need care during non-traditional hours? (please describe)*

[if families needing care during non-traditional hours selected in #100] What additional costs, if any, do you incur when caring for families who are undocumented? (please describe)*

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Thank you

Thank you for taking the time to complete this survey. Your responses will help set state child care reimbursement rates that are based on the cost of the care you provide. There are additional opportunities to provide input into this process, including online group discussions or “input sessions”. If you would like to learn more about the project or sign up for one of these input sessions, please visit www.prenatal5fiscal.org/newmexico.

29) Equitable participation in this survey is important for capturing the full range of provider experiences. If you’re willing, please consider sharing information about how you identify so we can know where there are gaps in our data collection efforts.

What is your race or ethnicity? Please select as many categories as apply.

American Indian or Alaska Native

Asian

Black/African American

Latino/a/Hispanic

Middle Eastern/North African (MENA)

Native Hawaiian/Pacific Islander

White

Decline to state

Other - Write In: _____

30) Do you have a tribal affiliation? (please check all that apply)

Not applicable

Fort Sill Apache

Jicarilla Apache

Mescalero Apache

Navajo Nation

Acoma

Cochiti

Isleta

Jemez

Laguna

Nambe

Ohkay Owingeh

Picuris

Pojoaque

Sandia

San Felipe

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- San Ildefonso
- Santa Ana
- Santa Clara
- Santo Domingo
- Taos
- Tesuque
- Zuni
- Zia
- Other - Write In: _____

31) What languages do you speak fluently? (please select all that apply)

- English
- Farsi
- Keres
- Navajo
- Spanish
- Tewa
- Tiwa
- Towa
- Vietnamese
- Zuni
- Other - Write In: _____

Thank You!

Thank you for participating in this important survey, your response has been received! If you would like to learn more about ECECD's Cost of Child Care work, we invite you to visit the Prenatal to Five Fiscal Strategies website (www.prenatal5fiscal.org/newmexico) where you can also sign up for an input session.

ECECD is also gathering input from providers on the redesign of the FOCUS, New Mexico's tiered quality rating and improvement system. We encourage you to complete that survey by visiting: <https://survey.alchemer.com/s3/7751924/2024-NM-AM-survey>.
