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Nebraska Child Care Market Rate Survey Report 2021



Buffett
Early Childhood
Institute

at the University of Nebraska

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The Buffett Early Childhood Institute at the University of Nebraska promotes the development and learning of children from birth through age 8. Our vision is to make Nebraska the best place in the nation to be a baby. Visit buffettinstitute.nebraska.edu for more information.

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Introduction

The Child Care and Development Block Grant (CCDBG) Act of 2014 was reauthorized with renewed emphasis placed on the Child Care and Development Fund (CCDF) program, which seeks to provide equal access to quality child care for families. The CCDF program is necessary to ensure children from low-income families have the opportunity to experience stable, high-quality early experiences while their parents experience a pathway to economic stability. A primary goal of the CCDF program is to ensure that low-income families receive CCDF funds to help them access quality child care in the same manner as families that pay the full rate for child care services (Davis et al., 2017).

The CCDBG Act requires lead agencies to engage in a number of activities designed to inform families receiving CCDF assistance, the general public, and child care providers of various aspects of the new law. These activities include a requirement for lead agencies to conduct a market rate survey or alternative methodology to establish provider payment rates. Various factors should be considered when provider payment rates are established to ensure children from low-income families have equal access to high-quality child care. Federal regulations indicate that the 75th percentile payment rate is a benchmark for gauging equal access for families receiving subsidy. However, states/territories are given the freedom to determine their own rates and eligibility requirements for families and programs.

The Nebraska Department of Health and Human Services (NDHHS) is the CCDF lead agency in Nebraska. While the reauthorized CCDBG allows states to conduct a market rate survey every three years, state legislation requires that NDHHS adjust the reimbursement rate for child care every odd-numbered year. For 2021, NDHHS contracted with the Buffett Early Childhood Institute (referred to as Institute throughout the remainder of this report) at the University of Nebraska to conduct a market rate survey (MRS) for child care in the state of Nebraska. The 2021 MRS was designed to meet the following federal benchmarks: (a) includes the priced child care market; (b) provides complete and current data; (c) represents geographic variations; (d) uses rigorous data collection procedures; and (e) analyzes data in a manner that captures market differences as a function of age group, provider type, and geographic location (45 CFR § 98.4).

Consistent with the 2019 MRS, the Institute conducted a survey of all licensed child care providers across the state to obtain private pay child care rates for children with or without medical and behavioral needs. Categories of focus for data collection and reporting included:

1. Geographic location: rural or urban
2. Type of care: Family Child Care Home I, Family Child Care Home II, Child Care Center, and School Age License
3. Age group of children: infant, toddler, pre-school, and school-age
4. Status of medical and behavioral needs
5. Accreditation
6. Extent to which child care providers participate in Child Care Subsidy Program
7. Barriers to child care providers accepting the Child Care Subsidy Program
8. Proportion of children who receive subsidy
9. What limits, if any, providers place on the number of children they will accept with the Child Care Subsidy Program
10. What level the provider participates in Nebraska's Quality Rating and Improvement system, Step Up to Quality (SUTQ), or other systems of quality indicators
11. Cost of implementation required for health and safety trainings
12. Traditional and non-traditional care

In addition to conducting the 2021 MRS, the Institute agreed to perform the following services for NDHHS:

1. Analyze data. Executive summary and recommendations presented in a format and file type approved by the Department of Health and Human Services (DHHS), summarizing overall study findings and providing recommendations to lead agencies as mentioned above. Analyses of rates will be presented in hourly and day units reflective of 50th through 100th percentiles in increments of 5.
2. Monthly preliminary data estimates in hourly and day units categorized by geographic location, type of child care provider, and age group of child.
3. Write and deliver a comprehensive report of study process and results.
4. Produce a secondary comprehensive report that calculates rates reflective of half-day/full-day units and half-week/full-week units.
5. Provide ongoing support, including presentation of study process and findings to stakeholder groups.

The methodology utilized to compute rates was consistent with the approach that has been used in other states (e.g., Oregon, Colorado, Michigan) in their recent market rate surveys. This approach is rigorous and, as applied to available data, will yield valid results.

Methodology

SURVEY DEVELOPMENT

This survey was conducted by the Buffett Early Childhood Institute on behalf of the NDHHS to study the 2021 market rate prices for child care in Nebraska. The 2021 child care market rates are used to inform the child care subsidy reimbursement rates for 2021-2023. The Institute team worked closely with the NDHHS to develop a draft of the survey based on the state's most recent MRS in 2019. The draft was also reviewed by a variety of diverse early childhood stakeholders in Nebraska, including members of the Nebraska Preschool Development Grant leadership team. The inclusion of these stakeholders was designed to help the Institute team identify additional key pieces of information that should be collected in the 2021 Nebraska MRS. The final survey content was approved by NDHHS prior to survey administration.

The final survey included questions related to (a) rate information by child age; (b) program descriptors (i.e., hours of part-time and full-time care, children enrolled, operational hours); (c) quality measures and participation (i.e., accreditation, funding); (d) child descriptive information (i.e., children with behavioral or medical needs; homeless, immigrant, and migrant children; and English Language Learners); and (e) barriers for providers with a Child Care Subsidy agreement. Administrative data available from NDHHS was used to analyze rates by provider type and geographic setting (i.e., ZIP code). Administrative data were also used to calculate licensing capacity. The survey was carefully reviewed and completed by key stakeholders and various employees in the Institute to ensure the questions were clear and captured what they were intended to measure. The process for survey distribution is described in detail below. The final survey is included in Appendix A.

SURVEY DISTRIBUTION AND SAMPLING

A census approach was used to invite all licensed child care providers who are part of the priced market (defined as providers that charge parents a price established through an arm's-length transaction) to participate in the MRS. To ensure the data remained current, data collection ended 90 days from the initiation of the data collection process. A postcard containing a link to complete the survey was initially sent to child care providers on Aug. 31, 2020, and data collection remained active through Nov. 30, 2020. It is important to note the 2021 MRS was conducted within the context of the COVID-19/coronavirus pandemic. Although analyzing the impact of the pandemic on licensed child care providers is beyond the focus of this survey, it is likely the rates reported here are a reflection of the COVID-19/coronavirus pandemic. However, the degree to which this is the case cannot be ascertained directly from this survey.

Participation in the survey was voluntary such that providers could opt out of the survey at any time. Providers were also informed that their licensing status would not be affected by their participation or withdrawal from participation in the survey. Providers could selectively choose to respond to each question of the survey. There were three phases in the survey distribution and sampling process; these phases are specified below.

Phase I. The NDHHS provided the list of currently licensed child care providers in Nebraska as of July 13, 2020. This list included a total of 3,003 licensed child care providers. A postcard (see Appendix B) was sent to each licensed provider with a URL to access the survey online. The postcard contained a unique ID so each provider could access the survey along with detailed instructions on how to complete the survey. All communication materials were in English. The postcard also informed providers that upon completion of the survey, they would be entered in a drawing for the chance to win one of three \$100 Amazon e-gift cards. The raffle was done to provide incentive for participation in the survey as well as to maintain a focus on the critical role child care providers fulfill to provide quality care for young Nebraskans.

Institute project staff worked with the University of Nebraska Medical Center's (UNMC) first-class mailing system to send the postcards to providers. The list of currently licensed child care providers went through a cleaning process at UNMC to remove any duplicated providers' addresses or addresses that were unavailable for delivery, which resulted in an eligible survey sample of 2,940 providers. The initial postcard mailing for the 2021 Nebraska MRS went out to 2,940 licensed child care providers on Aug. 31, 2020. At the end of the Phase I data collection period on Sept. 25, 2020, a total of 270 surveys had been completed.

Phase II. All licensed child care providers were mailed a postcard reminding them to complete the survey. This reminder postcard was sent to providers on Oct. 13, 2020. A copy of the reminder postcard can be found in Appendix B. Providers who did not receive a postcard in Phase I due to mailing errors (e.g., no mailbox, wrong address) were sent a copy of the initial postcard on Oct. 16, 2020 ($n=16$). Any duplicated providers' addresses were removed, which resulted in a final sampling frame of 2,944 licensed providers. A total of 472 surveys had been completed by Oct. 30, 2020, which marked the end of Phase II data collection.

