

2024 South Carolina Cost of Child Care Survey – Family Child Care Homes and Group Child Care Homes

I. Introduction

This survey is being conducted by a non-profit organization called [Prenatal to Five Fiscal Strategies](#) (P5FS) on behalf of the **South Carolina Department of Social Services (SCDSS), Division of Early Care and Education (DECE)** as part of the [2024 South Carolina Alternative Methodology Project](#) to better understand child care providers' costs and revenues. The survey asks about enrollment, revenue, and expenses (e.g., staff wages, benefits, rent/mortgage, supplies, equipment, etc.).

The information you provide will be combined with input from conversations with all types of child care providers from all regions of the state. SCDSS will use this information to inform future child care subsidy payment rates for SC Child Care Scholarships (formerly called SC Vouchers) and to understand the true cost of child care.

The survey is for individuals, organizations, and programs that provide child care services to children from birth through twelve years in South Carolina. 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
 - licensed child care center
 - tribal child care program
 - licensed or registered faith-based child care center
 - license-exempt child care center enrolled in ABC Quality
 - school-age, afterschool, and summer program
- An owner of a licensed or registered family child care home or licensed group child care home.

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 if you run a family child care home).

All 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 allows you to save your responses and come back to it later. If you have any questions about this survey or need any additional support, please do not hesitate to reach out to: SouthCarolina@prenatal5fiscal.org or call (217) 469-5250 and someone from our team will return your call.

Each child care facility completing the survey will receive a \$100 grant from the South Carolina Department of Social Services, Division of Early Care and Education similar to how other grants have been provided.

Privacy Policy and Consent

Your individual responses will not be available to anyone other than the Prenatal to Five Fiscal Strategies (P5FS) team. Your personally identifiable information will not be used for any other purpose other than to ensure you are able to receive the grant for completing the survey or to contact you in case we have a clarifying question. Only de-identified data that has been combined across respondents will be shared with anyone external to the P5FS 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.

II. Contact/Facility Information

Please complete the following information to make sure you receive your grant from SCDSS DECE.

2.	Name*	
3.	What is your primary role at this site?*	
	<input type="checkbox"/> Business Owner/Family Child Care Provider	
	<input type="checkbox"/> Center Owner	
	<input type="checkbox"/> Executive Director	
	<input type="checkbox"/> Program Director/Site Director	
	<input type="checkbox"/> Assistant Director	
	<input type="checkbox"/> Finance/Accounting Staff	
	<input type="checkbox"/> Teacher/Teacher Assistant/Teacher Aide	
	<input type="checkbox"/> Other – Write In	

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

- Executive director, program director, or financial director of a licensed child care center.
- Owner or provider of a licensed or registered family child care home or a licensed group child care home.
- Executive director, program director, or financial director of a tribal child care program; school-age, afterschool, or summer program; or faith-based child care program.
- Executive director, program director, or financial director of a license-exempt child care center enrolled in ABC Quality.

4.	Phone number*	
5.	Email*	
6.	From the list below, please select the option that best describes the type of child care your program provides (please select one):*	
	<input type="checkbox"/> Licensed child care center	
	<input type="checkbox"/> Licensed family child care home	
	<input type="checkbox"/> Registered family child care home	
	<input type="checkbox"/> Licensed group child care home	
	<input type="checkbox"/> School-age, afterschool, or summer program	
	<input type="checkbox"/> Tribal child care center	
	<input type="checkbox"/> Tribal family child care home	
	<input type="checkbox"/> License-exempt child care center enrolled in ABC Quality [skip question 8]	
	<input type="checkbox"/> Licensed faith-based child care center	
	<input type="checkbox"/> Registered faith-based child care center	
7.	Program/site name*	
8.	Program/site license or registration number*	
9.	Program/site CC number* (same number used for background checks)	

