

2024 Nevada Cost of Child Care Survey – Family 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 Nevada Department of Health and Human Services, Division of Welfare and Supportive Services (DWSS) as part of the [2024 Nevada 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. DWSS will use this information to inform future child care subsidy payment rates 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 Nevada. 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 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.

Rates and hours of operation will be shared with The Children's Cabinet, like previous Market Rate Surveys. All other information will be kept completely confidential and only the P5FS study 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 and continue your responses at a later time by entering your email when requested. If you have any questions about this survey or need any additional support, please do not hesitate to reach out to: Nevada@prenatal5fiscal.org or call (217) 469-5250 and someone from our team will return your call.

After completing the survey, you will receive a \$50 merchandise certificate to Lakeshore Early Learning.

Privacy Policy and Consent

Your individual responses will not be available to anyone other than the Prenatal to Five Fiscal Strategies (P5FS) study team. Your personally identifiable information will not be used for any other purpose other than to send rates and hours of operation to The Children's Cabinet, send you your merchandise certificate, or contact you in case we have a clarifying question about your survey responses. 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.

II. Contact Information

Please complete the following information to make sure you receive your merchandise certificate to Lakeshore Early Learning.

2.	Name	
3.	Phone number	
4.	Email*	
5.	From the list below, please select the option that best describes the type of child care you provide (please select one):*	
	<input type="checkbox"/>	Licensed child care center
	<input type="checkbox"/>	Licensed family child care home
	<input type="checkbox"/>	Licensed group family child care home
	<input type="checkbox"/>	Private out-of-school time program (e.g., Boys & Girls Club, Non-profit Youth Club, For-profit Kids Club, religious youth programs)
	<input type="checkbox"/>	Public out-of-school time program (programs operating by city or county governmental entities) [skip to end]
	<input type="checkbox"/>	Tribal child care center
	<input type="checkbox"/>	Tribal family child care home
	<input type="checkbox"/>	License-exempt family, friend, or neighbor care
6.	Program/site name*	
7.	Program/site child care license number *	
8.	Program/site address and city*	
9.	Program/site zip code*	
10.	Program/site county* (if you are unsure, enter the address here and it will identify the county)	
	<input type="checkbox"/>	Carson City
	<input type="checkbox"/>	Churchill
	<input type="checkbox"/>	Clark
	<input type="checkbox"/>	Douglas
	<input type="checkbox"/>	Elko
	<input type="checkbox"/>	Esmeralda
	<input type="checkbox"/>	Eureka
	<input type="checkbox"/>	Humboldt
	<input type="checkbox"/>	Lander
	<input type="checkbox"/>	Lincoln
	<input type="checkbox"/>	Lyon
	<input type="checkbox"/>	Mineral
	<input type="checkbox"/>	Nye
	<input type="checkbox"/>	Pershing
	<input type="checkbox"/>	Storey
	<input type="checkbox"/>	Washoe
	<input type="checkbox"/>	White Pine
11.	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 Aide/Teacher Assistant
	<input type="checkbox"/>	Counselor

	Other (Write In)
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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.

III. Capacity and Enrollment

12.	[licensed homes only] What is the licensed capacity for this program/site (maximum number of children allowed by licensing)?	
	Comments	
13.	How many of your program/site's spaces are currently filled/enrolled?	
	Infants (birth up to 12-months-old)	
	Toddlers (12-months-old up to 3-years-old)	
	Preschoolers (3-years-old up to 6-years-old)	
	School-age children (6-years-old and older)	
	TOTAL	
	Comments	
14.	What is your <u>desired</u> enrollment?	
	Infants (birth up to 12-months-old)	
	Toddlers (12-months-old up to 3-years-old)	
	Preschoolers (3-years-old up to 6-years-old)	
	School-age children (6-years-old and older)	
	TOTAL	
	Comments	
15.	On average, how many children are <u>currently</u> enrolled in BEFORE AND AFTER SCHOOL care?	
16.	On average, how many children are <u>currently</u> enrolled in NON-TRADITIONAL HOUR care (before 7:00 AM, after 6:00 PM, overnight, or on weekends)?	
17.	How many children with SPECIAL NEEDS are <u>currently</u> enrolled in your program/site?	

IV. Hours of Operation

18.	What days of the week is your program/site open and caring for children?
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	Open	Not Open
Monday	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>
Comments		
19.	What are your hours of operation?	
	Open Time	Close Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		
Comments		
20.	Do you offer FULL-TIME care? [if yes, continue] [if no, skip to 22]	<input type="checkbox"/> Yes <input type="checkbox"/> No
21.	How many hours per week define FULL-TIME care?	Hours per week
22.	Do you offer PART-TIME care? [if yes, continue] [if no, skip to 24]	<input type="checkbox"/> Yes <input type="checkbox"/> No
23.	How many hours per week define PART-TIME care?	Hours per week
24.	Do you offer varied and flexible care for families whose schedules change from week to week or day to day?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments		
25.	Do you offer drop-in care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
26.	Is there anything else you would like to share about the days and hours of operation?	