Phase III. In Phase III, providers who did not respond during Phase I or II received a phone call and/or email reminder to complete the survey. Members of the Institute's research and evaluation team collaborated with Institute research assistants to make follow-up phone calls to survey nonrespondents. The Institute's calling team requested

Methodology

survey information from school districts and other large organizations with multiple site locations and the same rates. This information was entered once in the data system and batched for additional sites per response by the research team. The phone call reminders began Nov. 2, 2020, and ended Nov. 10, 2020. The sample pool for Phase III included 2,505 licensed providers in Nebraska who had not completed the survey at the beginning of Phase III.

Email addresses were available for 1,664 licensed child care providers. These 1,664 providers received an email reminder on Nov. 10, 2020, to complete the survey along with a link to the survey and their unique login ID to access the survey. A final email reminder to complete the survey was sent to 1,124 nonrespondents on Nov. 18, 2020. From Phase III, a total of 614 providers were contacted via phone or email.

Final Sample. There were 12 licensed child care providers who contacted the Institute and reported that they charge either a weekly rate, monthly rate, annual fee, or no fee at all. These additional rates are inconsistent with the method of survey reporting that was used in the 2021 Nebraska MRS. Thus, these 12 licensed providers' rates were excluded from the final sample.

After a data cleaning process excluded invalid responses and unlicensed providers, 871 (29.59%) valid responses were obtained for use in data analyses. The response rate of 29.59% was calculated using the American Association for Public Opinion Research's (AAPOR) standard definition for Response Rate 2.

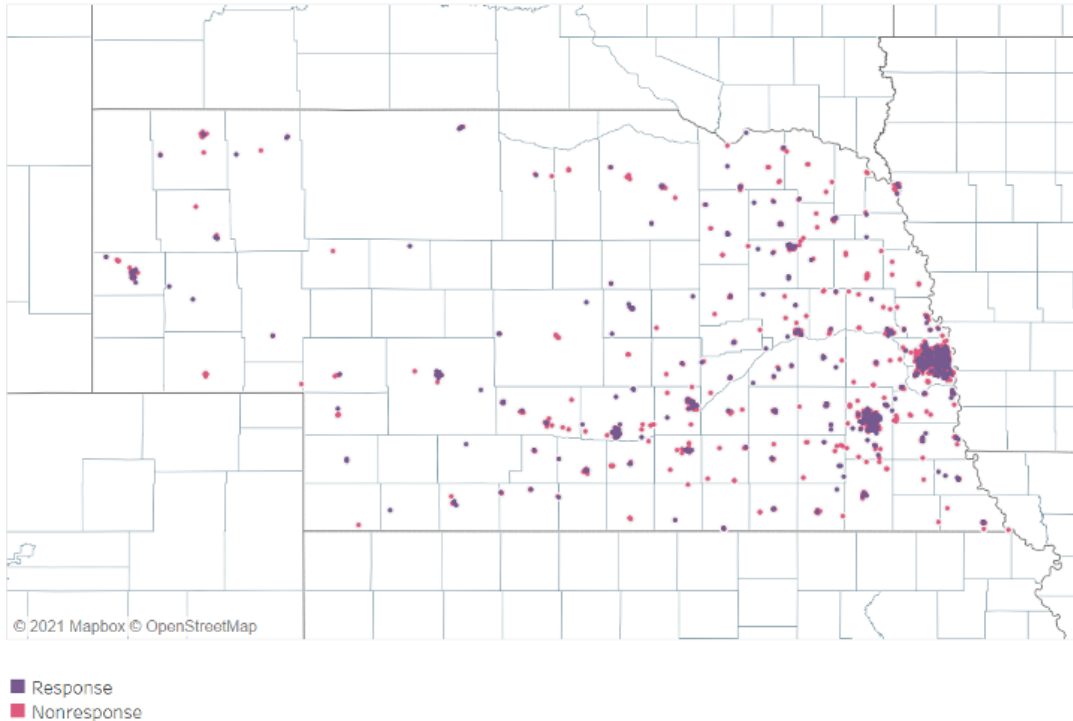
All analyses reported include three provider types:

- Family Child Care Home I and II (Home I and II)
- Center-Based by combining Child Care Centers and Preschools (Center-Based)
- School Age License (School Age)

Two geographic distinctions (rural and urban) were made using NDHHS's previously established data reporting categories (Child Care Subsidy Rates, 2018). The 2021 Nebraska MRS adopted these two geographic categories; NDHHS had already classified all 93 Nebraska counties into one of the two geographic categories. Four counties were classified as urban (Douglas, Lancaster, Sarpy, and Dakota), and the remaining 89 counties were considered rural. The survey represents geographic variation with responded providers. Figure 1 presents the geographic locations of provider responses by county across the state.

FIGURE 1. | LOCATIONS OF RESPONDED AND NONRESPONDED PROVIDERS

29.59% of licensed child care providers responded to the 2021 Nebraska MRS



DATA MANAGEMENT

Qualtrics. The survey was web-based and conducted through Qualtrics. Qualtrics allows the design of customized questions for each child care provider group, and the creation of surveys that dynamically adapt to each respondent's answers. Qualtrics provides advanced security and confidentiality by offering Transport Layer Security encryption (HTTPS), and Qualtrics servers are stored in a data storage facility with security measures.

Data Entry and Cleaning. Data collected from child care providers via the Qualtrics survey link were directly recorded and entered through the web-based survey. Data collected through phone call reminders were also directly entered in the web-based survey by members of the Institute's research and evaluation team and graduate research assistants during the calling process. Once the data collection was completed, a series of data cleaning processes were conducted to prepare for data analysis. Additional data cleaning techniques removed outliers, or extreme values, from key variables. Frequency distributions along with a visual display of the data were used to detect the outliers for removal at both the low and high ends of the distributions of rates.

Methodology

It is important to be cautious interpreting the findings given the small number of providers that responded to key questions in the survey. Although the reported response rate is slightly lower than previous market rate surveys in Nebraska, in our study this value represents the number of providers that responded to any portion of the survey. This does not mean the provider responded to all of the survey questions. In fact, the number of providers responding to key questions about hourly/daily rates charged was smaller than the total reported response rate. While the methodology we employed is justifiable given it relied on observed responses to minimize error, a degree of inherent uncertainty still exists in the data about the accuracy of the calculated rates due to the limited number of surveys returned.

Data Analyses. Hourly and daily child care rates were analyzed from the 50th to 100th percentiles in increments of 5. Additional categories analyzed include: (1) type of child care provider – family child care home vs. center-based care; (2) age group of child – infant, toddler, preschool, and school-age; and (3) behavioral or medical needs status. All analyses include an exploration of the data across provider location (i.e., rural vs. urban). Lastly, data collection and analyses reflect hourly and daily rates as well as half-day/full-day rates. We used the Statistical Package for the Social Sciences (SPSS) software (version 26) to conduct descriptive data analyses, and Tableau (version 2020.2) to provide a geographic display of key findings.

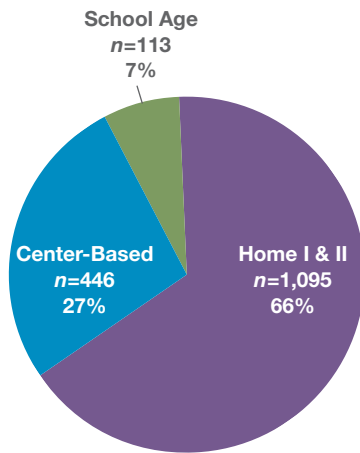
Key Findings

Key findings are presented in five areas: (a) a description of the survey respondents; (b) the child care market rates; (c) program descriptions; (d) diverse populations served; and (e) provider perspectives.

SURVEY RESPONDENTS

In this section, survey respondents are described in terms of their license type and accreditation status. A majority of respondents were licensed Family Child Care Homes, followed by Center-Based providers and School Age Only providers. Figure 2 presents the percentage of providers by provider type.

FIGURE 2. | DISTRIBUTION AND PERCENTAGE OF THE SAMPLE BY PROVIDER TYPE



The majority of providers were not accredited (69.1%, $n=549$). Among those providers who were accredited, the majority were Family Child Care Homes (17.2%, $n=137$). Table 1 displays the number and percentage of accredited licensed child care providers for each of the three provider types.

TABLE 1. | NUMBER (%) OF ACCREDITED PROVIDERS PER PROVIDER TYPE

PROVIDER	ACCREDITED	NOT ACCREDITED
Home I & II	137 (17.2%)	346 (43.5%)
Center-Based	82 (10.3%)	156 (19.6%)
School Age	27 (3.4%)	47 (5.9%)

Key Findings

Tables 2 and 3 present the number and percentage of accredited and non-accredited providers serving each age group broken down by provider type and geographic location.

