

2024 Nevada Cost of Child Care Survey – Family, Friend, or Neighbor Care

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.

I. Contact Information

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

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 zip code*	
7.	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

II. FFN Care

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

9.	Are you registered with the Child Care Subsidy Program and	<input type="checkbox"/> Yes <input type="checkbox"/> No

Receive Subsidy?

Comments

10. What are the barriers to participating in the Child Care Subsidy Program? (please describe)

11. Where do you typically provide child care? (please select one)

- In my home
- In the children's home(s)
- In both my home and the children's home(s)
- Somewhere else (please describe):

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

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

14. Do you provide care before 7:00 AM, after 6:00 PM, overnight, or on weekends? Yes No

Comments

15. 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

Comments

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

17. Do you have a paid job other than providing child care? Yes No

18. Do you have health insurance coverage for yourself? [if yes, continue] [if no, skip to 20] Yes No

Comments

19.	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> What health insurance coverage did you have? <ul style="list-style-type: none"> <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
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III. Non-Personnel Expenses

20.	Please estimate the approximate MONTHLY amount for the following major expenses at this site.	
	Expense	Monthly Cost
	Rent/lease/mortgage	\$
	Supplies and materials	\$
	Equipment	\$
	Food	\$
	Utilities	\$
	Transportation	\$

IV. Special Populations

21.	Do you provide care for children and families experiencing any of the following circumstances? (Please select all that apply) <ul style="list-style-type: none"> <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]
22.	[If serve DLL] What additional costs, if any, do you incur when caring for children learning more than one language ? Please describe: <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>

23.	<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>
24.	<p>[If serve disabilities] What additional costs, if any, do you incur when caring for children with particular needs related to delays, disabilities, or medical conditions?</p> <p>Please describe:</p>
25.	<p>[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?</p> <p>Please describe:</p>
26.	<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>
27.	<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 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.

28. 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
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