Design Phase of the National Study of Child Care Supply and Demand (NSCCSD):

Feasibility Test Report

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Contract HHSP23320045020XI
Task Order HHSP233200700005T

January 31, 2009

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The views expressed in this report are those of the author(s) and do not necessarily reflect the opinions or policies of the Administration for Children and Families or the U.S. Department of Health and Human Services.

Suggested citation for this report:

Bowman, M., Connelly, J., Datta, A. R., Guiltinan, S., and Yan, T. 2010. *Design Phase of the National Study of Child Care Supply and Demand (NSCCSD): Feasibility Test Report.* Chicago: NORC.

I. Introduction

This report describes the feasibility test conducted for the Design Phase of the National Study of Child Care Supply and Demand (NSCCSD) and articulates implications from that test for the NSCCSD main study. The purpose of the feasibility test was to inform the implementation of the National Study of Child Care Supply and Demand with design options to match research goals and budget constraints. The NSCCSD design includes three survey instruments: parent/household (demand), center-based provider (supply), and home-based provider (supply). A significant advantage of the NSCCSD over recent studies is the dual emphasis on both the supply and demand sides of the market. The two have not been studied together in a nationally representative study in two decades. In fact, a comprehensive nationally representative supply-side profile has not been constructed since that time. In addition to replicating the breadth of the supply-side profile from the 1989-1990 studies, the NSCCSD design aspires to include the family, friend, and neighbor sector of providers, which would be a significant expansion over the previous design. Also on the supply-side, the previous studies included only providers that served pre-school (and possibly other) children. The current proposal for the NSCCSD includes school-age-only programs and other providers that serve the under-13 age group, whether or not these programs and providers offer pre-school services.

The feasibility test was a necessary component of this study and was used to estimate costs and to construct questionnaire, sampling, and data collection methodologies most likely to function well in the main study. The feasibility test included the administration of the three questionnaires developed as part of the Design Phase: the household demand questionnaire, the home-based provider questionnaire, and the center-based provider questionnaire. In addition, an after-school screener was administered to assess the accuracy of after-school care provider lists built through our sample frame construction methodology, and to determine eligibility rates of providers found on those lists. Qualitative interviews were also conducted to gain greater insight into how child care providers and parents answer questions about classroom activities, finances, and subsidies.

This multi-faceted effort sought to answer questions in several different areas:

Questionnaire Performance:

- How well do the questionnaires function in terms of length of administration, respondent ability to answer questions, and rudimentary review of collected data?
- Do comparisons of parent reports with provider records indicate that the quality of subsidy information is adequate for inclusion of these items in the main study?
- What questionnaire changes are advised based on investigation of proxy reporting in large providers, especially regarding financial data and/or staff characteristics/classroom practices?

Defining the Market:

- What overlap do we see geographically between providers used by the household survey respondents and providers sampled for the supply side?
- What are the implications for the appropriate degree of overlap of provider and household sampling areas for the main study?

Provider Sampling:

- Is direct screening for informal care providers feasible, and does it seem to impose excessive burden on selected households?
- Is sampling through household interview nominations feasible for (unlistable) center-based after-school providers and/or for informal care providers?
- Is the proposed strategy for building frames of providers cost effective and does it yield adequate coverage of programs? What level of screening of potential programs would be required for the main study?

Data Collection Issues:

- What privacy issues will be particularly important to tackle, for example, in collecting geographical and other identifying information from households, in collecting provider identifying information from households, and possibly in collecting releases for administrative data?
- What staff positions in larger programs are likely to be associated with highest quality responses? What operational issues are associated with trying to pursue those respondent types exclusively or primarily?

In the remaining six chapters, this report will outline the procedures used in these multiple data collection efforts, along with the results of each effort and a discussion of its implications for the main study. Chapter II focuses on the frame-building exercise for the provider surveys, discussing how the sampling frame was built and its strengths and weaknesses. Chapter III turns to the household demand survey. Chapters IV and V deal with the provider surveys, providing an overview of sampling and data collection procedures. In Chapter VI, we discuss the results from the administration of the after-school screener. Finally, Chapter VII covers the qualitative interviews, discussing what we learned from the ways in which respondents answered the questionnaires.

II. Frame-Building for Provider Survey

No sampling frame exists currently that includes all of the types of providers called for in our design. The Revised Sampling Report by Wolter, Goerge, et al. (March 2009) describes a process that was implemented for the feasibility test in the four counties of the test. This chapter describes the steps taken to construct the frame and our resulting recommendations for the main study.

The purposes of the frame construction for the feasibility test included:

- Assessing the quality of a frame to be constructed using the process described by Wolter, Goerge, et al.
- Assessing the effort required to construct a frame in this manner.
- Developing a frame for fielding the feasibility test provider surveys.
- Developing a frame for use in the "provider lookup" built into the CATI demand survey for precise identification of "listable" providers.

A. List Acquisition by Strata

Licensed/Registered State Records

Alabama. The Alabama Department of Human Resources (DHR) maintains an online directory of Child Care Centers available at http://www.dhr.state.al.us/daycarehome.asp. This directory is searchable by county or zip code and includes both licensed and license-exempt centers. In addition to this online directory, the Montgomery office of the DHR mailed us a hard copy of the licensed day care centers, and licensed family and group day care homes. The information in the online directory was easy to access, search by county, and copy into a

spreadsheet format. Obtaining the lists of family and group day care homes was more difficult. It took about two weeks of phone calls before finding and making contact with the appropriate DHR office and staff person who could provide a list of licensed family day care homes.

Peoria. The list of child care centers and homes in Peoria County were pulled from Chapin Hall's Integrated Database on Children's Services in Illinois, which links the administrative data from multiple service agencies. The database includes regularly updated information on child care licensing and registration and identifies the provider (name and address), the facility (name), and the provider's license type (status, date, and approval code).

Head Start

Alabama and Peoria. The Office of Head Start (OHS), Administration for Children and Families (ACF), Department of Health and Human Services (DHHS) maintains an online database of Head Start grantees (agencies that receive grant awards directly) and delegates (agencies who contract services with grantees) at http://eclkc.ohs.acf.hhs.gov/hslc/HeadStartOffices. Head Start and Early Head Start programs are identified, as are programs designed to serve unique populations such as American Indian-Alaska Native and Migrant and Seasonal Head Start. The directory is searchable by name, address, grant number, city, state or zip code and will search a radius between a quarter mile and 100 miles around any of those options. To capture all Head Start programs within the designated counties, staff entered search terms for a radius of 50 miles around the zip code most central to the Alabama three-county area (zip code 35126) and 25 miles around the zip code most central to Peoria County (zip code 61528).

Church-Based

The Revised Sampling Report suggested using American Church List (ACL) data to identify faith-based child care programs for the sampling frame. There is no flag in the ACL dataset to identify religious institutions with child care programs that meet the eligibility criteria of this study. There are two potentially relevant flags, one for whether or not the institution has a children's ministry, and one for whether or not the institution has a school. There is no evident definition for what qualifies as a school, and it seems that K-12 schooling, Sunday school for religious training, and pre-schools might all qualify. We acquired from ACL all religious institutions within our four feasibility test counties, and the relevant flags for these programs. Even using these flags, the number of potential institutions identified was very large relative to the number of child care programs in the sampling frame for all other strata.