TABLE 2. | NUMBER (%) OF ACCREDITED PROVIDERS SERVING EACH AGE GROUP BROKEN DOWN BY PROVIDER TYPE AND GEOGRAPHIC LOCATION

PROVIDER	INFANT		TODDLER		PRESCHOOL AGE		SCHOOL AGE	
	URBAN	RURAL	URBAN	RURAL	URBAN	RURAL	URBAN	RURAL
Home I & II	34 (19.10%)	84 (47.19%)	34 (17.62%)	89 (46.11%)	38 (18.27%)	88 (42.31%)	26 (13.90%)	73 (39.04%)
Center-Based	35 (19.66%)	25 (14.04%)	41 (21.24%)	29 (15.03%)	48 (23.08%)	33 (15.87%)	38 (20.32%)	24 (12.83%)
School Age	0	0	0	0	1 (0.48%)	0	24 (12.83%)	2 (1.07%)
Total	69	109	75	118	87	121	88	99

Note. Percentage is calculated by dividing the number of providers within each cell by the total number of each child type ($N_{\text{infant}} = 178$; $N_{\text{toddler}} = 193$; $N_{\text{preschool}} = 208$; $N_{\text{school age}} = 187$).

TABLE 3. | NUMBER (%) OF NON-ACCREDITED PROVIDERS SERVING EACH AGE GROUP BROKEN DOWN BY PROVIDER TYPE AND GEOGRAPHIC LOCATION

PROVIDER	INFANT		TODDLER		PRESCHOOL AGE		SCHOOL AGE	
	URBAN	RURAL	URBAN	RURAL	URBAN	RURAL	URBAN	RURAL
Home I & II	90 (21.28%)	212 (50.12%)	95 (21.06%)	223 (49.45%)	97 (20.42%)	220 (46.32%)	54 (14.36%)	168 (44.68%)
Center-Based	69 (16.31%)	45 (10.64%)	78 (17.29%)	48 (10.64%)	89 (18.74%)	61 (12.84%)	63 (16.76%)	44 (11.70%)
School Age	7 (1.65%)	0	7 (1.55%)	0	7 (1.47%)	1 (0.21%)	38 (10.11%)	9 (2.39%)
Total	166	257	180	271	193	282	155	221

Note. Percentage is calculated by dividing the number of providers within each cell by the total number of each child type ($N_{\text{infant}} = 423$; $N_{\text{toddler}} = 451$; $N_{\text{preschool}} = 475$; $N_{\text{school age}} = 376$).

CHILD CARE MARKET RATES

Full-Time Rates

Information regarding the full-time rates provided by respondents are detailed in the tables below. Tables 4 and 5 show the percentile rankings of the full-time rates at the 50th-100th percentiles in increments of five. The rates are broken down by provider type (Home I & II, Center-Based; School Age was excluded due to insufficient number of School Age Only providers), age level of child (infant, toddler, preschool age, school age), and by pricing modes (hourly, daily). For example, the 60th percentile of provider rates is the price that covers 60% of child care provider rates. In other words, 60% of providers are charging that price or less for a child care slot. Three trends are evident in Tables 4 and 5. First, across pricing mode, geographic area, and the age level of children, rates for Family Child Care Homes (Home I & II) fall below rates for center-based care. Second, urban areas tend to charge higher rates than rural areas. Third, infant and toddler rates tend to be slightly higher than that for preschool and school age children.

2021 Nebraska Market Rate Survey Results Full-Time Rates

TABLE 4. | RATES CHILD CARE PROVIDERS CHARGE IN URBAN* COUNTIES

PR*	INFANT				TODDLER				PRESCHOOL				SCHOOL AGE			
	HOME I & II		CENTER-BASED		HOME I & II		CENTER-BASED		HOME I & II		CENTER-BASED		HOME I & II		CENTER-BASED	
	HOURLY	DAILY	HOURLY	DAILY	HOURLY	DAILY	HOURLY	DAILY	HOURLY	DAILY	HOURLY	DAILY	HOURLY	DAILY	HOURLY	DAILY
50	5.00	30.00	7.30	47.00	5.00	30.00	6.63	44.00	4.75	30.00	6.25	40.00	5.00	30.00	6.00	35.11
55	5.00	31.00	7.46	48.00	5.00	30.00	6.88	45.00	5.00	30.00	6.25	41.00	5.00	30.00	6.00	35.45
60	5.00	32.00	7.58	50.00	5.00	31.00	7.00	45.24	5.00	30.00	6.50	41.00	5.00	30.00	6.06	37.00
65	5.00	33.00	7.91	50.30	5.00	32.00	7.39	46.92	5.00	31.00	6.55	42.50	5.00	30.00	6.29	37.79
70	5.00	34.30	8.00	53.00	5.00	32.00	7.50	48.00	5.00	32.00	6.93	43.00	5.00	30.00	6.50	39.32
75	5.50	35.00	8.00	55.00	5.00	34.00	7.61	50.00	5.00	33.00	7.00	45.00	5.50	32.00	6.50	40.00
80	6.00	36.00	9.00	56.00	5.50	35.00	8.10	53.00	5.00	34.00	7.42	47.00	6.00	34.00	7.00	40.00
85	7.00	38.00	9.90	58.00	6.00	35.00	8.39	54.80	5.50	35.00	7.66	48.00	6.00	35.00	7.00	41.75
90	7.00	40.00	10.00	59.80	6.50	37.00	9.70	55.60	6.00	35.00	8.20	51.00	7.00	35.00	9.10	45.75
95	7.38	41.55	10.00	64.25	6.88	40.00	12.21	61.00	6.83	40.00	11.43	53.00	8.87	40.00	11.43	50.00
100	8.00	55.00	10.00	72.45	7.00	45.00	12.60	78.49	7.00	45.00	15.65	78.49	10.00	45.00	12.60	55.00

*Urban counties included Douglas, Lancaster, Sarpy, and Dakota (all other counties were considered rural).

*PR denotes percentile rank.

Key Findings

TABLE 5. | RATES CHILD CARE PROVIDERS CHARGE IN RURAL COUNTIES

PR*	INFANT				TODDLER				PRESCHOOL				SCHOOL AGE			
	HOME I & II		CENTER-BASED		HOME I & II		CENTER-BASED		HOME I & II		CENTER-BASED		HOME I & II		CENTER-BASED	
	HOUR	DAY	HOUR	DAY	HOUR	DAY	HOUR	DAY	HOUR	DAY	HOUR	DAY	HOUR	DAY	HOUR	DAY
50	3.00	25.00	4.75	33.30	3.00	25.00	4.25	32.00	3.00	25.00	4.00	30.00	3.00	25.00	4.00	29.00
55	3.00	26.00	4.81	34.35	3.00	25.00	4.49	32.00	3.00	25.00	4.00	30.87	3.00	25.00	4.00	30.00
60	3.00	27.00	5.00	35.00	3.00	25.95	4.50	33.00	3.00	25.00	4.48	31.00	3.00	25.00	4.08	30.00
65	3.00	27.00	5.00	36.00	3.00	26.00	4.50	33.00	3.00	26.00	4.50	32.00	3.00	25.00	4.50	30.14
70	3.25	28.00	5.00	36.00	3.02	27.00	4.90	34.00	3.00	27.00	4.55	32.00	3.00	25.00	4.50	31.00
75	3.43	30.00	5.00	36.30	3.25	28.00	5.00	35.00	3.25	27.00	5.00	32.25	3.44	26.25	4.75	32.00
80	3.50	30.00	5.50	37.30	3.50	30.00	5.00	35.00	3.41	30.00	5.00	33.45	3.50	27.00	5.00	32.80
85	3.68	30.00	6.00	38.90	3.50	30.00	5.30	36.00	3.50	30.00	5.55	35.00	4.03	30.00	5.00	35.00
90	4.90	30.47	7.10	40.00	4.53	30.00	6.12	37.00	4.00	30.00	6.42	36.00	5.00	30.00	5.80	35.90
95	5.00	35.00	8.00	43.30	5.00	35.00	8.00	38.00	5.00	35.00	8.00	37.43	5.00	35.00	7.80	36.68
100	7.00	50.00	8.00	46.20	7.00	50.00	8.00	42.90	7.00	50.00	8.00	42.90	7.00	50.00	8.00	38.00