10.	Program/site street address and city*		
11.	Program/site zip code*		
12.	Program/site county* (if you are unsure, enter the address here and it will identify the county)		
<input type="checkbox"/>	Abbeville	<input type="checkbox"/>	Greenwood
<input type="checkbox"/>	Aiken	<input type="checkbox"/>	Hampton
<input type="checkbox"/>	Allendale	<input type="checkbox"/>	Horry
<input type="checkbox"/>	Anderson	<input type="checkbox"/>	Jasper
<input type="checkbox"/>	Bamberg	<input type="checkbox"/>	Kershaw
<input type="checkbox"/>	Barnwell	<input type="checkbox"/>	Lancaster
<input type="checkbox"/>	Beaufort	<input type="checkbox"/>	Laurens
<input type="checkbox"/>	Berkeley	<input type="checkbox"/>	Lee
<input type="checkbox"/>	Calhoun	<input type="checkbox"/>	Lexington
<input type="checkbox"/>	Charleston	<input type="checkbox"/>	Marion
<input type="checkbox"/>	Cherokee	<input type="checkbox"/>	Marlboro
<input type="checkbox"/>	Chester	<input type="checkbox"/>	McCormick
<input type="checkbox"/>	Chesterfield	<input type="checkbox"/>	Newberry
<input type="checkbox"/>	Clarendon	<input type="checkbox"/>	Oconee
<input type="checkbox"/>	Colleton	<input type="checkbox"/>	Orangeburg
<input type="checkbox"/>	Darlington	<input type="checkbox"/>	Pickens
<input type="checkbox"/>	Dillon	<input type="checkbox"/>	Richland
<input type="checkbox"/>	Dorchester	<input type="checkbox"/>	Saluda
<input type="checkbox"/>	Edgefield	<input type="checkbox"/>	Spartanburg
<input type="checkbox"/>	Fairfield	<input type="checkbox"/>	Sumter
<input type="checkbox"/>	Florence	<input type="checkbox"/>	Union
<input type="checkbox"/>	Georgetown	<input type="checkbox"/>	Williamsburg
<input type="checkbox"/>	Greenville	<input type="checkbox"/>	York

III. Capacity and Enrollment

13.	What is the licensed (or registered) capacity (maximum number of children) for your program?*	
14.	How many of your program/site's spaces are <u>currently</u> filled/enrolled?*	
	Under age 1 (birth to 12-months)	
	1-year-olds (12-months up to 24-months)	
	2-year-olds (24-months up to 36-months)	
	3-year-olds (36-months up to 48-months)	
	4-year-olds	
	5-year-olds not in school	
	5-years-old through 12-years-old in school	
	TOTAL	
	Comments	

15.	What is your <u>desired</u> enrollment?*		
	Under age 1 (birth to 12-months)		
	1-year-olds (12-months up to 24-months)		
	2-year-olds (24-months to 36-months)		
	3-year-olds (36-months to 48-months)		
	4-year-olds		
	5-year-olds not in school		
	5-years-old through 12-years-old in school		
	TOTAL		
	Comments		
16.	On average, how many children are <u>currently</u> enrolled in BEFORE AND AFTER SCHOOL care?		
17.	Do you offer care any hours before 6:00 AM, after 6:00 PM, overnight, and/or on weekends (Non-Traditional Hour Care)? [if yes, continue] [if no, skip to 20]	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Comments		
18.	Which of the following times does this program/site offer to provide care for children?		
	<input type="checkbox"/> 6:00 PM to 12:00 AM		
	<input type="checkbox"/> 10:00 PM to 6:00 AM		
	<input type="checkbox"/> 3:00 AM to 6:00 AM		
	<input type="checkbox"/> Varied and flexible care for families whose schedules change from week to week or day to day		
	<input type="checkbox"/> Drop-In Care		
	<input type="checkbox"/> Care on weekends		
	<input type="checkbox"/> None of the above		
19.	On average, how many children are currently enrolled in NON-TRADITIONAL HOUR care (before 6:00 AM, after 6:00 PM, overnight, and/or on weekends)?		
	Comments		
20.	Do you offer FULL-TIME care (30 hours per week or more)?* [if no, skip full-time rate questions]	<input type="checkbox"/> Yes	<input type="checkbox"/> No
21.	Do you offer PART-TIME care (15-29 hours per week)?* [if no, skip part-time rate questions]	<input type="checkbox"/> Yes	<input type="checkbox"/> No
22.	Is there anything else you would like to share about capacity and enrollment?		

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IV. Rates

The definition of rates includes what is charged to private-paying families who pay the full price of child care because they don't receive a federal, state, or tribal government subsidy such as the SC Child Care Scholarship (formerly SC Voucher). Rates should be for on-time payment and on-time pick-up of children without any discounts or extra charges.