At the same time, we observed that the sampling frame built from other lists contained large numbers of programs whose names suggested associations with faith-based institutions (e.g., programs named "Church of ____ Pre-School"). We made attempts to develop a method for identifying faith-based programs in the ACL data by examining the data records of those faith-based programs that we had already identified. We also designed a data collection effort to contact religious institutions from the ACL data to check on the existence of eligible child care programs associated with those institutions, but quickly determined that the necessary sample sizes adequate for drawing inferences would exceed our data collection capacity.

As an alternative, we consulted the Child Care Resource and Referral (CCR&R) data for Peoria County and determined that there were seven unlicensed programs there that were not appearing in the sampling frame. Three of these were associated with churches. We then consulted the Birmingham area, but did not identify any additional programs. As shown in the Appendix below, we identified those states that exempt faith-based programs. Most of these states maintain lists of license-exempt programs that can be incorporated into the sampling frame. For those few states that do not maintain lists of license-exempt programs, comparison of the local CCR&R data with the sampling frame is likely the most cost-effective way of incorporating missing programs. We do not recommend CCR&R data as a primary source because of the low level of effort required to build sampling frames at the state level, and because of our findings that CCR&R data differ from state-level data primarily for providers that do not appear on state lists. Areas of non-coverage can be determined by consulting state regulations, thus substantially reducing the number of CCR&Rs to consult and the effort required.

School-Based

We also collected a list of schools in all four counties from Quality Education Data (QED), which included public, private, and parochial schools, with the assumption that these schools would represent the universe of potential school-based programs, many of which are license-exempt. In order to learn how comprehensive the lists are, we conducted a screening task of schools listed in the QED file. This task involved contacting all K-6 schools in each feasibility test site to see what child care services (i.e., early childhood and before and after-school care) they have available to their students (both on-site and off). An NORC field manager called each school from the list and spoke to a person knowledgeable about the before or after-school programs for children at that school. These included programs run by the school on-site, run by other organizations and providers on-site, or programs run by the school at another location. The screener also asked if any

pre-kindergarten (pre-K) programs were located on-site as well as any additional types of programming for children under age 13 that had not been mentioned previously. For each program mentioned, a field manager recorded the program name, type, relationship to school (i.e., part of school, contracted by school, etc.), program school, and contact information.

In total, 250 schools were screened across four sampled counties. The following table lists the total number of school in each county and breaks down the number that had eligible child care programs. There were few problems finding someone at the school who was able to answer the questions, although requests for contact information or the name of the person in charge of programs were sometimes harder to fulfill. Because of delays in completing this task, we decided to discontinue the Birmingham city school screening effort, since Birmingham city was not in the sample and had only been included since some Jefferson County residents outside of Birmingham city might have attended programs within the city limits. The vast majority of unscreened schools were in this category (30 of the 35 unscreened schools).

Table II-1. Number of Eligible and Non-Eligible Programs by County

County	Total # of Schools	Schools with Eligible Programs	Schools with No Eligible Programs	Schools Not Screened
Blount	11	8	3	0
St. Clair	18	9	6	3
Jefferson	163	114	19	30
Peoria	58	49	7	2
Totals	**250**	**180**	**35**	**35**

The following tables break down the eligible programs screened at these schools by program type, state, and relationship to school. The key below denotes the program types.

Table II-2. Type of Eligible Programs by State

Types of Programs	AL	IL	Total
School offers before/after-school care on-site	57	22	79
Before/after-school care offered on-site but not run by school	59	10	69
Schools coordinates with before/after-school care offered off-site	5	8	13
Pre-K program on-site	63	39	102
Other child care services located on-site	5	2	7
Not available		1	1
Total	**189**	**82**	**271**

Table II-3. Type of Eligible Program by Relationship with School

Relationship to School	Part of School	Contracted by School	No Relationship with School	Other Relationship*	Total
School offers before/after-school care on-site	60	1	1	17	79
Before/after-school care offered on-site but not run by school	2	8		59	69
Schools coordinates with before/after-school care offered off-site	1	1	3	8	13
Pre-K program on-site	67		2	33	102
Other child care services located on-site	3		2	2	7
Not available				1	1
Total	**133**	**10**	**8**	**120**	**271**

* included programs run by school district, county, state or federal government, and other organizations that had an unspecified relationship to school

Table II-4. Total Number of Programs at Schools by State

# of Programs at School	Total	AL	IL
1	98	80	18
2	74	48	26
3	7	3	4
4	1	1	0
Total Number of Schools	**180**	**132**	**48**
Total Number of Programs	**271**	**189**	**82**

The school screening effort was important in identifying schools with after-school programs and with pre-K classrooms, but very few other early childhood programs were identified. The QED file includes a flag for PK/K, but it is not possible to distinguish programs with pre-kindergarten from those with only kindergarten.

Other After-School

We began our list of other after-school programs by checking the Statewide Networks site at http://www.statewideafterschoolnetworks.net/. Illinois' statewide after-school network is made up of the Illinois After School Partnership (IASP) and the Illinois After-School Alliance. The Illinois After-School Partnership maintains an online directory searchable by county at http://www.illinoisafterschool.net/directory.asp. While the directory is not a complete listing of after-school programs, staff at IASP have worked with partner agencies to make it as inclusive as possible. Most of the programs we found in Peoria County were listed in this directory. Alabama is not currently participating in the Statewide Networks.

For both Peoria County and the Alabama Counties we searched the following national directories:

- Boys and Girls Club National Website Directory http://www.bgca.org/
- YMCA National Website Directory http://www.ymca.net/
- YWCA National Website Directory http://www.ywca.org/

In Alabama we also searched the following:

- United Way Online Directory (searched on "Youth Enrichment Programs") http://www.refersoftware.com/uwca/
- City of Birmingham Youth Services Division www.bhamyouthfirst.org
- Birmingham Public Library System http://www.bplonline.org/
- Birmingham Park and Recreation Board 205-254-2391

In Peoria County we also searched the following:

- Peoria Park District http://www.peoriaparks.org/
- Peoria Public Library http://www.peoriapubliclibrary.org/
- United Way of Peoria County (Heart of Illinois) http://www.hoiunitedway.org

We also did an online yellow pages search for youth organizations; however, most of the organizations that came up were single activity sports leagues, and those organizations that did provide qualifying after-school programs according to our criteria were already on our provider lists.

B. Deduplication at Address Level

Using ArcGIS we geocoded the provider location for each of the above lists.[1] The lists were then merged together in SAS on their x and y coordinates, and program names and types were concatenated. The following table shows the different combinations of programs offered at one location, and the number of locations offering that combination of programs by state.

[1] We were unable to locate 56 of the churches and four K-6 programs in Alabama because they had incomplete addresses.