V. 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 nevada@prenatal5fiscal.org.

27.	Did you upload or email the program/site’s standard tuition rate/fee schedule? <i>[if yes, skip to 36] [if no, continue]</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Full-Time Rates			
		Rate	This rate is charged:
28.	What is the FULL-TIME rate for INFANTS (birth up to 12-months-old)? (please enter the hourly, daily, weekly, OR monthly rate)		<input type="checkbox"/> Hourly <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (please describe in comments)
	Comments		
29.	What is the FULL-TIME rate for TODDLERS (12-months-old up to 3-years-old)? (please enter the hourly, daily, weekly, OR monthly rate)		<input type="checkbox"/> Hourly <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (please describe in comments)
	Comments		
30.	What is the FULL-TIME rate for PRESCHOOLERS (3-years-old up to 6-years-old)? (please enter the hourly, daily, weekly, OR monthly rate)		<input type="checkbox"/> Hourly <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (please describe in comments)
	Comments		
31.	What is the FULL-TIME rate for SCHOOL-AGE children (6-years-old and older)? (please enter the hourly, daily, weekly, OR monthly rate)		<input type="checkbox"/> Hourly <input type="checkbox"/> Daily <input type="checkbox"/> Weekly

		<input type="checkbox"/> Monthly <input type="checkbox"/> Other (please describe in comments)
Comments		
Part-Time Rates		
	Rate	This rate is charged:
32.	What is the PART-TIME rate for INFANTS (birth up to 12-months-old)? (please enter the hourly, daily, weekly, OR monthly rate)	<input type="checkbox"/> Hourly <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (please describe in comments)
Comments		
33.	What is the PART-TIME rate for TODDLERS (12-months-old up to 3-years-old)? (please enter the hourly, daily, weekly, OR monthly rate)	<input type="checkbox"/> Hourly <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (please describe in comments)
Comments		
34.	What is the PART-TIME rate for PRESCHOOLERS (3-years-old up to 6-years-old)? (please enter the hourly, daily, weekly, OR monthly rate)	<input type="checkbox"/> Hourly <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (please describe in comments)
Comments		
35.	What is the PART-TIME rate for SCHOOL-AGE children (6-years-old and older)? (please enter the hourly, daily, weekly, OR monthly rate)	<input type="checkbox"/> Hourly <input type="checkbox"/> Daily <input type="checkbox"/> Weekly

		<input type="checkbox"/> Monthly <input type="checkbox"/> Other (please describe in comments)
Comments		
36.	Do you charge more for providing care during non-traditional hours (before 7:00 AM, after 6:00 PM, overnight, or on weekends)? [if yes, continue] [if no, skip to 38]	<input type="checkbox"/> Yes <input type="checkbox"/> No
37.	How are rates determined for non-traditional hour care (before 7:00 AM, after 6:00 PM, overnight, or on weekends)?	
38.	Is there anything else you would like to share about your rates?	
<div style="border: 1px solid black; height: 40px;"></div>		

VI. Revenue

39.	Which of the following sources of revenue does this program/site receive?* (select all that apply)
<input type="checkbox"/>	Private parent/family tuition
<input type="checkbox"/>	Additional fees beyond tuition (application fees, field trip fees, late fees)
<input type="checkbox"/>	Child Care Subsidy Program (via Las Vegas Urban League or The Children’s Cabinet)
<input type="checkbox"/>	Head Start/ Early Head Start/Tribal Head Start
<input type="checkbox"/>	NV!PK Nevada Ready Pre-Kindergarten Program
<input type="checkbox"/>	USDA food program (Child and Adult Care Food Program (CACFP), School Nutrition Program)
<input type="checkbox"/>	Grant funding
<input type="checkbox"/>	Local taxes
<input type="checkbox"/>	Other – Write In
Comments	
40.	Of the revenue sources selected, which is the LARGEST source of revenue for this program/site? (select one)
<input type="checkbox"/>	Private parent/family tuition
<input type="checkbox"/>	Additional fees beyond tuition (application fees, field trip fees, late fees)
<input type="checkbox"/>	Child Care Subsidy Program (via Las Vegas Urban League or The Children’s Cabinet)
<input type="checkbox"/>	Head Start/ Early Head Start/Tribal Head Start
<input type="checkbox"/>	NV!PK Nevada Ready Pre-Kindergarten Program
<input type="checkbox"/>	USDA food program (Child and Adult Care Food Program (CACFP), School

<input type="checkbox"/>	Nutrition Program)
<input type="checkbox"/>	Grant funding
<input type="checkbox"/>	Local taxes
<input type="checkbox"/>	Other – Write In
Comments	

