

## Survey Method Detail

### Mailing List Preparation

Providers were drawn from three lists provided by DECAL (dated August 29, August 31 and September 12) with a total of 17,794 records. A project database was set up for the purpose of developing the survey mailing and email lists and tracking survey returns. Duplicates in and among the three lists were identified, marked and excluded from any mailing/emailing. Duplicates were identified based on combinations of facility name (or provider name, for family and informal providers), location address (or mailing address, where no location address was available), and/or license number. Based on experience with previous projects, the information technology project manager conducted a manual review of the combined lists; completing a visual check in addition to automated comparisons results in a much higher rate of duplicates identified.

- Multiple, distinct providers listed at the same address - separate surveys were sent to both to increase the odds of receiving a response
- After-school programs sharing an address with a public school - a survey was sent to the public school only
- Providers with a primary address listing a state outside of Georgia and bordering states - surveys were not sent to these providers.

Using these rules, 6,519 of the original 17,794 records were identified as duplicates and removed from the project mailing list prior to the first mailing. An additional eight records were marked as duplicates during the survey period based on discussions with providers.

After duplicates were identified, the remaining records were each assigned a survey ID number. Records without identified counties were updated (based on zip code) to include a county, so that each record could be assigned to the appropriate Child Care Resource & Referral (CCR&R) region. Records in states/counties bordering Georgia were assigned to the closest Georgia region. Finally, the complete list was sent to a mail house, which verified addresses using US Postal Service software. Address corrections and forwarding addresses provided by the mail house were updated in the mailing list.

### Survey Design

The Georgia child care market rate survey was made available in three versions. One survey form was developed for center-based programs (licensed and license-exempt), one for public school-based programs, and one for family and informal child care providers. Separate questionnaires allowed for shorter surveys the school-based and family/informal providers, making participation less burdensome. This also reduced the number of non-applicable questions for any given respondent and thus, opportunities for confusion and inaccurate data.

The questions included in each version of the survey were developed in consultation with DECAL's research team, drawing from previous Georgia survey forms and from previous child care market rate surveys conducted by the principal investigator and project manager outside the state. Rates were collected by type of care, age of child, and rate cycle (e.g., monthly, weekly, daily, hourly).

Other topics covered in the surveys include accreditation, staff counts and education (center/program version), years in service, types of care provided, other services provided (e.g., transportation, care for medically fragile children), participation in state and national programs (e.g., Head Start/Early Head Start, the Child and Adult Care Food Program, Georgia lottery-funded pre-k, and Georgia's Quality Rated program), and subsidized child care.

All three versions of the survey were available on paper and as web-based forms. The same questions and answer choices appeared in the same order in both formats. However, the web-based forms enforced a greater degree of data validation. For instance, participants completing either version online were unable to advance through the survey without answering all required questions on each page. The web-based forms also prevented participants from reporting certain combinations of conflicting data by skipping unnecessary questions based on their answers to previous questions. Although the paper forms similarly directed respondents to skip questions based on other responses, participants using the paper forms had a much greater ability to leave questions blank, enter conflicting data, or provide incomplete answers.

The web-based forms were built using Adobe ColdFusion and Microsoft SQL Server and hosted on servers owned and maintained by Care Solutions. Data validation of the online forms was managed using ColdFusion code run each time the participant clicked the "Save and Continue" button on a form page. Compared to other methods for onscreen validation, this approach reduces the possibility for browser conflicts and ensures that the greatest number of participants is able to complete the web-based questionnaires without technical issues, regardless of their computer specifications.

The paper formats were translated into Spanish by project staff. The Spanish paper forms were available upon request. Spanish-language support was also available during business hours.

The paper survey forms were sent with a cover letter on DECAL stationery signed by Commissioner Amy Jacobs, and mailed in a window envelope bearing the DECAL logo. Copies of the paper survey versions are included in the appendices to the survey report.

### **Survey Distribution**

Information about the 2016-2017 Georgia child care market rate survey was sent to each non-duplicated provider a minimum of three times (for providers without email addresses) and up to seven times (for providers with email addresses). Survey communications included an announcement postcard to all non-duplicated providers, three mailings of the survey form with enclosed business-reply envelopes, and multiple personalized email announcements and reminders (e-blasts). As providers responded to the survey on paper or online, or as mail sent to them was returned as undeliverable by the postal service, they were removed from the list for subsequent mailings. Similarly, email addresses were excluded from blasts if the provider had already responded, a previous email had bounced back, or the provider requested to be contacted only via mail.

Following client approval of postcard text, project staff sent an announcement postcard (October 7) to each non-duplicated record in the mailing list. Additionally, an e-blast was sent (October 20) to providers with email addresses listed. These communications explained the purpose of the survey and alerted the

addressee to the upcoming survey; they included contact information for project staff and instructions in Spanish for requesting additional information and/or forms in Spanish.

After the center and family paper versions were approved (October 25 and October 27), the web-based versions were built, and the distribution materials were approved (October 31), the survey was released via email to those two groups October 31. Subsequently, the paper school version was approved (November 9), the web-based version was built, and the survey released to public schools via email November 15.