Tables 6a-d. Sample Sizes and Range of Rates for Full-Time Care

TABLE 6A. | URBAN SETTINGS - HOURLY

	INFANT	TODDLER	PRESCHOOL	SCHOOL AGE
Home I & II	80 (\$2.00-9.00)	75 (\$2.00-8.50)	75 (\$2.40-8.50)	86 (\$2.75-8.50)
Center-Based	30 (\$5.00-9.00)	35 (\$4.14-8.50)	35 (\$4.43-8.00)	37 (\$4.50-8.00)

TABLE 6B. | RURAL SETTINGS - HOURLY

	INFANT	TODDLER	PRESCHOOL	SCHOOL AGE
Home I & II	273 (\$1.25-7.00)	270 (\$1.25-7.00)	270 (\$1.25-7.00)	266 (\$1.75-5.00)
Center-Based	47 (\$2.50-9.00)	54 (\$2.25-9.00)	61 (\$2.00-9.00)	60 (\$2.00-9.00)

TABLE 6C. | URBAN SETTINGS - DAILY

	INFANT	TODDLER	PRESCHOOL	SCHOOL AGE
Home I & II	168 (\$9.00-50.00)	162 (\$8.00-45.00)	160 (\$8.00-45.00)	177 (\$7.00-45.00)
Center-Based	45 (\$30.00-59.00)	56 (\$20.00-55.00)	60 (\$20.00-55.00)	58 (\$7.00-55.00)

TABLE 6D. | RURAL SETTINGS - DAILY

	INFANT	TODDLER	PRESCHOOL	SCHOOL AGE
Home I & II	283 (\$10.00-50.00)	280 (\$10.00-40.00)	275 (\$10.00-45.00)	273 (\$4.50-40.00)
Center-Based	54 (\$20.00-43.00)	61 (\$20.00-45.00)	63 (\$15.00-40.00)	61 (\$4.00-40.00)

When the rates were analyzed by county, distinct patterns of rates across the state appeared. Figures 3a-d depict how the rates vary across the state by child age.

FIGURE 3A. | AVERAGE INFANT FULL-TIME HOURLY RATES BY COUNTY

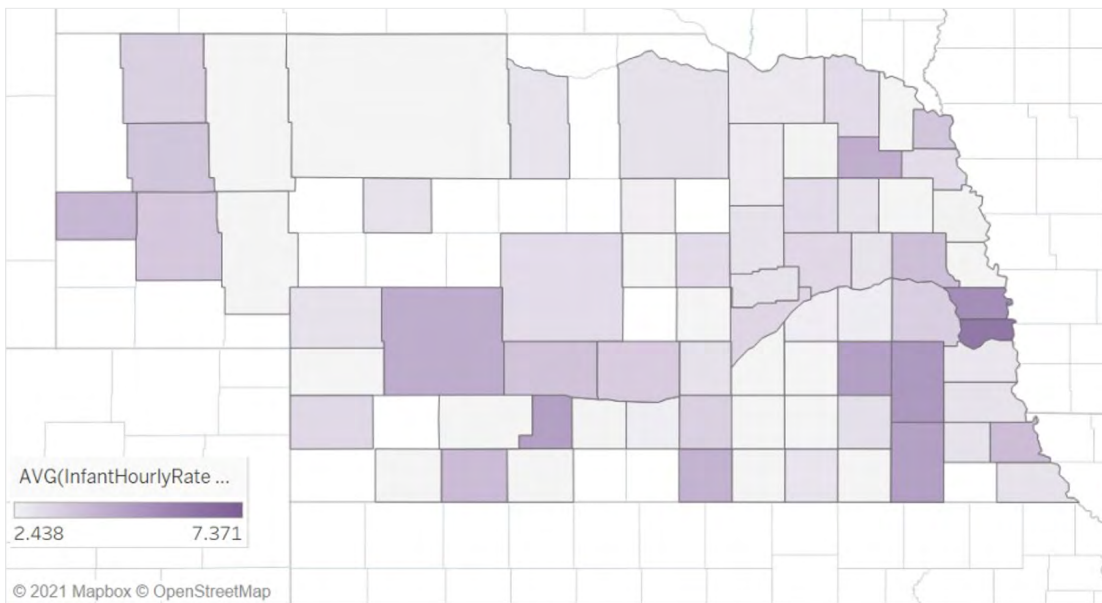
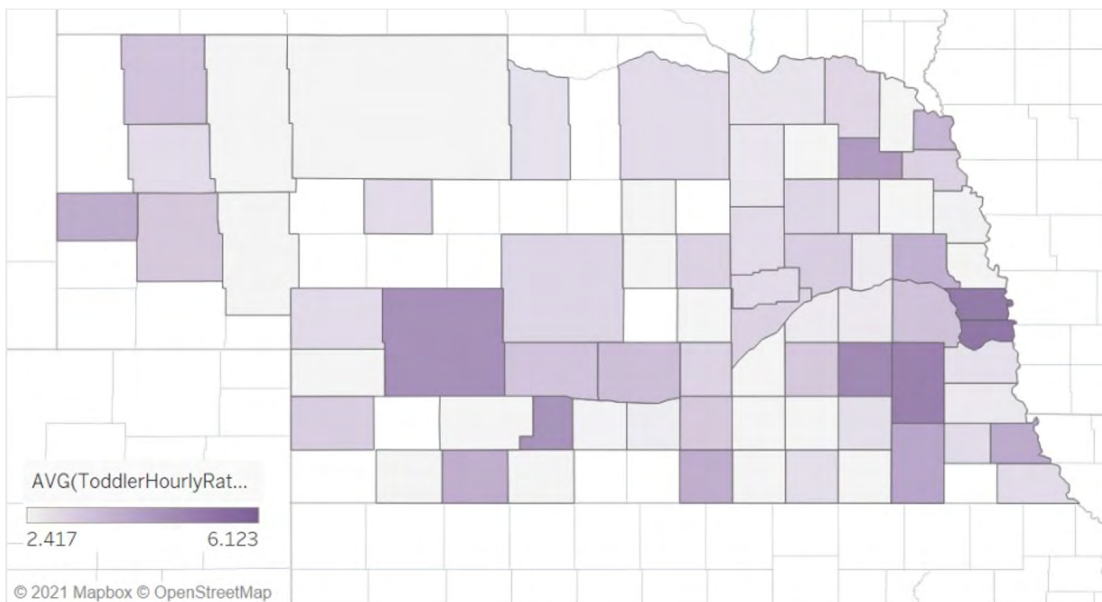