Table II-5. Number of Locations with Different Program Combinations by State

All Child Care Program Types at a Single Location	Number of Locations		
	AL	IL	Grand Total
Before/After-School Program	20	13	33
Before/After-School Program, Child Care Center	3	3	6
Before/After-School Program, Child Care Center, Head Start	2		2
Before/After-School Program, Child Care Center, Head Start, K-6	2		2
Before/After-School Program, Child Care Center, Head Start, K-6, Pre-K	1	1	2
Before/After-School Program, Child Care Center, K-6	5	1	6
Before/After-School Program, Child Care Center, K-6, Church	2		2
Before/After-School Program, Child Care Center, K-6, Pre-K	9		9
Before/After-School Program, Child Care Center, K-6, Pre-K, Church	6		6
Before/After-School Program, Child Care Center, Pre-K	2		2
Before/After-School Program, Church		1	1
Before/After-School Program, Head Start, K-6, Pre-K		1	1
Before/After-School Program, K-6	62	10	72
Before/After-School Program, K-6, Church	1		1
Before/After-School Program, K-6, Pre-K	22	18	40
Before/After-School Program, K-6, Pre-K, Church	1	1	2
Before/After-School Program, Pre-K		2	2
Child Care Center	234	34	268
Child Care Center, Church	128	12	140
Child Care Center, Head Start	8	4	12
Child Care Center, Head Start, Church	2	1	3
Child Care Center, Head Start, K-6	5		5
Child Care Center, K-6	1	2	3
Child Care Center, K-6, Pre-K	1	2	3
Child Care Center, Pre-K	1		1
Church	1545	233	1778
Day Care Home	129	124	253
Head Start	57	13	70
K-6	53	11	64
K-6, Church	5	1	6
K-6, Pre-K	5	7	12
K-6, Pre-K, Church	5	2	7
Pre-K		1	1
Grand Total	**2317**	**498**	**2815**

The following table shows the number of unduplicated child care programs or churches operating at one location, and the number of locations offering that number of programs by state.

Table II-6. Number of Unduplicated Child Care Programs by State

Number of Unduplicated Child Care Programs	AL	IL	Total
One Program	2038	429	2467
Two Programs	213	42	255
Three Programs	45	24	69
Four Programs	14	2	16
Five Programs	7	1	8
Total	**2317**	**498**	**2815**

For the supply survey, the sampling unit is street addresses. In other words, addresses are sampled and we interview either a random one, or a subsample, or all child care programs locating on the same address. Ideally, we would like to know the number of child care programs associated with each sampled address before interviewers visit the address in the field so that random selection can be done ahead of data collection. In reality this may be infeasible if not impossible. However, it is still critical to have a sense of the average number of programs associated with street addresses. We took advantage of two data sources to understand the multiplicity of child care programs. The first source is the sampling frame constructed for the feasibility test. The second is the list of child care programs provided by respondents to the center-based provider questionnaire. We first discuss the extent of multiple programs in the two data sources. Then we compare the two data sources to understand the overlap between the two data sources and to evaluate the quality of the two sources.

1. Average Number of Programs per Address

The sampling frame for the feasibility test includes 964 unique addresses and 1133 programs, an average of 1.2 programs per address.

Fifty-one sampled addresses completed the center supply questionnaire and rostered 83 programs, an average of 1.6 programs per address. However, we noticed that some of the child care programs rostered by respondents are not considered "eligible" for the supply survey (e.g., summer care programs).

2. Overlap between the Sampling Frame and List of Programs from Center Supply Survey

Among the 51 sampled addresses that completed the center-based provider questionnaire, 14 of them did not provide a program name on the questionnaire. We deleted them from the overlap analysis. The analysis is done on the rest of 37 sampled addresses that provided program names. The 37 addresses yielded 69 programs in total, an average of 1.9 programs per address. The increase in the average number of programs is artificial and can be explained by the dropping of the 14 addresses that didn't report a program name as all of them rostered only one program.

Among the 69 programs collected from the questionnaire, 39 are also found on the sampling frame, and 30 are new programs reported by respondents. Six of the 30 programs reported by respondents are not eligible for the supply survey.

Even though respondents rostered more programs than what is indicated by the sampling frame, the information provided by respondents is not very useful for sampling purposes. First of all, about 20% of their reported programs are actually not considered eligible for the supply survey. In addition, respondents sometimes reported "half-day pre-K programs" and "full-day pre-K programs" as two separate programs, which inflated the number of programs per address. We believed that our sampling frame would be the best source for measuring the average number of programs per address and that it probably best reflects the reality for sampling purposes better than respondent reports.

C. Assessments of Frame Quality

The quality of the frame was checked through four exercises:

1. Comparison of the frame with data from the local Child Care Resource and Referral Agency. Discrepancies were negligible and it was not always clear which was more accurate.

2. Use of the sampling frame as a provider look-up table in the demand survey. Demand survey respondents were asked to list each provider they used for care. All providers reported by respondents either appeared in the frame, or were determined to be out of scope for the sampling frame. (There were several programs reported adjacent to, but outside of, the three feasibility test counties in Alabama.)
3. Completion of an after-school eligibility screener with all identified school-age programs. The results of this exercise are found in Section VI of this report.
4. Comparison of the frame with responses from the provider questionnaire in which respondents were asked to list all programs located at the sampled address serving children under the age of 13. This comparison is discussed above in Section B.

Altogether, we find the quality of the frame very high, and the cost of construction manageable.

D. Implications for Main Study Design

The sampling frame constructed for the feasibility test performed well on a variety of measures. Even so, we recommend several changes to the protocol for sample frame building in the main study.

1. State-level lists of licensed programs, including centers and home-based providers.
2. Where applicable, lists of license-exempt providers should also be reviewed to identify providers who might be eligible for the main study and should therefore be added to the frame.
3. Head Start lists of programs.
4. Pre-K providers excerpted from the Common Core of Data. (This does not cover private schools participating in pre-K.) Contact state agency with authority over pre-K. If applicable, incorporate list of pre-K providers that are not housed in public schools.
5. Include all schools offering one or more grades K-6 as listed in the Quality Education Data file. These schools will be an over-representation of school-based pre-K and after-school programs. It is not cost-effective to pre-screen all of these schools in advance. Rather, we recommend grossing up the school-based programs selected for the supply survey, with the expectation that approximately 35% will be ineligible for the study.

6. There are two steps that are sufficiently labor-intensive that they could be completed once first-stage PSUs or even second stage sampling units have been selected. These include:
7. School-age programs other than school-based. Protocol from sampling report involves contacting YMCAs, Boys and Girls Club offices, United Way, Parks and Recreations districts, and Community Development Block Grant lists to identify potential school-age programs.
8. Where license-exempt lists are inadequate, Child Care Resource and Referral lists may be required for completion of the frame in specific local areas. This step is not necessary for home-based providers, who should be identified through the demand-side screening activity if they do not appear in the sample frame.