As an alternative to answering questions about your rates, you may upload a standard rate/fee schedule for this program/site by clicking on the "browse" link below or by emailing southcarolina@prenatal5fiscal.org.

23.	Did you upload or email the program/site's standard rate/fee schedule?* [if yes, skip to 38] [if no, continue]		<input type="checkbox"/> Yes <input type="checkbox"/> No
Full-Time Rates			
	Rate		This rate is charged:
24.	What is the FULL-TIME rate for children under age 1 (birth up to 12-months-old)?		<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
	Comments		
25.	What is the FULL-TIME rate for 1-year-olds (12-months-old up to 24-months-old)?		<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
	Comments		
26.	What is the FULL-TIME rate for 2-year-olds (24-months-old to 36-months-old)?		<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
	Comments		
27.	What is the FULL-TIME rate for 3-year-olds (36 months-old to 48-months-old)?		<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
	Comments		
28.	What is the FULL-TIME rate for 4-year-olds ?		<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
	Comments		
29.	What is the FULL-TIME rate for 5-year-olds not in		<input type="checkbox"/> Weekly

	school?	<input type="checkbox"/> Monthly
	Comments	
30.	What is the FULL-TIME rate for 5 through 12-year-olds in school?	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
	Comments	
Part-Time Rates		
	Rate	This rate is charged:
31.	What is the PART-TIME rate for children under age 1 (birth up to 12-months-old)?	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
	Comments	
32.	What is the PART-TIME rate for 1-year-olds (12-months-old up to 24-months-old)?	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
	Comments	
33.	What is the PART-TIME rate for 2-year-olds (24-months-old to 36-months-old)?	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
	Comments	
34.	What is the PART-TIME rate for 3-year-olds (36 months-old to 48-months-old)?	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
	Comments	
35.	What is the PART-TIME rate for 4-year-olds?	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
	Comments	
36.	What is the PART-TIME rate for 5-year-olds not in school?	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
	Comments	
37.	What is the PART-TIME rate for 5 through 12-	<input type="checkbox"/> Weekly

	year-olds in school?	<input type="checkbox"/> Monthly
	Comments	
38.	Is there anything else you would like to share about your rates?	

V. Revenue

39.	Which of the following sources of revenue does this child care program/site receive?*(select all that apply)	
	<input type="checkbox"/>	Private parent/family child care payments
	<input type="checkbox"/>	Additional fees beyond private parent/family child care payments (application fees, field trip fees, late fees)
	<input type="checkbox"/>	SC Child Care Scholarship payments (formerly SC Vouchers)
	<input type="checkbox"/>	Head Start/Early Head Start/Tribal Head Start funds (for those programs separate from this child care program)
	<input type="checkbox"/>	SC 4K/First Steps 4K funds (for those programs separate from this child care program)
	<input type="checkbox"/>	USDA food program reimbursements (Child and Adult Care Food Program (CACFP), School Nutrition Program)
	<input type="checkbox"/>	Other – Write In
	Comments	
40.	Of the revenue sources selected, which is the LARGEST source of revenue for this child care program/site?*(select one)	
	<input type="checkbox"/>	Private parent/family child care payments
	<input type="checkbox"/>	Additional fees beyond private child care payments (application fees, field trip fees, late fees)
	<input type="checkbox"/>	SC Child Care Scholarship payments (formerly SC Vouchers)
	<input type="checkbox"/>	Head Start/ Early Head Start/Tribal Head Start funds (for those programs separate from this child care program)
	<input type="checkbox"/>	SC 4K/First Steps 4K funds (for those programs separate from this child care program)
	<input type="checkbox"/>	USDA food program (Child and Adult Care Food Program (CACFP), School Nutrition Program)
	<input type="checkbox"/>	Other – Write In
	Comments	