FIGURE 3B. | AVERAGE TODDLER FULL-TIME HOURLY RATES BY COUNTY



Key Findings

FIGURE 3C. | AVERAGE PRESCHOOL FULL-TIME HOURLY RATES BY COUNTY

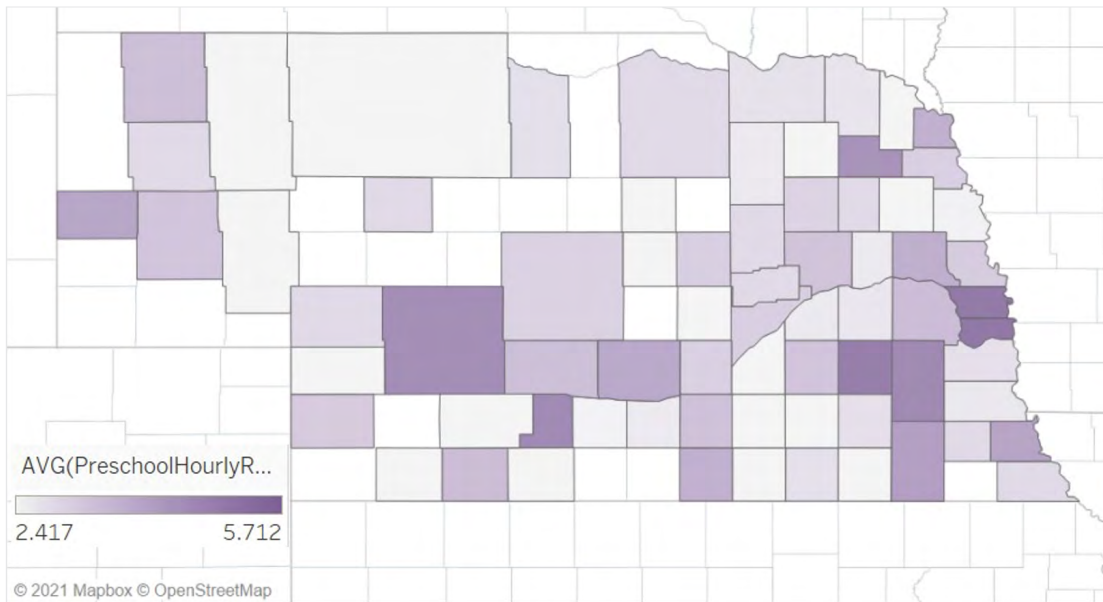
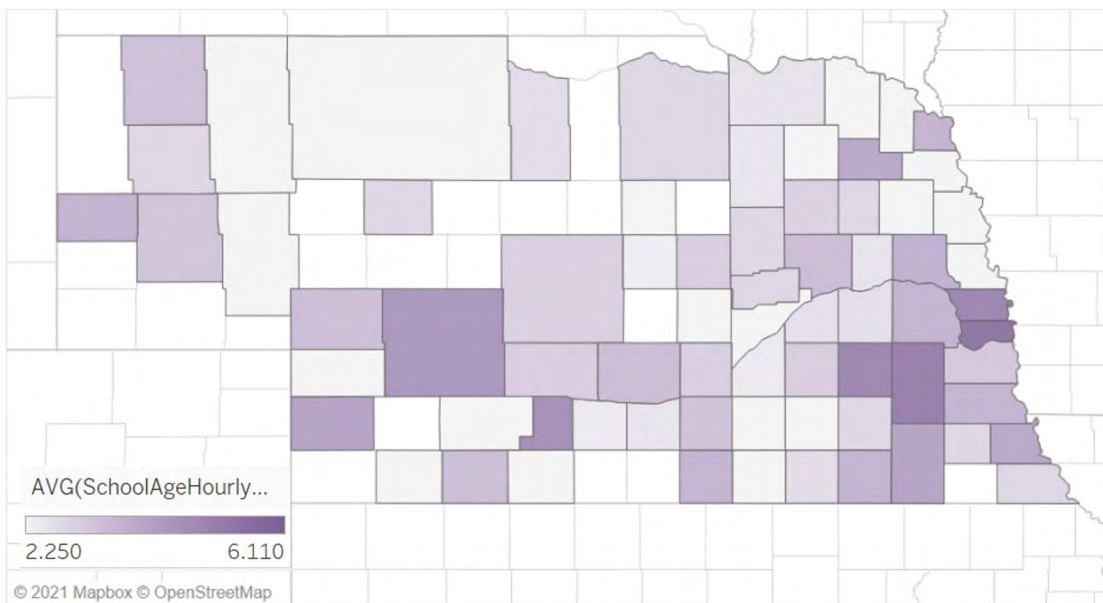


FIGURE 3D. | AVERAGE SCHOOL AGE FULL-TIME HOURLY RATES BY COUNTY



PROGRAM DESCRIPTIONS

In this section, programs will be described in terms of their (1) current enrollment; (2) accreditation; (3) operational hours; and (4) child care subsidy agreements.

Current Enrollment

Table 7 presents the average number of children enrolled per site by geography and provider type for the programs affiliated with the survey respondents. Overall, there are more children enrolled in Home I & II in rural than in urban settings. The number of children enrolled in Center-Based care is about the same in rural and urban areas, with slightly more in urban settings. There are more children enrolled in School Age care in urban than in rural settings.

TABLE 7. | AVERAGE NUMBER OF CHILDREN ENROLLED PER SITE BY GEOGRAPHY AND PROVIDER TYPE

GEOGRAPHY	PROVIDER TYPE	LICENSING CAPACITY	MEAN	SD	N
Urban	Home I & II	10.20	8.57	4.60	159
	Center-Based	108.39	76.95	51.21	146
	School Age	130.40	346.31	370.62	68
Rural	Home I & II	10.69	10.44	4.38	340
	Center-Based	68.64	55.31	34.41	103
	School Age	84.85	34.83	24.32	12

Accreditation

Providers were asked about their current accreditation status. Accreditation is also available via licensing records. Table 8 indicates accreditation status and affiliations based on self-report from the MRS survey; 248 (28.47%) providers reported accreditation with at least one association.

Key Findings

TABLE 8. | CHILD CARE PROVIDERS' ACCREDITATION BY PROVIDER TYPE

ASSOCIATION	HOME I & II ^a	CENTER-BASED ^b	SCHOOL AGE ^c
National Accreditation Commission for Early Care and Education Program (NACECEP)	72 (6.58%)	16 (3.59%)	3 (2.65%)
National Association for the Education of Young Children (NAEYC)	79 (7.21%)	51 (11.43%)	5 (4.42%)
National Early Childhood Program Accreditation (NECPA)	76 (6.94%)	14 (3.14%)	2 (1.77%)
National Association for Family Child Care (NAFCC)	85 (7.76%)	3 (0.67%)	1 (0.88%)
Association Montessori International (AMI)	2 (0.18%)	0 (0.00%)	0 (0.00%)
American Montessori Society (AMS)	1 (0.09%)	6 (1.35%)	0 (0.00%)
National After School Association (NASA)	3 (0.27%)	3 (0.67%)	9 (7.96%)

Note: The result is based on self-report. ^a Number of accredited providers divided by the total number of Home I & II providers, $n=506$; ^b divided by the total number of Center-Based providers, $n=258$; ^c divided by the total of School Age Only providers, $n=95$.

Operational Hours

On average, the hours constituting full-time care per day were 9.04 hours reported by 761 providers (87.37%). On average, the hours constituting part-time care per day were 6.80 hours from 453 providers (52.01%). On average, 4.84 days per week ($M = 4.84$, $SD = 0.80$) cover a full-time rate for care from 789 responses (90.59%). On average, 3.66 days per week ($M = 3.66$, $SD = 1.39$) cover a part-time rate for care from 503 responses (57.75%). Table 9 presents the average hours constituting full-time care per day and part-time care per day by provider type and geographic location.

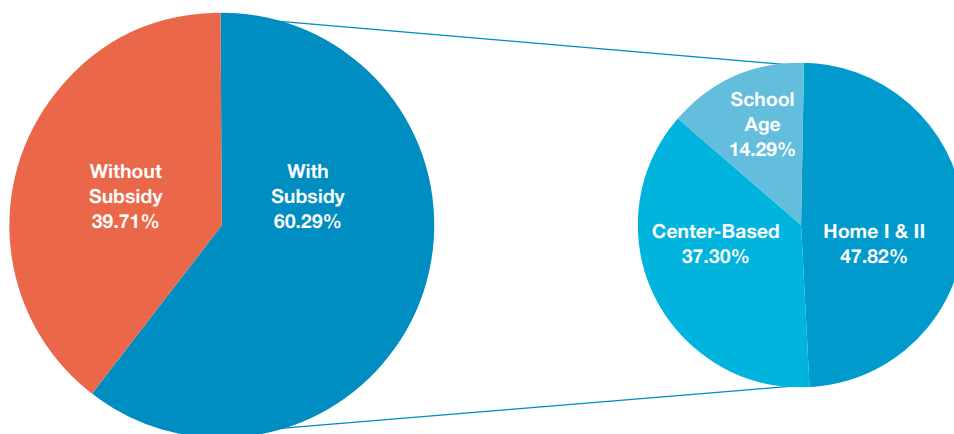
TABLE 9. | MEAN AND STANDARD DEVIATIONS OF HOURS

PROVIDER <i>M(SD)</i>	FULL-TIME HOURS PER DAY				FULL-TIME HOURS PER DAY			
	URBAN	<i>n</i>	RURAL	<i>n</i>	URBAN	<i>n</i>	RURAL	<i>n</i>
Home I & II	9.50 (1.32)	156	9.31 (1.83)	317	8.01 (3.14)	64	7.12 (2.70)	182
Center-Based	9.85 (2.40)	135	9.00 (3.02)	86	7.28 (3.68)	93	6.88 (3.09)	61
School Age	4.85 (1.56)	59	5.58 (3.32)	5	3.22 (1.58)	40	2.67 (0.82)	10

Child Care Subsidy Agreements

Out of 871 providers who responded, 836 providers (96.00%) addressed whether they use Child Care Subsidy. Among this group, 332 providers (39.71%) do not use Child Care Subsidy, and the other 504 providers (60.29%) indicated they do use Child Care Subsidy (see Figure 4). Specifically, 241 (47.82%) Home I & II providers use Child Care Subsidy; 188 (37.30%) Center-Based providers use Child Care Subsidy; and 72 (14.29%) School Age providers use Child Care Subsidy (see Figure 4).