Appendix. From: The 2007 Child Care Licensing Study, Prepared by the National Child Care Information and Technical Assistance Center and the National Association for Regulatory Administration, February 2009, pgs. 40-41.

http://www.naralicensing.org/associations/4734/files/2007%20Licensing%20Study_full_report.pdf

B. Exemptions from Licensing

In addition to defining center-based facilities that are required to be licensed, licensing regulations in all states that license centers also define facilities that are not required to be licensed (i.e., those that are exempt from licensing). Table 3.4 provides a list of facility/program types that are identified as exempt from licensing in child care center regulations.

Table 3-4. Types of Center-Based Facilities/Programs Exempt From Licensing*

Facility/Program Type	Number of States	State
Facilities that provide services where parents are on the premises and accessible (e.g., shopping malls, resorts, and/or health clubs)	27	AK, AL, CA, CO, CT, DE, FL, GA, IA, IL, KY, MD, MN, NC, ND, NH, NJ, NM, OK, PA, SC, TN, TX, VA, WA, WI, WV
Facilities with small numbers of children in care	26	AK, HI, IA, IL, KS, KY, ME, MO, MS, MT, ND, NE, NJ, NV, NY, OH, PA, SC, SD, TN, TX, UT, VA, WI, WV, WY
Recreation programs, instructional classes for children, and/or club programs (e.g., Boys and Girls Clubs)	25	AK, AL, AZ, CA, CT, GA, IA, IL, KY, MD, MN, MS, NC, NE, NH, NJ, NM, NY, OK, OR, TN, TX, VA, VT, WI
Day camps (summer, seasonal, etc.)	22	AK, AR, DE, FL, GA, IA, KY, LA, MD, ME, MN, MO, ND, NE, NJ, NM, NY, OH, RI, SC, TN, TX
Facilities operating part-day or for a small number of hours per day/week (including nursery schools, preschool programs, kindergarten programs, and Head Start programs)	19	AK, AL, AR, CA, FL, GA, IL, IN, KS, LA, MO, NC, ND, OK, OR, RI, SC, WA, WI
Preschool programs operated by public schools or systems	19	AL, CT, DE, FL, IA, IL, MA, MN, MO, NC, NE, NH, NJ, NM, NY, OK, OR, WV, WY
Facilities that provide services during religious services	17	AZ, CO, DC, IA, IL, KY, MA, MI, MN, MO, ND, NH, NJ, PA, TN, VT, WV
Programs that offer religious instruction	17	AZ, CO, CT, IA, IL, MA, MD, MI, MN, MO, ND, NE, NJ, NM, NY, TX, VA
Preschool programs approved by state departments of education	17	AK, CT, DE, FL, IA, IL, KY, ME, MS, NE, NJ, RI, TN, TX, VA, VT, WV
Arrangements in which services are provided by relatives or parents/guardians of children in care	15	AK, AZ, CA, CT, MA, MT, NE, NH, NV, OK, OR, PA, VT, WA, WY
Facilities operated by religious organizations	12	AL, AR, FL, IL, IN, LA, MD, MO, SC, TN, UT, VA
Facilities that provide services irregularly/occasionally	11	AK, CO, DC, MA, NE, NJ, NV, OR, UT, VT, WY
Preschool programs operated by private schools or systems	11	AL, CT, DE, FL, IA, IL, NC, NH, NJ, NY,
Facilities operated by local, state, or federal government agencies	10	AL, CO, IL, NJ, NM, OK, OR, TX, WA, WY
Facilities that provide services on military installations/bases	4	AK, KY, TX, WA

N=50 states, excluding ID*Some states define multiple types of facilities that are exempt from licensing.

III. Demand Survey

A. *Sampling*

Sample Design

The sample design proposed for the main study demand survey is an address-based sample, which offers superior coverage to most other alternatives. The time and money requirements of address-based designs, however, exceeded what was available for the feasibility test. In addition, it was felt that feasibility of the address-based design would be better determined by examining other large-scale studies than by mounting the small-scale efforts that would have been possible within this feasibility test. The demand survey feasibility test therefore focused on testing the screening procedures and general functioning of the instrument rather than the data collection approach per se. For this focus, a multi-stage random-digit dial sample design with telephone data collection was implemented

In addition, the proposed core sample design for the main study starts with a stratified probability sample of primary sampling units (PSUs) representative of all geographical areas in the 50 states and the District of Columbia. The PSUs would be stratified by state and should be allocated in proportion to a certain measure of size. For the feasibility test, however, we purposively selected two PSUs: Peoria, IL, and Birmingham, AL.

The second stage of sampling proposed for the main study is a probability sample of secondary sampling units (SSUs) within each selected PSU. Residential addresses will then be selected in the sampled SSUs at the third stage sampling. An oversample of low-income households is built in at this stage.

In the feasibility test, SSUs are telephone area codes/exchanges associated with the PSUs. We first determined the counties to be included in the PSUs. Peoria itself is a county and Birmingham AL PSU consists of Jefferson, Blount, St. Clair, and Shelby Counties. We excluded Birmingham MSA from Birmingham AL PSU.[2] We then determined the area codes and exchanges

[2] To exclude Birmingham, we identified census tracts that are within the Birmingham MSA. If the census tract borders Birmingham and another area and if more than 50% of the tract is within Birmingham, we excluded them.

associated with each of the counties within a selected PSU. Incidence rates, which indicate how many of the exchanges are in the area of interest, were used to filter the exchanges so that we only included exchanges where more than 50% of the telephone numbers within the exchanges were inside the area of interest. We also made sure that the selected exchanges covered most, if not 100%, of the area of interest. Among all eligible exchanges determined, we selected a list-assisted 1+ RDD sample for each given PSU. There was no oversampling on low-income households in the feasibility test.

Table III-1 demonstrates the calculation of the number of telephone lines needed to be drawn in each PSU in order to achieve 100 eligible households. We drew on NORC's experience with the National Immunization Survey (NIS) to determine the various rates used in the sample size calculations (e.g., resolution rate, working residential number rate, and screener completion rate).[3] The eligibility rate was first calculated using the 2006 American Community Survey (ACS). The ACS indicates that, at the national level, about 27% of households have at least one child under the age of 13. However, screening surveys encounter an important degree of undercoverage, ranging from 20 to 40% depending on the mode of interview. That is, the survey may screen-in 20 to 40% fewer eligible households than would be indicated by census statistics. Telephone surveys typically experience the upper end of this undercoverage range, while face-to-face surveys may experience the lower end of the range. We assumed a 40% underreporting by household informants, and used 16.2% (=27%*.60) for sample size calculation. We assumed the interview completion rate to be 82% as it is assumed in the sampling report.

[3] The NIS is one of the largest RDD surveys in the world and NORC has been conducting it since 2002. We believe that the rates borrowed from the NIS (i.e., resolution rate, working residential number rate, and screener completion rate) are good indications of what would likely be achieved in a large-scale survey implementation.