Each communication to providers from that point forward included the name of the provider/facility, the survey ID#, the web address for the online survey (url), contact information for project staff, a statement in Spanish, and a cover letter (or email section) describing the purpose of the survey. Survey mailings and e-blasts were tailored to the three groups: centers/programs, public schools, and family/informal providers. Following is a summary of the survey distributions.

<b>Distribution</b>	<b>Date(s)</b>
Postcard announcements	10/7/16
Email announcements	10/20/16
Center email	10/31/16
Family/informal email	11/1/16
Center and family/informal email reminder	11/7/16
Center and family/informal first mailing	11/15/16
School (LSS) email	11/15/16
Family/informal second mailing	12/8-9/16
School first mailing	12/8-9/16
Center second mailing	12/13/16
Family/informal third mailing	1/13/17
School second mailing	1/13/17
Center third mailing	1/18/17
“Final request” from Commissioner email distributed by DECAL	2/1/17
Survey officially closed	3/14/17

Although the survey proposal included only two full mailings, followed by a targeted mailing, the short project deadlines due to a delayed start and the lagging pace of business-reply returns prompted a third full mailing instead. The last online response was received March 1, and mail received through March 14 was processed and included in survey responses and returns. Mail received after that date was not processed or included.

Center and school-based programs were offered the opportunity to complete a customized spreadsheet for multiple sites. Three sets of providers utilized this survey response option.

One chain of centers received surveys for only a few sites and emailed a request for additional survey ID#s. These newly-acquired sites were not in the original lists provided by DECAL. Project staff created new records for them in the project mailing list, assigned survey ID#s, and sent surveys to these centers.

### **Additional Survey Promotion**

The state's six Child Care Resource and Referral Agencies were notified of the survey via email (November 6) and provided with the project url and a sample survey ID#; reference copies of the paper survey forms in English were attached. They were invited to try out the online version and asked to support the survey effort and encourage local child care providers to participate.

### **Survey Support**

Throughout the project, project staff offered phone and email support to providers (in English and Spanish) through a dedicated phone line and email address. Most providers who called or emailed had questions about the purpose of the survey or their inclusion in the mailing list, needed help locating their survey ID# and/or the project url, wanted to be removed from the mailing list because they did not currently provide care, or had problems answering specific survey questions.

Common questions about survey content included:

- Confusion between state licensing and national accreditation
- Uncertainty about reporting services at a site serving multiple roles (e.g., a public elementary school with lottery-funded pre-K classrooms and an afterschool program; or a private facility offering full-day private pre-k, half-day private pre-k, before- and afterschool care, and summer care for school-age children)
- Uncertainty about reporting rates at a site offering multiple services at different costs, charging a range of prices for the same service (often based on income or family size), or setting rates on a different cycle from those specified on the questionnaires (e.g., annual tuition or monthly rates)
- Definitions of unfamiliar terms, especially CAPS

If providers had difficulty answering all required questions while using the web-based forms, project staff encouraged them to respond on paper instead for greater flexibility.

Because mailings and e-blasts were sent at relatively short intervals during the survey period, many providers called and emailed to say that they had already completed the survey but received a second copy or additional e-blast, or to ask whether a previously completed survey had been received.

A handful of providers stated that they refused to complete the survey, or would not complete it unless it was required. Project staff acknowledged that it was not required, but encouraged them to participate. Those providers were removed from the e-blast list at their request, but continued to receive mailings throughout the survey period.

### **Response Processing**

Providers who completed the survey online accessed the web-based forms at the project url using their survey ID# and the zip code (mailing or location) of their program; requiring the zip code as well as the survey ID# reduced the chances of accidentally reporting data under the wrong survey ID#. After entering those numbers, providers were shown the name (or facility name) of the associated provider as well as the mailing address (and location address, if any) to verify that they were viewing the correct record. They then were asked the single question, "Do you currently provide early care and education?" Providers

answering “No” to this question were taken directly to a thank-you page and their surveys were marked as completed; providers answering yes were taken to the next page and through the remaining sections of the survey. Providers could revisit and review or edit their responses an unlimited number of times during the survey period, whether or not the survey had been marked as completed.

Project staff processed returned paper forms and undeliverable mail each day during the survey period. Mail returned as undeliverable was marked "Bad Address" or "No Mail Receptacle", depending on the postal service's note. If a second address was available for the provider, that address was attempted in a subsequent mailing; if not, the provider was removed from the mailing list. (Providers with undeliverable mailing addresses but valid email addresses continued to receive e-blasts, however.) Completed paper forms were marked with the received date. Several respondents opted to hand-address envelopes rather than use the enclosed business-reply envelopes. In some cases, they mailed their completed surveys to DECAL rather than to the survey address noted in the instructions. As these forms were forwarded to project staff by DECAL, they were processed in the same manner as other paper forms.

Providers who called or emailed to say they no longer provided care were not required to complete an online or paper form, although most of them did. Project staff marked their responses directly into the tracking database, including the date of the message.