FIGURE 4. | DISTRIBUTION OF CHILD CARE SUBSIDY AGREEMENT FROM RESPONDENTS



DIVERSE POPULATIONS: CHILDREN WITH BEHAVIORAL OR MEDICAL NEEDS, HOMELESS CHILDREN, IMMIGRANT CHILDREN, MIGRANT CHILDREN, AND ENGLISH LANGUAGE LEARNERS

A total of 832 (95.50%) providers responded whether they provide care for children with behavioral needs (e.g., Reactive Attachment Disorder, Autism, Oppositional Defiance Disorder, Post-Traumatic Stress Disorder, Dissociative Disorder). Among them, 449 (54.00%) of the 832 indicated they provide care for children with behavioral needs. A total of 815 (93.60%) providers responded they provide care for children with medical needs (e.g., C-tube, seizure disorders, diabetes, severe allergies requiring Epi-pen). Out of the 815 providers, 405 (49.70%) indicated they provide care for children with medical needs.

A total of 826 (94.80%) providers responded whether they had children enrolled with diverse backgrounds at the time of the survey. Among them, 249 (30.15%) of the 826 indicated they had children enrolled with diverse backgrounds. Specifically, 91 (11.02%) providers have homeless children enrolled; 154 (18.64%) providers have immigrant children enrolled; 101 (12.22%) providers have migrant children enrolled; and 218 (26.39%) providers have English Language Learners (ELLs) enrolled.

Key Findings

Table 10 presents the percentage of providers who reported currently enrolling children with diverse backgrounds by provider type and geographic location. The highest percentage of sites serving diverse children are Center-Based providers. The percentage of providers serving diverse children in urban areas is higher than that in rural areas regardless of provider type for both Center-Based providers and School Age providers. This pattern reversed for Home I & II providers.

TABLE 10. | PERCENTAGE OF PROVIDERS WITH CURRENTLY ENROLLED CHILDREN WITH SPECIAL NEEDS, HOMELESS CHILDREN, MIGRANT CHILDREN, ELLS

PROVIDER TYPE	HOMELESS CHILDREN ^a		IMMIGRANT CHILDREN ^b		MIGRANT CHILDREN ^c		ELLs ^d	
	URBAN	RURAL	URBAN	RURAL	URBAN	RURAL	URBAN	RURAL
Home I & II	13 (14.29%)	9 (9.89%)	13 (8.44%)	17 (11.04%)	9 (8.91%)	13 (12.87%)	9 (8.91%)	13 (12.87%)
Center-Based	25 (27.47%)	16 (17.58%)	56 (36.36%)	17 (11.04%)	31 (30.69%)	18 (17.82%)	31 (30.69%)	18 (17.82%)
School Age	22 (24.18%)	5 (5.50%)	46 (29.87%)	4 (2.60%)	25 (24.75%)	4 (3.96%)	25 (24.75%)	4 (3.96%)

Note: Percentage is calculated by dividing the number of providers within each cell by the total number of each child type ($N_{\text{homeless}}=91$; $N_{\text{immigrant}}=154$; $N_{\text{migrant}}=101$; $N_{\text{ELL}}=218$).

Provider Perspectives: Expanded Responses

In order to better understand issues providers may face in using Child Care Subsidy, providers were asked four open-ended survey questions. Out of the 871 total survey responses, 721 (82.8%) licensed child care providers responded to at least one of the open-ended survey questions. Table 11 provides the number of unique responses across all four open-ended survey questions for the Family Child Care Homes I and II providers, Center-Based providers (i.e., Child Care Centers and Preschools), and School Age Only providers.

TABLE 11. | NUMBER OF UNIQUE RESPONSES ACROSS ALL ADDITIONAL WRITING QUESTIONS

Center-Based	1,102
School Age	466
Child Care Center and Preschool	116
Total	1,684

CHILD CARE SUBSIDY PARTICIPATION

Providers were asked to expand on the following question regarding participation in the Child Care Subsidy program:

What prevents you from using Child Care Subsidy?

Providers' responses to the open-ended survey questions were thematically coded into categories (Guest, MacQueen, & Namey, 2012) and then analyzed. Almost one third of providers (32.95%, $n=287$) responded with codable answers. The majority of responses came from Family Child Care Home I and II providers (78.75%, $n=226$), followed by Center-Based programs (17.07%, $n=49$) and School Age Only providers (4.18%, $n=12$). Responses were coded into eight distinct categories: administrative issues, currently use Child Care Subsidy/nothing prevents me from using Child Care Subsidy, logistical issues, no knowledge of Child Care Subsidy, no perceived need, not applicable, lack of interest, and payment issues.

No perceived need. Over half of providers (58.0%, $n=167$) mentioned that they did not see a need for Child Care Subsidy. Responses in this category indicated that parents of enrolled children did not qualify for Child Care Subsidy, did not need it, or had not asked providers to use it. Many providers also indicated that they had full enrollment and/or had a waitlist for private pay families. Some providers indicated that they would be willing to accept families on subsidy if the need arose or if they were not full with private pay families.

Provider Perspectives: Expanded Responses

Administrative issues. Some providers (9.7%, $n=28$) described administrative difficulties with subsidy, with paperwork being mentioned frequently. In the words of one provider, the experience of the “headache of subsidy paperwork” was shared by fellow providers who worked with families utilizing Child Care Subsidy.

Payment issues. Less than 10% of providers (9.1%, $n=26$) described issues related to payment. Some providers indicated difficulty receiving payments from NDHHS, both being paid at all and being paid “promptly.” Many providers indicated that they could not cover salary and/or benefits for staff or cover the cost of running their business if they accepted subsidy because the reimbursement rate is “too low” or because being reimbursed for attendance only was not enough. In the words of one provider, “too little pay for way too much hassle.”

Not applicable. Over 8 percent of the providers (8.7%, $n=25$) reported that the Child Care Subsidy program did not apply to them for reasons such as they are a preschool only program or a private school.

Currently use Child Care Subsidy/nothing prevents me from using Child Care Subsidy. Some providers (5.92%, $n=17$) responded that they currently use Child Care Subsidy or nothing prevents them from using Child Care Subsidy.

No knowledge of Child Care Subsidy. Just under 4 percent of providers (3.8%, $n=11$) reported that they did not know about the Child Care Subsidy program.

Lack of interest. Few providers (2.8%; $n=8$) communicated they were not interested in participating, indicating they “don’t want to” or would “rather not say.”

Logistical issues. Few providers (2.1%; $n=6$) reported issues related to the time involved and the feasibility of using Child Care Subsidy.

BARRIERS TO PARTICIPATION

Providers were asked about barriers preventing them from participating in the Child Care Subsidy program in the following question:

If any, what barriers have you experienced using Child Care Subsidy?

Six in 10 providers (60.39%; $n=526$) who responded to the survey provided codable responses to this question. The majority of responses came from Family Child Care Homes (62.7%; $n=330$), followed by Center-Based programs (Child Care Centers and Preschools; 29.7%, $n=156$) and School Age Only providers (7.6%, $n=40$). Eleven

thematic categories were represented in providers' responses: administrative issues, logistical issues, miscellaneous issues, negative past experiences, no barriers, no knowledge of Child Care Subsidy, no perceived need, not applicable, not interested, COVID-19/coronavirus pandemic-related issues, and payment issues.

More than one third (34.0%; $n=180$) of the providers who responded to this question mentioned **payment issues** being a barrier to their participation in the Child Care Subsidy program. Some providers wrote about the pay discrepancy between their private pay families and families using Child Care Subsidy, indicating that they feel they need to limit or not accept families on subsidy in order to stay in business. Many providers mentioned not getting paid when a child on subsidy is absent, and others mentioned not receiving payments from families for the copay. A few providers mentioned the length of time it took to receive payments from the state, with reported wait times ranging from 18 days to four months.

Three in 10 providers (30.0%, $n=158$) had **no barriers** to participating in the Child Care Subsidy program. A few providers had positive things to say, with three providers mentioning the benefit to everything being online and others saying that Child Care Subsidy is “easy and very user friendly,” “wonderful,” or a “blessing.”

