

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 es 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.

Family Child Care Homes and Group Homes Version

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

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.

Please confirm the following:*

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

Contact Information

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

What is your primary role at this site?

- Business owner/ Family Child Care Provider
- Center Owner
- Executive Director
- Program Director/Site Director
- Assistant Director
- Finance/Accounting Staff
- Teacher
- Other - Write In: _____

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.*

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- 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

Your name _____

Your phone number _____

Your Email Address * _____

Do you provide NM PreK?*

Yes

No

Do you provide NM Early PreK?*

Yes

No

Is your program enrolled in ECECD's FOCUS program?*

Yes

No

[if yes] What star level is your program currently?*

2 Star

2+ Star

3 Star

4 Star

5 Star

Program/site name* _____

[if licensed] Program/site child care license number* _____

Program/site address and city* _____

Program/site zip code* _____

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In what county is this child care program/site? (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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In what tribal territory is this program/site located?*

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

Capacity and Enrollment

What is the licensed capacity for this program/site (maximum number of children allowed by licensing)?* _____

How many children in each age group are currently enrolled?*

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

What is your desired enrollment in each age group?*

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

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On average, how many children are currently enrolled in **BEFORE AND AFTER SCHOOL** care?* _____

On average, how many children are currently enrolled in **NON-TRADITIONAL HOUR** care (before 7 a.m., after 6 p.m., or on weekends)?* _____

How many children with **SPECIAL NEEDS** are currently enrolled in your program/site?

_____ #Children with IEP/IFSP

_____ #Children with 504 plan

_____ #Children with special needs but no IEP/IFSP/504 plan

[if provide NM PreK or Early PreK How many children are currently enrolled in your program are served by the New Mexico's PreK/Early PreK grant?

_____ 3- to 4- year-olds 1080

_____ 3- to 4- year-olds 1380

_____ 3- to 4- year-olds Basic

_____ 4- to 5- year-olds 1080

_____ 4- to 5- year-olds 1380

_____ 4- to 5- year-olds Basic

Hours of Operation

What days of the week is your program/site open and caring for children?

	Open	Not Open
Monday	()	()
Tuesday	()	()
Wednesday	()	()
Thursday	()	()
Friday	()	()
Saturday	()	()
Sunday	()	()

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What are your hours of operation?

	Open Time	Close Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Do you offer **FULL-TIME** care?*

Yes

No

[if yes] How many hours per week defines **FULL-TIME** care in your program/site?*

Do you offer **PART-TIME** care?*

Yes

No

[if yes] How many hours per week defines **PART-TIME** care in your program/site?*

Do you offer **varied and flexible care** for families whose schedules change from week to week or day to day?*

Yes

No

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Is there anything else you would like to share about the days and hours of operation?

Tuition Rates/Fees

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

[if didn't upload, provides full time care, and serves infants] What is the **FULL-TIME** rate for **INFANTS (6 weeks to 23 months)?** (please enter the hourly, daily, weekly, OR monthly rate)*

Hourly Rate: ___ \$ _____ per hour

Daily Rate: ___ \$ _____ per day

Weekly Rate: ___ \$ _____ per week

Monthly Rate: ___ \$ _____ per month

Other Rate (please describe): _____

Not applicable: _____

[if didn't upload, provides full time care, and serves toddlers] What is the **FULL-TIME** rate for **TODDLERS (24 - 35 months)?** (please enter the hourly, daily, weekly, OR monthly rate)*

Hourly Rate: ___ \$ _____ per hour

Daily Rate: ___ \$ _____ per day

Weekly Rate: ___ \$ _____ per week

Monthly Rate: ___ \$ _____ per month

Other Rate (please describe): _____

Not applicable: _____

[if didn't upload, provides full time care, and serves preschoolers] What is the **FULL-TIME** rate for **PRESCHOOLERS (36 months to kindergarten entry)?** (please enter the hourly, daily, weekly, OR monthly rate)*