Table III-1. Sample Size Calculations and Rates Assumed

	Peoria County, IL		Birmingham, AL		Total
	Rates Assumed	Sample	Rates Assumed	Sample	
Number of Lines Actually Drawn		5,700		6,510	12,210
Number of Telephone Lines to Draw	150%	5,642	150%	6,505	12,148
Number of Telephone Lines Needed	50.00%	3,761	50.00%	4,337	8,098
Resolved Telephone Numbers	79.66%	2,996	78.66%	3,412	6,408
Working Residential Numbers	23.90%	716	21.32%	727	1,443
Screened Households	86.21%	617	84.87%	617	1,235
Eligible Households	16.20%	100	16.20%	100	200
Interviewed Households	82.00%	82	82.00%	82	164

Table III-1 indicates that 8,098 telephone lines are needed to achieve 200 eligible households in the two PSUs and obtain 164 completed household interviews. We added a 50% buffer sample to the needed sample lines and intended to draw 12,148 telephone numbers. We actually purchased 12,210 telephone numbers from MSG.

Sampling and Eligibility Issues

In order to compare sample performance, we compared the projected sample counts at each stage of survey operations together with the assumed rates to the actual sample counts and realized rates in Table III-2.

Table III-2. Projected Sample Counts and Actual Sample Counts

	Assumed Rates	Projected Numbers	Actual Numbers	Actual Rates
Number of Telephone Lines Drawn		12,148	12,210	
Number of Telephone Lines Needed	150.00%	8,098		
Resolved Telephone Numbers	79.13%	6,408	9979	81.73%
Working Residential Numbers	22.52%	1,443	1941	19.45%
Screened Households	85.59%	1,235	1594	82.12%
Eligible Households	16.19%	200	243	15.24%
Interviewed Households	82.00%	164	100	41.15%

From Table III-2, we see that the actual rates from the feasibility test are in line with the assumed rates used in sample size calculations. The feasibility test produced a higher resolution rate than assumed.[4] The working residential number rates were lower than projected. However, this is not a surprise to survey researchers given the increasing number of wireless-only households.5 Our screening completion rate was slightly lower than projected. This could have been caused by the fact that we stopped screening efforts on May 31, 2009, because we had exceeded our targets for the numbers of eligible cases to be identified. Had we continued screening efforts until the end of the data collection period, the screener completion rate could have been improved.

At the end of data collection, we identified a total of 243 households with children in the eligible age range among 1,594 households that completed the screener questions, resulting in an eligibility rate of 15.2%. This eligibility rate is very close to what we assumed for the feasibility test (16% for the feasibility test and the main study). The interview completion rate was much lower than what we assumed in sample size calculation. Since the purpose of the feasibility test was not to achieve high response rates or completion rates, we did not expend much effort in obtaining a

[4] RDD sampling randomly attaches the last two digits to a drawn "telephone bank." Resolution rate represents the extent to which telephone numbers randomly drawn can be resolved as actual telephone numbers.

5 Working residential number rates show the extent to which resolved telephone numbers actually belong to residential households and are working. This rate affects the number of residential households we will be able to reach through RDD sampling.

higher interview completion rate. We have good reasons to believe that the main study could achieve a much higher interview completion rate than the 41.2% from the feasibility test if the implementing survey organization takes a more proactive and aggressive approach, especially since that design calls for some fraction of cases to be completed through in-person interviewing where completion rates tend to be much higher. Using AAPOR RR4 definition, we calculated the telephone center response rate to be 34.8%.

B. Data Collection Methodology

Data collection was conducted with household sample members via computer-assisted telephone interviewing. Six interviewers participated in a 12-hour training for the demand survey. Training consisted of an overview of the project and its purpose, a review of the FAQs in order to prepare for respondent questions about the study, and a walk-through of the demand questionnaire. In addition, interviewers spent time practicing the demand questionnaire using training mocks that had been developed to help interviewers become familiar with the multiple paths through the survey.

Before the start of data collection, all sampled telephone lines (12,210 lines) were sent to MSG (a commercial vendor providing RDD samples) for predialing. As shown in Table III.3, 47% of them were prefinalized by MSG and coded as business, modem, or disconnect. The remaining 6,513 telephone lines were sent to a commercial company for address matching. About 54% of the 6,513 telephone lines were returned with a good address.

Table III-3. Sample Breakdown by Prefinalization and Advance Letter Sent Status

	Peoria, IL	Birmingham, AL	Total
Number of Telephone Lines Drawn	5,700	6,510	12,210
Number of Lines Prefinalized	3,179	2,518	5,697
Number of Lines Released to Phone Center	2,521	3,992	6,513
Advance Letters Sent	1,321	2,203	3,524

An advance letter was sent to households for which we had an address. This letter informed potential respondents of the study and encouraged them to cooperate with the interviewer who would be contacting them in the future. Advance letters were sent to a total of 3,525 households.

Data collection for the demand survey began on May 5, 2009, and ran through July 2, 2009. Interviewers dialed cases from 9 am to 9 pm central time.

At the end of data collection, a debriefing was held with the telephone interviewers to discuss issues that arose during data collection with respect to gaining cooperation and administering the survey.

Outcomes for the demand survey data collection can be found in Table III-4. The overall response rate for the entire sample was 57.61% and the cooperation rate was 86.42%.

Table III-4. Outcomes by State[6]

Call Outcome	AL	IL	Total of Id
Completes	61	39	100
Partial Completes	30	10	40
Unusable	3	9	12
Final Pendings	14	8	22
Final Refusals	36	33	69
Totals	**144**	**99**	**243**

Alabama cases had a response rate of 64.54% and a cooperation rate of 86.67%. Illinois cases had a lower response rate of 54.44% and a cooperation rate of 59.76%.

As requested by the Office of Management and Budget, an incentive experiment was conducted as part of the demand survey. Half of the sample was randomly selected to receive a $10 incentive if they had three or more children under the age of 13 in their household and if they completed the survey. Table III-5 illustrates the outcome of the incentive experiment. At the end of data collection, ten households had received an incentive. Of these ten households, three were in Alabama and seven in Illinois. Eight households with three or more children that were ineligible for the incentive completed the survey.

[6] Because we stopped the screening effort earlier, we suspected that there were still eligible households hidden in the "unknown household" disposition codes that were not screened.

Table III-5. Households with Three or More Children by Incentive Eligibility and Completion Status

Incentive Eligible	Total	OOS	Complete	Response Rate
AL	8	0	3	37.50%
IL	15	1	7	50%
Total	**23**	**1**	**10**	**45.45%**

Not Eligible for Incentive	Total	OOS	Complete	Response Rate
AL	15	1	5	35.71%
IL	6	0	3	50.00%
Total	**21**	**1**	**8**	**40.00%**

The incentive eligible cases ended with a higher response rate than the incentive ineligible cases, but conclusions based on 18 completes are not advised.

During the first four weeks of data collection it became clear that the length of the survey was affecting the completion rate. The initial introductory text used by telephone interviewers stated that the survey would take 30 minutes to complete. Interviewers reported that many respondents grew impatient with the interviewer once they had exceeded the 30 minutes. In an effort to increase cooperation and reduce the length of the interview, the team began to develop an abridged version of the questionnaire which was implemented on June 5, 2009. In this version of the questionnaire, work schedule information was collected only for the parent and parent's spouse instead of for all household members who cared for the child. In addition, questions about child care schedules and work schedules were adjusted so that respondents could indicate that one day's schedule was the same as a previous day's schedule already reported. The administration time did decrease, and production did pick up somewhat.