Eight percent ($n=42$) of providers' responses mentioned **administrative issues** as a barrier to their participation in the Child Care Subsidy program. Many of these responses listed difficulties with the authorization process, including the time it took to get an authorization, challenges with backdating, and not knowing if authorizations were current. Other providers mentioned difficulties communicating with NDHHS staff or the amount of paperwork. Seven percent ($n=37$) of providers listed **logistical issues**, with many of the responses highlighting the challenges with managing time when dealing with some of the administrative issues listed above. Six percent (6.1%; $n=32$) shared **negative past experiences with subsidy** use as a barrier. These responses covered challenges in their relationships with families using subsidy, as well as with NDHHS staff, and convey the frustration providers felt in those interactions.

Fewer than 2% (1.7%, $n=9$) of providers indicated the **COVID-19/Coronavirus pandemic** was a barrier to participating in the Child Care Subsidy program. These providers mentioned “running out of daily hours” for school age children, losing enrollment (both private pay and families using subsidy) because of the pandemic, and having to enact quarantines for their programs or managing families being in quarantine.

Other responses indicated the program was **not applicable** (8.2%, $n=43$) to their provider type, there was **no perceived need** (3.4%, $n=18$), they had **no knowledge**

Provider Perspectives: Expanded Responses

of the Child Care Subsidy program (0.4%, $n=2$), or they were **not interested** in participating (0.2%, $n=1$).

LIMITS TO PARTICIPATION

Providers were asked this question regarding the limits they have developed for using Child Care Subsidy:

What limits have you set for using Child Care Subsidy, and why?

Over half (50.75%, $n=442$) of the respondents who filled out the survey responded to this question. The majority of responses came from Family Child Care Homes (64.5%, $n=285$), followed by Center-Based programs (Child Care Centers and Preschools; 29.0%, $n=128$) and School Age Only programs (6.6%, $n=29$). Ten thematic categories were represented in the responses to this question: authorized hours only, challenges with NDHHS, does not take Child Care Subsidy, enforcing attendance, limit number or percentage, not applicable, no need for Child Care Subsidy, none/no limits, other, and parent pays when absent.

Over half of the providers who responded to the limits question (57.5%, $n=254$) indicated they **do not set any limits** for using Child Care Subsidy. A few providers indicated that accepting subsidy allowed them “to be able to provide quality care to those that would otherwise would not be able to afford it,” that “regardless of barriers we are committed to providing this service,” that they “believe in” the program, or that “many of our community depends on subsidy and centers to accept the subsidy.”

Almost 7% (6.8%, $n=30$) of providers responded that they **limit the number or percentage** of children they will enroll that are using Child Care Subsidy because the reimbursement rate is too low and they lose too much income when they enroll more children. Another almost 7% (6.8%, $n=30$) indicated that **enforcing attendance** is a limit they have set for using Child Care Subsidy to ensure they receive payment. These providers indicated that regular attendance helped prevent missing out on payments due to absenteeism and that requiring parents to bring their children a minimum number of days per week would allow providers to receive the full-time reimbursement rate. The next most frequently responded category was **parent pays when absent**. Almost 3 percent (2.9%, $n=13$) of providers indicated a limit they place on using Child Care Subsidy is that parent pays when their children were supposed to be in care but end up being absent. Responses in this category indicate that having parents pay for when their children do not attend allows providers to recoup the subsidy reimbursement they lose due to absenteeism. Almost 3 percent (2.7%, $n=12$)

of providers mentioned limiting the attendance of children using Child Care Subsidy to **authorized hours only**. NDHHS authorizes parents to receive a specified number of hours of care each week, and providers indicate that they hold parents to those limitations. If parents go over their authorized hours, providers do not get reimbursed for the care they provide. Another 2% (2.3%, $n=10$) of providers indicated they limit their use of Child Care Subsidy due to **challenges with NDHHS**. These challenges include frustration with the process of getting reimbursed and paperwork.

Eleven percent (11.1%, $n=49$) of providers responded that the subsidy program was **not applicable** to their provider type. Almost 4% (3.8%, $n=17$) of providers indicated they **do not take Child Care Subsidy**. Two percent ($n=9$) indicated they had **no need for Child Care Subsidy**.

OTHER FACTORS THAT IMPACT RATES

When asked about other factors that impact their rates, 49.5% ($n=431$) of providers answered the following question:

What other factors impact your rates for children?

Of the respondents who answered this question, 60.8% ($n=261$) were Family Child Care Homes, 31.0% ($n=133$) were Center-Based programs, and 8.2% ($n=35$) were School Age Only providers. Responses were coded into seven distinct categories: operating costs, parents' ability to pay, other rates, staff pay and benefits, food costs, training staff, and miscellaneous.

The most frequently mentioned category was **operating costs** with over 44% of providers (44.3%, $n=191$) listing factors like paying bills, managing their budget, making a profit, buying needed supplies, keeping up facilities, and covering increases to cost of living. Almost 28% (27.6%, $n=119$) of providers responded that **parents' ability to pay** impacts their rates for providing care. Some providers specifically mentioned balancing rates their parents could afford and making a profit — wanting to “keep it affordable and stay profitable.” Almost one quarter of providers (24.4%, $n=105$) indicated that **other rates** charged by providers in their area impact the rates they set. Nearly 15% of providers (14.6%, $n=63$) who responded indicated that **staff pay and benefits** impact the rates they set. Some providers mentioned wanting to either increase pay for teachers or to pay wages that would keep/attract “good” or “high quality” employees. One provider shared that “paying teachers livable wages to retain teachers in these positions with less turnover” had a “high impact” on the rates selected.

Provider Perspectives: Expanded Responses

Over 7% (7.4%, $n=32$) of providers mentioned **increased food costs** impacting the rates they set for children. Almost 6% of providers who responded (5.8%, $n=25$) indicated the cost of **training staff** impacting their rates. Over 14% of providers who responded (14.2%, $n=61$) provided **miscellaneous** factors that impact their rates for children. Responses in the miscellaneous category included comments regarding the cost of providing high-quality care, the hours the providers operate, the COVID-19/coronavirus pandemic impacting rates charged, wanting rates to reflect providers' education or experience, etc.

Many of the themes presented above were common across multiple questions. These themes, developed using providers' own words, allow for better understanding of why providers do and do not participate in the subsidy program, and what barriers to participation can be addressed by program and policy teams. The program and policy teams can also gain an understanding of how the Child Care Subsidy program can be improved to meet the needs of Nebraska's children, families, and child care providers.

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Guest, G., MacQueen, K. M., & Namey, E. E. (2012). Applied thematic analysis. Thousand Oaks, CA: Sage.

Appendix A: 2021 Nebraska Market Rate Survey

Nebraska 2021 Market Rate Survey

Provider name:

Address:

Phone:

(If this is not your provider name, please exit this survey and contact our help desk at 402-554-6506.)

Q1 What rate do you charge?

- Full-time only → Go to Block A, C
 - Part-time only → Go to Block B, C
 - Both full-time and part-time → Go to Block A, B, C
-

Start of Block: Block A

Q2 How many days per week does your full-time rate cover?

- 1 day
 - 2 days
 - 3 days
 - 4 days
 - 5 days
 - 6 days
 - 7 days
-

Q3 How many hours are included for full-time care per day? (Please fill in the Hours box and use the Minutes box if necessary)

	Hours	Minutes
Hours per day		

Q4 How many hours are included for full-time care per week? (Please fill in the Hours box and use the Minutes box if necessary)

	Hours	Minutes
Hours per week		

Q5 What is your standard full-time rate for **infants (up to 18 months)**? Please fill in only the boxes that apply to your program.

	Dollars	Cents
Hourly Rate		
Daily Rate		

Q6 What is your standard full-time rate for **toddlers (18-36 months)**? Please fill in only the boxes that apply to your program.

	Dollars	Cents
Hourly Rate		
Daily Rate		

Q7 What is your standard full-time rate for **preschool (36 months-school age)**? Please fill in only the boxes that apply to your program.

	Dollars	Cents
Hourly Rate		
Daily Rate		

Q8 What is your standard full-time rate for **school age (kindergarten and up)**? Please fill in only the boxes that apply to your program.

	Dollars	Cents
Hourly Rate		
Daily Rate		

End of Block: Block A

Start of Block: Block B

Q9 How many days per week does your part-time rate cover?

- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

Appendix A: 2021 Nebraska Market Rate Survey

Q10 How many hours are included for part-time care per day? (Please fill in the Hours box and use the Minutes box if necessary)

	Hours	Minutes
Hours per day		

Q11 How many hours are included for part-time care per week? (Please fill in the Hours box and use the Minutes box if necessary)

	Hours	Minutes
Hours per week		

Q12 What is your standard part-time rate for **infants (up to 18 months)**? Please fill in only the boxes that apply to your program.