Hourly Rate: ___ \$ _____ per hour

Daily Rate: ___ \$ _____ per day

Weekly Rate: ___ \$ _____ per week

Monthly Rate: ___ \$ _____ per month

Other Rate (please describe): _____

Not applicable: _____

[if didn't upload, provides full time care, and serves school age] What is the **FULL-TIME** rate for **SCHOOL-AGE** children? (please enter the hourly, daily, weekly, OR monthly rate)*

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Hourly Rate: ___\$_____per hour
Daily Rate: ___\$_____per day
Weekly Rate: ___\$_____per week
Monthly Rate: ___\$_____per month
Other Rate (please describe): _____
Not applicable: _____

[if didn't upload, provides part time care, and serves infants] What is the **PART-TIME** rate for **INFANTS** children (6 weeks - 23 months)? (please enter the hourly, daily, weekly, OR monthly rate)*

Hourly Rate: ___\$_____per hour
Daily Rate: ___\$_____per day
Weekly Rate: ___\$_____per week
Monthly Rate: ___\$_____per month
Other Rate (please describe): _____
Not applicable: _____

[if didn't upload, provides part time care, and serves toddlers] What is the **PART-TIME** rate for **TODDLERS** children (24 months-35 months)? (please enter the hourly, daily, weekly, OR monthly rate)*

Hourly Rate: ___\$_____per hour
Daily Rate: ___\$_____per day
Weekly Rate: ___\$_____per week
Monthly Rate: ___\$_____per month
Other Rate (please describe): _____
Not applicable: _____

[if didn't upload, provides part time care, and serves preschoolers] What is the **PART-TIME** rate for **preschool** children (36 months-kindergarten entry)? (please enter the hourly, daily, weekly, OR monthly rate)*

Hourly Rate: ___\$_____per hour
Daily Rate: ___\$_____per day
Weekly Rate: ___\$_____per week
Monthly Rate: ___\$_____per month
Other Rate (please describe): _____
Not applicable: _____

[if didn't upload, provides part time care, and serves school age] What is the **PART-TIME** rate for **school age** children? (please enter the hourly, daily, weekly, OR monthly rate)*

Hourly Rate: ___\$_____per hour
Daily Rate: ___\$_____per day
Weekly Rate: ___\$_____per week

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Monthly Rate: __\$_____per month

Other Rate (please describe):_____

Not applicable: _____

Do you offer care during non-traditional hours (before 7 a.m., after 7 p.m., overnight, or on weekends)?

- Yes
- No
- Not Applicable

[if yes to #56] Do you charge more for providing care during non-traditional hours (before 7 a.m., after 7 p.m., overnight, or on weekends)?

- Yes
- No
- Not Applicable

[if yes to #57] How are rates determined for care during non-traditional hours (before 7 a.m., after 6 p.m., overnight or on weekends)?

Revenue

Which of the following sources of revenue does this program/site receive? (select all that apply)*

- Private parent/family tuition
- Additional fees beyond tuition (e.g., application fees, field trip fees, late fees)
- Child Care Assistance Program
- New Mexico PreK Grant
- 21st Century Grants
- Head Start
- Early Head Start
- USDA food program (Child and Adult Care Food Program (CACFP), School Nutrition Program)
- Fundraising
- Other - Write In: _____

Of those revenue sources selected, which is the LARGEST source of revenue for this program/site? (select one)?*

- Private parent/family tuition
- Additional fees beyond tuition (e.g., application fees, field trip fees, late fees)
- Child Care Assistance Program
- New Mexico PreK Grant

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- 21st Century Grants
- Head Start
- Early Head Start
- USDA food program (Child and Adult Care Food Program (CACFP), School Nutrition Program)
- Fundraising
- Other - Write In: _____

Child Care Assistance Program

Do you participate in the Child Care Assistance Program?*

- Yes
- No

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

[if yes to #60] If the subsidy payments plus the parent co-pay are not enough to cover your tuition rate, do you charge parents the difference?*

- Yes
- No

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

Did you earn enough in your business in 2023 to pay yourself a salary?*

- Yes
- No

[if yes to #74] Approximately how much were you able to pay yourself or have available to cover personal (not business) expenses each month?