VII. Subsidy

41.	Do you participate in the Child Care Subsidy Program (via Las Vegas Urban League or The Children’s Cabinet)? <i>[if yes, continue] [if no, skip to 44]</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
42.	How many children who are currently enrolled at this program/site receive child care subsidy through the Child Care Subsidy Program?		
43.	If the subsidy payments plus the parent co-pay are not enough to cover your tuition rate, do you charge parents the difference?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comments			
44.	What are the barriers, or challenges, if any, to participating in the Child Care Subsidy Program? (select all that apply)		
<input type="checkbox"/>	Reimbursement rates too low		
<input type="checkbox"/>	Delays in receiving reimbursement		
<input type="checkbox"/>	Not enough families qualify/Not enough demand		
<input type="checkbox"/>	Don't know enough about the program		
<input type="checkbox"/>	Program is confusing		
<input type="checkbox"/>	Communication from state and/or state partners is poor		
<input type="checkbox"/>	Don't have the time		
<input type="checkbox"/>	Don't have the resources		
<input type="checkbox"/>	Issues receiving co-pays from parents/families		
<input type="checkbox"/>	Issues administering co-pays to parents/families		
<input type="checkbox"/>	Need more information about how to enroll in the program		
<input type="checkbox"/>	Paperwork is too difficult		
<input type="checkbox"/>	I do not have challenges or experience barriers with the program		
<input type="checkbox"/>	Other – Write In		
Comments			

VIII. Staffing and Wages

45.	Did you earn enough in your business in 2023 to pay yourself a salary? [if yes, continue] [if no, skip to 47]	<input type="checkbox"/> Yes	<input type="checkbox"/> No
46.	Approximately how much were you able to pay yourself or have available to cover personal (not business) expenses each month?	\$	Per month
47.	For the last year that you filed taxes, did your child care business earn a profit after expenses? [if yes, continue] [if no, skip to 49]		
	<input type="checkbox"/> Yes		
	<input type="checkbox"/> No		
	<input type="checkbox"/> I don't know		
	<input type="checkbox"/> Not applicable		
	Comments		
48.	What year and how much was your profit?		
	Year	Profit	\$
49.	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):		
	<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		
50.	Approximately how many hours per week do you spend directly caring for children (0 to 168 hours per week)?		
51.	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)		
	<input type="checkbox"/> I don't work additional hours outside of caring for children		
	<input type="checkbox"/> 1 to 5 hours		
	<input type="checkbox"/> 5 to 10 hours		
	<input type="checkbox"/> 10 to 15 hours		

<input type="checkbox"/>	15 to 20 hours																				
<input type="checkbox"/>	20 to 25 hours																				
<input type="checkbox"/>	25 or more																				
Comments																					
52.	Aside from yourself, what additional staff support do you have who regularly work at this program/site?																				
<input type="checkbox"/>	Paid adult(s) who work(s) with children																				
<input type="checkbox"/>	Unpaid adult(s) who work(s) with children																				
<input type="checkbox"/>	Paid adult(s) who do not work(s) with children																				
<input type="checkbox"/>	Unpaid adult(s) who do not work(s) with children																				
<input type="checkbox"/>	None of the above [if selected, skip to 54]																				
53.	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.																				
	<table border="1"> <thead> <tr> <th></th> <th>Number of adults</th> <th>Average hours per week</th> <th>Hourly wage</th> </tr> </thead> <tbody> <tr> <td>Paid adult(s) who work(s) with children</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Unpaid adult(s) who work(s) with children</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Paid adult(s) who do not work(s) with children</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Unpaid adult(s) who do not work(s) with children</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Number of adults	Average hours per week	Hourly wage	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			
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IX. Benefits

54.	Did you have health insurance coverage in 2023? [if yes, continue] [if no, skip to 56]	<input type="checkbox"/> Yes	<input type="checkbox"/> No
55.	What health insurance coverage did you have?		
<input type="checkbox"/>	Purchased my own health insurance		
<input type="checkbox"/>	Medicaid		
<input type="checkbox"/>	Medicare		
<input type="checkbox"/>	Spouse/Partner's Insurance		
<input type="checkbox"/>	Other – Write In		
Comments			
56.	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 days	
<input type="checkbox"/>	Employee Assistance Program (EAP) services	
<input type="checkbox"/>	Other – Write In	
<input type="checkbox"/>	None of the above	
Comments		
57.	Are you taking advantage of the state-funded Telehealth Services Benefit Program through the Nevada Registry?	<input type="checkbox"/> Yes <input type="checkbox"/> No
58.	Do you have access to any additional benefits through a spouse/partner's employer? <i>[if yes, continue] [if no, skip to 60]</i>	<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	
<input type="checkbox"/>	None of the above	
Comments		
60.	Is there anything else you would like to share about compensation and benefits?	
Comments		

X. Non-Personnel Expenses

61.	Please estimate the approximate MONTHLY amount for the following major expenses at this site.	
	Expense	Monthly Amount

	Rent/lease/mortgage	\$
	Supplies and materials	\$
	Equipment	\$
	Food	\$
	Utilities	\$
	Transportation	\$
62.	What is the square footage of your home?	
63.	What square footage is used for your child care business?	

XI. 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 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.	[If serve behavior support] What additional costs, if any, do you incur when caring for children requiring extra behavior support ?
	Please describe:
67.	[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?
	Please describe:
68.	[If serve child welfare] 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:
69.	[If serve homeless] What additional costs, if any, do you incur when caring for children who are experiencing homelessness/who are unhoused?
	Please describe:
70.	[If serve non-traditional] What additional costs, if any, do you incur when caring for families who need care during non-traditional hours?
	Please describe:

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/nevada/nv-engagement.

71. 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 _____