	Dollars	Cents
Hourly		
Daily		

Q13 What is your standard part-time rate for **toddlers (18-36 months)**? Please fill in only the boxes that apply to your program.

	Dollars	Cents
Hourly		
Daily		

Q14 What is your standard part-time rate for **preschool (36 months-school age)**? Please fill in only the boxes that apply to your program.

	Dollars	Cents
Hourly		
Daily		

Appendix A: 2021 Nebraska Market Rate Survey

Q15 What is your standard part-time rate for **school age (kindergarten and up)**? Please fill in only the boxes that apply to your program.

	Dollars	Cents
Hourly		
Daily		

End of Block: Block B

Start of Block: Block C

Q16 Currently, how many **infants (up to 18 months)** are enrolled in your program?

Q17 Currently, how many **toddlers (18-36 months)** are enrolled in your program?

Q18 Currently, how many **preschool-age children (36 months-school age)** are enrolled in your program?

Q19 Currently, how many **school-age children (kindergarten-age and up)** are enrolled in your program?

Q20 Does your program serve children with any of the following characteristics?

	Yes	No
a. Homeless children	<input type="radio"/>	<input type="radio"/>
b. Immigrant children	<input type="radio"/>	<input type="radio"/>
c. Migrant children	<input type="radio"/>	<input type="radio"/>
d. English-language learners	<input type="radio"/>	<input type="radio"/>

Q21 Do you provide care for children with medical needs? (Examples may include but are not limited to: C-tube, seizure disorders, diabetes, severe allergies requiring Epi-pen.)

Yes

No

Q22 Do you provide care for children with behavioral needs? (Examples may include but are not limited to: Reactive Attachment Disorder, Autism, Oppositional Defiance Disorder, Post-Traumatic Stress Disorder, Dissociative Disorder.)

Yes

No

Q23 Are you accredited with any of the following?

	Yes	No
a. National Accreditation Commission for Early Care and Education Program	<input type="radio"/>	<input type="radio"/>
b. National Association for the Education of Young Children (NAEYC)	<input type="radio"/>	<input type="radio"/>
c. National Early Childhood Program Accreditation (NECPA)	<input type="radio"/>	<input type="radio"/>
d. National Association for Family Child Care (NAFCC)	<input type="radio"/>	<input type="radio"/>
e. Association Montessori International	<input type="radio"/>	<input type="radio"/>
f. American Montessori Society (AMS)	<input type="radio"/>	<input type="radio"/>
g. National After School Association	<input type="radio"/>	<input type="radio"/>
h. Other, please specify	<input type="radio"/>	<input type="radio"/>

Q24 Do you use Child Care Subsidy?

- Yes
- No

Q25 What prevents you from using Child Care Subsidy?

Q26 If any, what barriers have you experienced using Child Care Subsidy?

Q27 What limits have you set for using Child Care Subsidy, and why?

Q28 Which of the following has the greatest influence on the rates you charge to families?
Select one.

- Child care rates in the community
- Staff salaries and training costs
- Overall operating costs
- Use Child Care Subsidy/reimbursement rates
- Profit level desired
- Parents' ability/willingness to pay

Q29 What other factors impact your rates for children?

Q30 Are you interested in participating in paid opportunities (focus group, survey, interview, etc.) to share your opinions and experiences?

- Yes
 - No
-

Q31 Please provide your email address.

End of Block: Block C

Appendix B: Communication Materials

INITIAL POSTCARD MAILING – FRONT



Buffett Early Childhood Institute
at the University of Nebraska

2111 S. 67th Street
Suite 350
Omaha, NE 68106

RETURN SERVICE REQUESTED

<<Owner Name>>
<<Provider Name>>
<<Address 1>>
<<Address 2>>
<<City>>, <<State>> <<Zip>>

INITIAL POSTCARD MAILING — BACK

Login Identification Number:
<< Login Identification Number >>

Dear <<Provider Name>>,

We are asking for your help with the 2021 Nebraska Child Care Market Rate Survey. The purpose of the survey is to obtain licensed provider payment rates for child care across the state, which will be used to provide equitable access to quality child care for all young Nebraskans.

We ask that the director of your child care program complete the survey. This survey should take approximately 15 minutes of your time to complete. Your participation is voluntary, and your responses will be kept completely confidential.

Please use this link to access the survey: http://unomaha.qualtrics/MRS_2021.

You will need to use your unique **Login Identification Number** found in the upper right-hand corner of this postcard to access the survey.

We truly appreciate your time. Providers who complete the survey will be entered in a drawing for the chance to win one of three \$100 Amazon gift cards.

If you have any questions, please contact our help desk at (402) 554-6506. Thank you!

Sincerely,
Greg Welch, Ph.D.
Associate Director of Research and Evaluation
Buffett Early Childhood Institute
University of Nebraska

REMINDER POSTCARD – FRONT



Buffett Early Childhood Institute
at the University of Nebraska

2111 S. 67th Street
Suite 350
Omaha, NE 68106

RETURN SERVICE REQUESTED

<<Owner Name>>
<<Provider Name>>
<<Address 1>>
<<Address 2>>
<<City>>, <<State>> <<Zip>>

REMINDER POSTCARD – BACK

Login Identification Number:
<< Login Identification Number >>

Dear <<Provider Name>>,

Last month I sent you a postcard with a web address to fill out the Market Rate Survey. If you have already completed it, thank you! If not, the deadline is quickly approaching. Please fill the survey out at your earliest convenience. Remember to have the director of your child care program complete the survey so results will be valid.

Results from the survey will be used to set the Child Care Subsidy rates in Nebraska, allowing equitable access to quality child care across the state. Your participation is voluntary, and your responses will be kept strictly confidential.

Please visit this website to take the survey: buffettinstitute.nebraska.edu/mrs

You will need to use your unique **Login Identification Number** found in the upper right-hand corner of this postcard to take the survey.

We truly appreciate your time. Providers who complete the survey will be entered in a drawing for the chance to win one of three \$100 Amazon gift cards.

If you have any questions, please contact our help desk at (402) 554-6506. Thank you!

Sincerely,
Greg Welch, Ph.D.
Associate Director of Research and Evaluation
Buffett Early Childhood Institute
University of Nebraska

INITIAL EMAIL TO SURVEY NONRESPONDENTS

Greetings,

I work for the Buffett Early Child Institute and am working on the Market Rate Survey. We have been contacting all licensed Child Care Providers in Nebraska to obtain current childcare rates to determine the 2021-2023 subsidy reimbursement rates for Nebraska. We recently sent you a postcard with a web address to access the Market Rate Survey. The link is posted below for your convenience.

It only takes approximately 5-10 minutes to complete. It is intended to represent the prices currently charged for childcare across Nebraska. Your participation is completely voluntary, and your licensing status will never be affected by your responses. However, the input from your program is extremely important to us and it will be used to determine the 2021-2023 Child Care Subsidy reimbursement rates for Nebraska to allow equitable access to quality childcare for all Nebraskans. All responses will be kept strictly confidential and no identifying information will be available in any format in the final report.

<https://buffettinstitute.nebraska.edu/mrs>

Please use ID # _____ to sign in.

Thank you in advance for your time to complete the Market Rate Survey online. If you need any assistance, please feel free to contact me by phone or email.

SECOND EMAIL REMINDER TO SURVEY NONRESPONDENTS

Hello again << Program Name>>,

This is a second reminder to complete the Nebraska Market Rate Survey. It is extremely important to have as many providers complete this survey.

It only takes approximately 5-10 minutes to complete. It is intended to represent the prices currently charged for childcare across Nebraska. Your participation is completely voluntary, and your licensing status will never be affected by your responses. However, the input from your program is extremely important to us and it will be used to determine the 2021-2023 Child Care Subsidy reimbursement rates for Nebraska to allow equitable access to quality childcare for all Nebraskans. All responses will be kept strictly confidential and no identifying information will be available in any format in the final report.

Please use the link below to access the survey then enter the ID# shown that is for you.

<https://buffettinstitute.nebraska.edu/mrs>

ID # _____ to sign in.

We appreciate you taking the time out of your very busy day caring for children to assist with this. If you need any assistance, please feel free to contact me.



Buffett
Early Childhood
Institute

at the University of Nebraska

2111 S. 67th St., Suite 350

Omaha, NE 68106

402.554.2924

buffettinstitute.nebraska.edu

UNIVERSITY OF
Nebraska