For the last year that you filed taxes, did your child care business earn a profit after expenses?*

- Yes
- No
- I don't know
- Not applicable

[if yes to #76] What year and how much was your profit?

Year: _____

Profit: _____

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 (please check all that apply):

- Rent/Mortgage
- Food
- Clothing
- Transportation
- Health care
- Time off/Vacation
- Personal debt (credit card debt, loans, etc.)
- Other - Write In: _____
- None of the above

Approximately how many hours per week do you spend directly caring for children?

_____ hours per week

80) Approximately how many additional hours per week beyond what you spend directly caring for children did 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

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- () 10 to 15 hours
- () 15 to 20 hours
- () 20 to 25 hours
- () 25 or more

81) Aside from yourself, what additional support do you have who regularly work at this program/site?*

- 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

82) [if paid adults in #81] In the spaces below, please indicate the number of PAID adults working in the program, the average hours per week these adults work, and the average hourly rate you pay them.*

	Number of Adults	Average Hours per week	Hourly wage
Paid adult(s) who work(s) with children			
Paid adult(s) who do not work(s) with children			

83) [if unpaid adults in #81] In the spaces below, please indicate the number of UNPAID adults working in the program and the average hours per week these adults work.*

	Number of Adults	Average Hours per week
Unpaid adult(s) who work(s) with children		
Unpaid adult(s) who do not work(s) with children		

Benefits

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36) Do you have health insurance coverage for yourself?*

Yes

No

Comments:

37) [if yes] What health insurance coverage do you have?

Purchased my own health insurance

Medicaid

Medicare

Covered under spouse/partner's insurance

Other - Write In: _____

92) Which of the following additional benefits are you able to pay for through your child care business? (select all that apply)*

Dental insurance

Vision insurance

Retirement

Life insurance

Long-term care insurance

Paid sick days

Paid vacation days

Paid federal/state holidays

Paid professional development days

Employee Assistance Program (EAP) services

Other - Write In

None of the above

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

Yes

No

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

Dental insurance

Vision insurance

Retirement

Life insurance

Long-term care insurance

Employee Assistance Program (EAP) services

Other - Write In: _____

None of the above

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Expenses

96) Please estimate the approximate **MONTHLY** amount for the following major expenses at this site. *

	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

98) What is the square footage of your home?*

99) How much of your home's square footage is used for your child care business?*

Special Populations

100) 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
- 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

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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

101) [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)*

102) [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)*

103) [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)*

104) [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)*

105) [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)*

106) [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)*

107) [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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Additional Questions (optional)

108) Please fill in the ANNUAL AMOUNT (can be approximate) that you spent between July 2022 and June 2023 for the following expense categories. If an expense does not apply to you, please leave it blank.

- _____ Telephone/Internet
- _____ Insurance (other than liability)
- _____ Legal/Professional Fees (HR, accounting, other)
- _____ Audit
- _____ Fees/Permits
- _____ Fundraising Expenses
- _____ Professional Association/memberships
- _____ Marketing/Advertising
- _____ Administration Fee
- _____ Building maintenance/Repairs/Renovations
- _____ Cleaning/Janitorial
- _____ Laundry Service
- _____ Tuition assistance/scholarships
- _____ Family/Parent Engagement Activities
- _____ Field Trip/Events
- _____ Professional Consultants (nurse, mental health, program, all)
- _____ Temp Personnel/Substitutes
- _____ Training/Professional Development expenses
- _____ Gross Receipts Tax (GRT)

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.

109) 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

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- Asian
- Black/African American
- Latino/a/Hispanic
- Middle Eastern/North African (MENA)
- Native Hawaiian/Pacific Islander
- White
- Decline to state
- Other - Write In: _____

110) 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
- San Ildefonso
- Santa Ana
- Santa Clara
- Santo Domingo
- Taos
- Tesuque
- Zuni
- Zia
- Other - Write In: _____

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

- English
- Farsi
- Keres
- Navajo
- Spanish
- Tewa

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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>.