All responses for a survey record - including online records, paper forms, and telephone/email messages from those not providing care - were recorded in the tracking database. However, each survey record is counted only once in the response report. For the purposes of reporting returns and responses, project staff used the following hierarchy (in order):

1. Any survey completed online was counted as "Completed Online"
2. A returned paper form was counted as "Received"
3. A provider who called or emailed to say they no longer provided care was counted as "Received"
4. A survey started online and completed through the rate section, but not to the final screen, was considered “mostly completed” and counted as "Completed Online"
5. A survey returned as undeliverable by the postal service was counted as "Bad Address"

If a provider returned a second copy of a survey, the new received date was not entered, and the second form was filed. If a provider returned a paper copy of the survey as well as completing the online form, the received date was entered, and the online form was checked for completeness and updated as appropriate.

Returned paper forms that could not be entered because they were blank, illegible, or could not be interpreted were marked "Unusable" and are not counted in the survey responses. Survey records started online but not completed at least through the rate section were also not counted.

### **Survey Response**

In 2016-2017, Georgia had a relatively high rate of online completion. More than 60% of providers who completed the survey used the web-based forms, including 71% of all center-version respondents and 38% of family-version respondents. Technological problems seem to have been extremely rare: most providers who started an online form completed it at least as far as the rate questions. Only 136 providers

who began the survey failed to provide enough data (either online or on paper) to be counted as a response.

Only one respondent requested and returned a completed Spanish survey form.

The survey was closed as of March 14, with the last online response received on March 1. Paper survey forms received through the morning of March 14 were processed and included in the response rate and data analysis. Mail received after that date was kept but not processed.

See Appendix II for a report of survey responses and returns through March 14, 2017, by provider type, child care resource and referral agency region, and state.

### **Data Cleansing and Anomalies**

As described above, both the paper versions and the web-based versions guided respondents to enter consistent, interpretable data; the web-based versions, in particular, required answers to most questions and prevented respondents from entering certain combinations of conflicting data.

To ensure meaningful reporting on survey data, the project manager individually reviewed each paper form and made any necessary corrections before data entry by project staff. In most cases, only minimal corrections were necessary to make forms internally consistent. The most common changes to paper forms were marking a time (e.g., weekday, weeknight) or type (e.g., full-time, part-time) of care as being provided in a previous question to correspond with the rate categories reported by the provider; these flag fields help to identify groups of similar providers for later analysis.

Other frequent corrections included:

- For questions where providers marked multiple answers to a single question, selecting the appropriate response (e.g., the highest education level for a family or informal provider, or the middle of a range of salaries reported by a center provider).
- For questions with two parts - typically a yes/no question followed by an "If yes, then..." question, or a yes/no question followed by a blank for more information - the project manager completed the yes/no portion of the question when the following response indicated the answer to the question.
- For center surveys where counts of staff varied widely between questions, inconsistent answers were excluded.

Where a provider's rates did not fit the form questions (e.g., providers who indicated they charge monthly or annual rates or attached a printed schedule of rates), the project manager calculated the weekly or daily rate using the following guidelines:

- For any range of rates within an age group, the highest value is the rate
- Private pre-k tuition for "annual" or nine-month programs equals 36 weeks
- A month of care equals 4.2 weeks
- One day of before-school care equals one hour
- One day of afterschool care equals three hours

All changes and corrections were marked and initialed on the forms. For all questions, including rates, if the answer could not be entered as marked and an informed correction was not possible, the entire question was excluded from data entry. If a provider left a question blank, the question was also excluded from data entry. Almost all rates were entered exactly as marked, with two exceptions:

- If a provider reported an identical dollar amount for one week and for one day of care (for the same age group and type of care), the project manager identified the less-likely data as an error (based on other responses) and excluded it.
- Second, if the numbers recorded by the provider in the rate section were clearly enrollment numbers rather than rates, they were excluded.

At the close of the survey period, after the web-based forms were closed and project staff had completed data entry on all paper forms, the project manager archived a copy of the data tables before creating a series of custom anomaly reports with the principal investigator. These reports were written to identify possible problems with data collected in either format. These reports identified errors on paper forms missed during the project manager's data cleansing, typos by the data-entry staff, and inconsistent online responses not prevented by the logic built into the web-based forms. For paper forms, the project manager checked each apparent anomaly against the original form, and either corrected the form and updated the data tables or verified that the response was entered correctly. For online forms, corrections were limited primarily to the flag fields for time and type of care mentioned above, inconsistent counts of center staff, and obvious typos in rate data (such as weekday care rates of \$110, \$110, \$1100, and \$110 reported for the four age groups).

Additionally, several providers with exceptionally high rates were contacted directly or websites searched for tuition information, and it was determined that some of the reported rates were actually monthly, so rate data were adjusted accordingly. Similarly, a few family providers with very high enrollments were contacted and that data corrected as well.

### **Data Verification**

As a final step in verifying the data collected through the survey forms, project staff conducted verification calls to ten percent of all respondents (including online and paper responses as well as providers who called or emailed to say that they did not provide care). (See Appendix IX for method and results.)