VI. Subsidy

41.	Do you participate in the SC Child Care Scholarship Program (formerly SC Vouchers)?* [if yes, continue] [if no, skip to 45]		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
42.	How many children who are currently enrolled at this program/site receive a SC Child Care Scholarship (formerly called a SC Voucher)?*				
43.	Is the SC Child Care Scholarship (SC Voucher) payment plus the client fee are less than the price you charge private-paying families, do you charge families the difference? [if yes, continue] [if no, skip to 45]		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
44.	How much and how often do you charge families the difference?				
		Difference between your private pay price and total of SC Child Care Scholarship (SC Voucher) payment plus client fee	How often do you charge families the difference?		
	Age of Children	Difference charged for <u>full-time</u> child care	Difference charged for <u>part-time</u> child care	Weekly	Monthly
	Under age 1	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
	1-year-olds	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
	2-year-olds	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
	3-year-olds	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
	4-year-olds	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
	5-year-olds not in school	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
	5 through 12-year-olds in school	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
45.	If you chose not to enroll in ABC Quality to be eligible to accept SC Child Care Scholarships (SC Vouchers), what are the barriers, or challenges, if any that keeps you from enrolling? (select all that apply)				
	<input type="checkbox"/>	Don't know enough about the program			
	<input type="checkbox"/>	Need more information about how to enroll in the program			
	<input type="checkbox"/>	Program is confusing			
	<input type="checkbox"/>	Don't have the time			
	<input type="checkbox"/>	Don't have the resources			
	<input type="checkbox"/>	Cannot handle administrative requirements (paperwork is too difficult)			
	<input type="checkbox"/>	Issues receiving client fees from parents/families			
	<input type="checkbox"/>	Payment rates too low			
	<input type="checkbox"/>	Delay in payment			
	<input type="checkbox"/>	Not enough families qualify for SC Child Care Scholarships (SC Vouchers)			
	<input type="checkbox"/>	90-day requirement for pre-service health and safety training			
	<input type="checkbox"/>	CPR and First Aid certification requirements for all staff			
	<input type="checkbox"/>	Other staff training/educational requirements			
	<input type="checkbox"/>	Overtime pay for staff to meet requirements			

<input type="checkbox"/>	No slots are available for SC Child Care Scholarship children, we have a waiting list
<input type="checkbox"/>	I do not have challenges or experience barriers with the program
<input type="checkbox"/>	Other – Write In
Comments	

VII. Staffing and Wages

46.	Did you earn enough in your business in 2023 to pay yourself a salary?* [if yes, continue] [if no, skip to 48]	<input type="checkbox"/> Yes	<input type="checkbox"/> No
47.	Approximately how much were you able to pay yourself or have available to cover personal expenses (after covering business expenses) each month*?	\$	per month
48.	For the last year that you filed taxes, did your child care business earn a profit after expenses? [if yes, continue] [if no, I don't know, or Not applicable, skip to 50]		
	<input type="checkbox"/> Yes		
	<input type="checkbox"/> No		
	<input type="checkbox"/> I don't know		
	<input type="checkbox"/> Not applicable		
Comments			
49.	What year and how much was your profit?		
	Year	Profit	\$
50.	In the past year, has the income you made from child care made it difficult to pay for any of the following for you and your family (select all that apply):		
	<input type="checkbox"/> Rent/Mortgage		
	<input type="checkbox"/> Food		
	<input type="checkbox"/> Clothing		
	<input type="checkbox"/> Transportation		
	<input type="checkbox"/> Health care		
	<input type="checkbox"/> Time off/Vacation		
	<input type="checkbox"/> Personal debt (credit card debt, loans, etc.)		
	<input type="checkbox"/> Other – Write In		
	<input type="checkbox"/> None of the above		
Comments			
51.	Approximately how many hours per week do you spend directly caring for children (0 to 168 hours per week)?*		hours per week
52.	Approximately how many additional hours per week beyond what you spend directly		

caring for children do you spend working on other tasks related to your child care business (including things like buying and preparing food, shopping for supplies, paperwork, billing/invoicing, talking with families, cleaning, etc.)?* (select only one)

- I don't work additional hours outside of caring for children
- 1 to 5 hours
- 5 to 10 hours
- 10 to 15 hours
- 15 to 20 hours
- 20 to 25 hours
- 25 or more

Comments

53. Aside from yourself, what additional staff support do you have who regularly work at the program?*

- Paid adult(s) who work(s) with children
- Unpaid adult(s) who work(s) with children
- Paid adult(s) who do not work(s) with children
- Unpaid adult(s) who do not work(s) with children
- None of the above [if selected, skip to 55]

54. In the spaces below, please indicate the number of adults working in the program, the average hours per week these adults work, and the average hourly rate you pay them (if applicable).*