C. *Overview of Questionnaire Issues/Respondent Reactions*

The primary issue with the demand survey was the length of the questionnaire. While respondents were willing to provide schedule information, the work schedule and the child care schedule seemed to cause the greatest burden for respondents because they were not able to indicate that the schedule for one day of the week was the same as another day's schedule.

A second issue of interest was the provision of provider contact information. Respondents were willing to name the center-based child care providers they used. When the provider was available in the provider look-up table built from administrative lists, the address quality and other contact information was good. When respondents used less formal providers not available in the look-up table, however, they were reluctant to provide contact information. This information was most critical for the spawning of home-based providers which is not planned for the main study. A more detailed discussion of the provider contact information can be found in Section IV.E.

D. *Implications for the Main Study Design*

These findings illustrate that further revisions will be required to reduce the administration time of the demand questionnaire. The changes that were made to the schedule sections of the questionnaire helped to minimize the repetition of these questions and thereby allowed respondents to move through the questionnaire more smoothly. Further revisions are recommended to reduce the length of the questionnaire to increase cooperation with interviewers and prevent break-offs.

The provider look-up feature was very successful for identifying center-based providers being used by families. There were just three providers that did not appear in the look-up table, and all three were confirmed to be ineligible for inclusion in our sampling frame (because of geography, period of licensure, or other reasons).

IV. Home-Based Provider Survey

A. *Sampling*

Home-based providers are defined as adults who provide care to a child under the age of 13 who is neither their own child nor a child in their legal custody.[7] For the feasibility test, home-based provider respondents were identified and came into the study in three ways: 1) through collection of administrative records of listed providers, 2) from direct screening for home-based providers in the household screener and the demand questionnaire who are household members, and 3) through nomination and rostering of child care providers collected in the demand survey. These lists were compared against each other. Duplicated providers were removed and unique home-based providers were contacted and administered the supply survey.

Table IV-1. Number of Home-Based Providers Fielded and Interviews Completed by Sample Source

Sample Source	Number of Providers Fielded	Number of Providers Completed Interviews
Administrative Lists	28	12
Direct Screening	91	25
Spawning/Nomination in Demand Survey	22	0

B. *Data Collection Methodology*

Data collection was conducted with home-based provider sample members via telephone interview. Interviewers recorded responses on hard-copy questionnaires that were later scanned to electronically capture data responses. This process was selected because of the low data collection costs. The small sample size allowed for easy management of completed hard-copy questionnaires, which were all stored by supervisors in a secure location. In the event of a partial

[7] We excluded employees of child care facilities from home-based providers.

complete, interviewers were able to retrieve the questionnaire prior to dialing the case so that they were prepared to continue the interview immediately.

The home-based provider sample was managed in an Access database specifically tailored to display the population characteristics and call management procedures. The database was accessible at each interviewer work station, allowing each person to pull up the specific case and to review specific information and previous call records prior to dialing. In addition, a new record of call was entered by each interviewer immediately following the call. Interviewers could disposition cases to properly reflect the call outcome as well as add specific comments in order to track the case progress. Appointments could also be set if a respondent requested a specific call-back time. Using the database, supervisors had numerous methods for organizing and managing case loads, such as searching by case SUID or by address and disposition (including appointments).

Child care provider data collection efforts included the same interviewers used in the demand survey efforts. Five interviewers participated in a six-hour training that included both the home- and center-based questionnaires, each of which utilized similar data management systems. This cross-training was particularly useful between the demand and home-based provider sample groups due to the screening methods and overlap of eligibility in groups. Therefore, interviewers were prepared to not only answer questions from each sample group, but also to create a fluid transition between demand survey screener and home-based provider survey when applicable. In addition to case management methods, training included a description on the project background and purpose, a walk-through of the questionnaire, and a review of FAQs in order to prepare interviewers to answer any respondent questions regarding the study and their participation.

Prior to being contacted by the phone center, each sample member was sent an advance letter explaining the study, their selection in the sample and requesting their cooperation when an interviewer contacted them. In addition, the incentive eligible half of the sample was also sent a $20 incentive.

Locating efforts were conducted by data collection supervisors and interviewers as needed. However, these efforts were limited due to the nature of the sample design. For example, cases added to the sample through household screening and spawning of provider rosters in the demand survey were subject to the cooperation of demand survey respondents in providing accurate contact information. Some respondents were unwilling to provide this information. This will be discussed in further detail in Sections IV.D and IV.E of this report.

Data collection began on May 12, 2009, and continued through July 2, 2009.

Due to the manual nature of the data collection mode, exact timings of the length of survey administration are not available; however, in most instances interviewers recorded the length of the interview independently. The average survey length for the 27 completed cases for which time was noted was 50.8 minutes.

Following data collection, project staff held a debriefing with interviewers to discuss situations and obstacles interviewers had encountered both in gaining respondent cooperation as well as administering the survey.

Listed below are the outcomes for all home-based provider cases. The overall response rate for the entire sample was 42.63%, cooperation rate was 67.27%, and OOS rate 18.44%.

Table IV-2. Disposition Breakdown for Home-Based Providers

Status Disposition	Total Of SUID
Complete	37
Final Refusal	18
Insufficient Contact Info	20
Pending (final disp)	17
Locating (final disp)	5
Spawned (after data collection closed)	18
OOS	26
Totals	**141**

These cases will be discussed in relation to the three specific sample source groups in the following sections of the report.

C. *Listable Providers*

Sampling

Twenty-eight home-based providers listed in the sample frame were randomly selected for fielding in the feasibility test.

Table IV-3 shows the final disposition of the 28 identified home-based providers.

Table IV-3. Final Dispositions of Home-Based Providers for Administrative Lists

Status Disposition	Number of Cases from Administrative Lists
Complete	12
Final Refusal	3
Insufficient Contact Info	0
Pending (final disp)	6
Locating (final disp)	2
Spawned (after data collection closed)	0
OOS	5
Totals	**28**

The response rate for cases from the administrative sample source was 53.05%, the cooperation rate was 80.0%, and the OOS rate was 17.86%. Four of the five OOS cases from the administrative lists had previously been home-based child care providers, but no longer were at the time of the survey. The other case did not provide care in a home-based setting; however, it appeared that there was incorrect contact information gathered from the administrative lists sample, leading us to contact the wrong individual.

Data Collection Issues

The following tables display the response rates by incentive and state.

Table IV-4. Disposition Breakdown by Incentive for Administrative Lists

Status Disposition	Incentive	No Incentive
Complete	6	6
Final Refusal	2	1
Insufficient Contact Info	0	0
Pending (final disp)	2	4
Locating (final disp)	1	1
Spawned (after data collection closed)	0	0
OOS	1	4
Total	**12**	**16**

Response rates for incentive eligible versus ineligible cases were 55.0% and 51.15%, respectively. The cooperation rate for incentive eligible cases was 75.0%. For incentive ineligible cases, the cooperation rate was 85.71%.

Table IV-5. Disposition Breakdown by State for Administrative Lists

Status Disposition	AL	IL
Complete	5	7
Final Refusal	2	1
Insufficient Contact Info	0	0
Pending (final disp)	1	5
Locating (final disp)	0	2
Spawned (after data collection closed)	0	0
OOS	2	3
Total	**10**	**18**

Alabama cases had a response rate of 62.50% and a cooperation rate of 71.43%. The response rate in Illinois was 53.85% and cooperation rate was 87.5%. The OOS rates were 7.14% and 10.71%, for Alabama and Illinois, respectively.

Overview of Questionnaire Issues/Respondent Reactions

Compared to respondents from other sample sources, home-based provider respondents who came from the administrative lists were able to answer the questionnaire most easily. This was primarily due to the more formalized structure of their programs that were often either run as a business or at least considered by respondents to be child care services. As a result, they had information readily available regarding children served, activities offered, program staff, admissions and marketing, and finances. These questions were not as easily answered by respondents in other sample source groups who provide care more informally. This will be discussed in greater details in subsequent sections of this report.

Implications for Main Study Design

The good fit of the home-based provider questionnaire with this portion of the sample is a significant outcome of the feasibility test. Any necessary revisions to the questionnaire moving forward will be mindful of retaining the components of the questions that worked well with this group.

The OOS cases for this sample group appear to have been the result of out-dated administrative lists. We suspected that this would be an issue based on the review of existing research in this area. Therefore, we need to be prepared to address these OOS cases during data collection; however, we do not propose changing the sampling approach based on this experience because the level of OOS cases is manageable.

D. Direct Screening

Two-Stage Direct Screening

The demand survey screening process also identified potential respondents for the household survey of home-based child care providers who may not appear on administrative lists of providers. This resulted in two types of home-based providers. First, in the household demand screener, sample members were first screened for their eligibility to participate in the demand questionnaire (by having at least one child under age 13 in the household). If they were not eligible, the household was then screened for having any eligible home-based providers (watched one or more children who are not their own at least two hours per week in a home-based setting). Home-based providers identified in the household screener were compared to the existing administrative list of providers in order to identify duplicates. Each provider should only be eligible once to be selected to receive the supply-side survey.

The second direct screening method took place with demand survey respondents. When listing their household members, respondents were asked if these individuals regularly cared for eligible children in the household who were not their own or if the respondent or household worked as home-based providers for any children. Demand survey respondents were themselves also eligible for the home-based provider survey if they regularly provided at least two hours per week of care to children not their own in a home-based setting. Unique home-based providers (who were at least 18 years of age) identified through both of these methods were then contacted and administered the home-based provider supply survey. Note that more than one home-based provider may be identified and eligible at a single phone number; the same phone number (and potentially one of the same individuals) may also be eligible for the demand survey.

Table IV-6. Disposition Breakdown for Home-Based Providers Screened from Demand Sample

Status Disposition	Type: Providers Living in Households with Children under Age 13	Type: Providers Living in Households with No Children under Age 13	Total Screened Cases from Demand Sample
Complete	8	17	25
Final Refusal	5	10	15
Insufficient Contact Info	0	0	0
Pending (final disp)	2	9	11
Locating (final disp)	3	0	3
Spawned (after data collection closed)	16	0	16
OOS	4	17	21
Totals	**38**	**53**	**91**

The cases incorporated into the home-based provider sample through direct screening had a response rate of 47.03%, a cooperation rate of 62.50%, and an OOS rate of 23.08%.

Sample Breakdown: Multiple Respondents in a Household

Of the 53 total cases identified in the demand household screener, 45 were instances where the screener respondent identified themselves as the eligible home-based provider sample member. However, there were instances in which more than one home-based provider sample member was identified from the same completed household demand survey interview. Of the 38 home-based provider sample members identified in households containing a child under age 13, 18 came from a household with two home-based providers. The remaining 20 households only had one eligible home-based provider identified from the demand questionnaire. Therefore, the 38 sample members came from 29 households that completed the demand questionnaire. In four instances, this household member had also been the respondent of the completed demand survey questionnaire.

The relationships between the numbers of screened households and identified home-based providers are described below:

- **53** demand survey ineligible households had at least one home-based provider.
- **52** eligible home-based providers were screened from those demand ineligible households. (One screened provider later was determined to be ineligible for the home-based provider survey.)
- **29** demand survey eligible households had at least one home-based provider living in the household.
- **38** eligible home-based providers living in the household were screened from those demand survey eligible households.
- **4** demand survey respondents were also eligible home-based providers living in the household.

In summary for the direct screening cases, 91 home-based provider sample members were identified through the screening of 82 household demand survey cases. The following table describes the overlap discussed above.

Table IV-7. Household Demand to Home-Based Provider Spawning Counts

Screening Method	# of Screened Demand Cases (Households) that Produced Home-Based Providers	# of Eligible Home-Based Provider Cases Identified
Demand Screener	53	52
Demand Survey: Screened Household Member	29	38
Totals	**82**	**91**

Table IV-8. Eligibility Rates of Households with Home-Based Providers

	IL	AL	Total
# of Households Ineligible for Demand Survey	603	748	1351
# of Demand Survey Ineligible Households Spawning a Home-Based Provider	33	20	53
# of Home-Based Providers Spawned	33	19	52
# of Households with Home-Based Providers per 1,000 Demand Survey Ineligible Households	54.73	26.74	39.23
# of Demand Survey Eligible Households	99	144	243
# of Demand Survey Eligible Households Spawning a Home-Based Provider	8	21	29
# of Home-Based Providers Spawned	11	27	38
# of Households with Home-Based Providers per 100 Demand Survey Eligible Households	8.08	14.58	11.93

Data Collection Issues

The direct-screened home-based providers were also in an experiment in which a randomly selected half was eligible for an incentive payment on completion. Incentive eligible cases yielded a response rate of 58.41% and a cooperation rate of 65.22%, while the incentive ineligible cases had a 36.34% response rate and a 58.82% cooperation rate. Incentive eligible and ineligible OOS rates were 14.29% and 8.79%, respectively.

Table IV-9. Disposition Breakdown by Sample Source and Incentive Eligibility

	Source: Demand Household Member		Source: Household Screener		Total Direct Screened Cases	
	No Incentive	Incentive	No Incentive	Incentive	No Incentive	Incentive
Complete	1	7	9	8	10	15
Final Refusal	2	3	5	5	7	8
Insufficient Contact Info	0	0	0	0	0	0
Pending (final disp)	2	0	7	2	9	2
Locating (final disp)	2	1	0	0	2	1
Spawned (after data collection closed)	11	5	0	0	11	5
OOS	1	3	7	10	8	13
Total	**19**	**19**	**28**	**25**	**47**	**44**

Overview of Questionnaire Issues

Respondents brought into the sample through the direct screening method experienced the most confusion and were more reluctant to participate as evidenced by the lower response and cooperation rates among this group. In addition, direct screened cases had higher out-of-scope rates than those that came from the administrative lists. There are two primary issues related to these differences.