	Number of adults	Average hours per week	Hourly rate
Paid adult(s) who work(s) with children*			\$
Unpaid adult(s) who work(s) with children*			
Paid adult(s) who do not work(s) with children*			\$
Unpaid adult(s) who do not work(s) with children*			

VIII. Benefits

55. Did you have health insurance coverage in 2023?
[if yes, continue] [if no, skip to 57] Yes No

56. What health insurance coverage did you have?

- Purchased my own health insurance
- Medicaid
- Medicare

	<input type="checkbox"/> Spouse/Partner's Insurance	
	<input type="checkbox"/> Other – Write In	
	Comments	
57.	Which of the following additional benefits are you able to pay for through your child care business? (select all that apply)	
	<input type="checkbox"/> Dental insurance	
	<input type="checkbox"/> Vision insurance	
	<input type="checkbox"/> Retirement	
	<input type="checkbox"/> Life insurance	
	<input type="checkbox"/> Long-term care insurance	
	<input type="checkbox"/> Paid sick days	
	<input type="checkbox"/> Paid vacation days	
	<input type="checkbox"/> Paid federal/state holidays	
	<input type="checkbox"/> Paid professional development/training days	
	<input type="checkbox"/> Employee Assistance Program (EAP) services	
	<input type="checkbox"/> Other – Write In	
	<input type="checkbox"/> None	
	Comments	
58.	Do you have access to any additional benefits through a spouse/partner's employer? [if yes, continue] [if no, skip to 60]	<input type="checkbox"/> Yes <input type="checkbox"/> No
59.	Which benefits do you have access to through a spouse/partner's employer? (select all that apply)	
	<input type="checkbox"/> Dental insurance	
	<input type="checkbox"/> Vision insurance	
	<input type="checkbox"/> Retirement	
	<input type="checkbox"/> Life insurance	
	<input type="checkbox"/> Long-term care insurance	
	<input type="checkbox"/> Employee Assistance Program (EAP) services	
	<input type="checkbox"/> Other – Write In	
	Comments	
60.	Is there anything else you would like to share about compensation and benefits?	
	Comments	

IX. Non-Personnel Expenses

61.	Please estimate the approximate MONTHLY amount for the following major expenses at this program/site.*	
	Expense	Monthly Amount
	Rent/lease/mortgage	\$
	Supplies and materials	\$
	Equipment	\$
	Food	\$
	Utilities	\$
	Transportation	\$
	Other – Write In	\$
	Other – Write In	\$
	Other – Write In	\$
62.	What is the square footage of your home?	
63.	What square footage is used for your child care business?	

X. Special Populations

64.	Do you provide care for children and families experiencing any of the following circumstances? (Please select all that apply)	
	<input type="checkbox"/>	Children learning more than one language
	<input type="checkbox"/>	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)
	<input type="checkbox"/>	Children with particular needs related to delays, disabilities, or medical conditions
	<input type="checkbox"/>	Children involved in child welfare system (child protective services or foster care) or at risk of abuse or neglect
	<input type="checkbox"/>	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).
	<input type="checkbox"/>	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)
	<input type="checkbox"/>	None of the above [if selected, skip to end]
65.	[If serve DLL] What additional costs, if any, do you incur when caring for children learning more than one language?	
	Please describe:	

66.	<p>[If serve behavior support] What additional costs, if any, do you incur when caring for children requiring extra behavior support?</p> <p>Please describe:</p>
67.	<p>[If serve disabilities] What additional costs, if any, do you program incur when caring for children with particular needs related to delays, disabilities, or medical conditions?</p> <p>Please describe:</p>
68.	<p>[If serve child welfare] What additional costs, if any, do you incur when caring for children involved in child welfare system (child protective services or foster care) or at risk of abuse or neglect?</p> <p>Please describe:</p>
69.	<p>[If serve homeless] What additional costs, if any, do you incur when caring for children who are experiencing homelessness/who are unhoused?</p> <p>Please describe:</p>
70.	<p>[If serve non-traditional] What additional costs, if any, do you incur when caring for families who need care during non-traditional hours?</p> <p>Please describe:</p>

Thank you for taking the time to complete this survey. Your responses will help the SC Department of Social Services set SC Child Care Scholarship (SC Voucher) payment 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 <http://www.prenatal5fiscal.org/southcarolina/sc-engagement>.

- 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 _____