First, the direct-screened cases included more informal providers (often family or friends, particularly grandparents) who cared for children regularly but did not consider themselves to be child care providers. They may or may not have been paid. The more structured format of some of the questionnaire language that fit well with those providers identified through the administrative lists did not match the circumstances and experiences of these informal providers, particularly related to financial reporting, admissions and recruitment, and structure of activities. In general, this group felt that the language was too formal and questions too in-depth for their circumstances.

A second and broader issue is that based on the current screener language, many informal providers did not consider themselves to be child care providers and thought that they should not participate in the study. Some people did not think that they were eligible for the survey because they saw a distinction between babysitting and child care. In the end, based on clarification between the interviewer and respondent, some of these individuals were considered ineligible and dispositioned out-of-scope while others did meet the eligibility criteria and interviewers attempted to complete the survey with them. Those that became out-of-scope were identified during the gaining cooperation step as having been inaccurately screened into the home-based provider sample, often by another household member. Usually the confusion was over the hours threshold or the regularity of the care provided. Those respondents who were accurately screened as home-based providers were sometimes still confused about their participation in the survey because they did not consider themselves to be providers. Common responses were that they just felt they were taking care of family or that it was an informal arrangement. These individuals were not considered out-of-scope because they did meet the eligibility criteria, and interviewers carefully explained what the study was looking for and did further prompting in order to capture survey responses from these eligible home-based sample members. Where these efforts were unsuccessful, the individuals were coded as refusals.

In some cases, screener informants were reluctant to provide identifying information about home-based providers within their household, making re-contact and interview completion more difficult.

Implications for Main Study Design

The study introduction was revised halfway through data collection to account for both of these types of confusion. While it was somewhat successful in explaining the purpose of the study, we continued to identify out-of-scope respondents. The main study screener language should be revised to better capture family, friend, and neighbor providers who do not consider themselves "child care providers" or offering a "service" of any kind. The problem of proxy reporting on hours and regularity of care probably cannot be avoided and so should be incorporated into the assumptions for the main study sampling plan.

A primary implication of the feasibility test for the main study design is the revision of the survey item language to better suit the informal child care provider subset of the sample. Due to the importance of the family, friend, and neighbor "sector" in the supply of child care, we recommend adjusting existing questionnaire items to account for the variation in experiences with informal providers. This goes beyond the market versus non-market concept currently in the survey, to a revision of the language of specific survey items and potentially a new path in the survey that would ask informal providers this specific revised question set.

To address the issue of improving the household screener and demand survey questions used to identify eligible home-based provider sample members, we recommend including all these items in the household screener rather than spreading them throughout the screener and the demand questionnaire. This will help to collect all the necessary information about eligible providers in one location. If possible, the screener questions should collect information on whether or not the children cared for are related to the provider. In the event that the screener respondent refuses to provide name and contact information of the informal providers, we will still have some information about the type of care provided by that individual, which will inform the broader sample. This change, combined with the revisions to clarify the definitions of home-based providers for informal providers (referenced in the section above), should help to better identify and contact eligible providers through the direct screening process.

The screening process led to some overlap of multiple providers in a single household. Although this did not overwhelm the sample, it did complicate data collection efforts while not significantly expanding the scope of knowledge for that household or the providers. This is especially true given the extent of duplication of information across home-based provider questionnaires completed by co-resident providers. Based on this experience as well as review of existing research, we recommend limiting the incorporation of eligible home-based providers to one per each screened household. Of course, screening of all providers will be necessary to correctly select a single provider and to develop appropriate weights.

The impact of the incentive on survey response rates was most evident with this portion of the sample. While incentive eligible cases yielded a response rate of 58.41%, incentive ineligible cases had a 36.34% response rate. The incentive plan for home-based providers identified through the direct screening method called for cash incentives to be sent out with advance letters prior to contacting the respondent to complete the survey. The exception to this was if eligible sample members were identified through the household screener and were immediately available and willing to participate in the home-based provider survey. While this rarely occurred, in these instances a thank-you letter with a cash incentive included was sent to respondents. The purpose of this was to maximize the impact of the incentive by allowing the interviewers to reference it when calling to gain cooperation. As demonstrated by response rates, this method did appear to be effective and we recommend that it be used during the main study design.

E. Spawned

Sampling

One component of the demand survey included collecting a roster of providers the respondent uses. These providers were checked against administrative lists and against providers identified as members of households sampled for the demand survey (whether eligible or not). Unique home-based providers were then contacted and administered the home-based provider supply survey.

Table IV-10 shows the final disposition of the 22 home-based providers spawned from the demand survey.

Table IV-10. Disposition Breakdown for Spawned Home-Based Providers

Status Disposition	Spawned Providers
Complete	0
Final Refusal	0
Insufficient Contact Info	20
Pending (final disp)	0
Locating (final disp)	0
Spawned (after data collection closed)	2
OOS	0
Total	**22**

Cases were evenly split between Illinois and Alabama sites across dispositions.

Data Collection/Questionnaire Issues

The primary obstacle to this sampling approach was that the original version of the demand survey did not collect the contact information of providers who were not identified in the provider look-up portion of the survey. This was an oversight, and four weeks into data collection the demand survey was revised to capture this information. Prior to this change, five providers had been spawned without obtaining contact information, and therefore we were unable to contact those individuals. The remaining data collection period resulted in the identification of 17 unique providers. For 15 of these providers, demand respondents refused to report address and telephone information. Only two unique providers were identified with sufficient contact information to allow potential follow-up, but this was during the final spawning exercise at the close of data collection and so these providers were not contacted. Therefore, while a total of 22 cases were identified as unique providers through this sampling method, none were approached to complete a survey.

Implications for Main Study Design

The spawning of providers through the demand survey provider sample will not be included in the main study design, primarily because it does not yield enough new provider cases that are not already available through the other sampling methods to justify the level of effort. Although our own error led to some of this difficulty, all available evidence is that, even without this error, demand survey respondents would not have been willing to provide sufficient contact information about their informal providers for this approach to be effective.

V. Center-Based Provider Survey

A. *Sampling*

The center-based provider sample was selected from the sampling frame constructed through the collection of administrative and other datasets listing providers. (See discussion in Section II.) In addition to maintaining variation in provider type, the feasibility test sample was purposively selected from lists to incorporate providers that we anticipated could be more problematic in terms of data collection, due to, for example, complex program structure (e.g., multiple programs per address) or provider types believed to be more difficult in gaining cooperation (e.g., for-profit).

Table V-1 gives a breakdown of the center-based provider sample by state and provider type.

Table V-1. Center-Based Provider by State and Provider Type

Provider Type	AL	IL	Totals
Before/After-School Program	18	17	35
Child Care Center	32	15	47
Head Start/Early Head Start	7	5	12
Pre-K	10	14	24
Spawned (not in initial sample frame)	1	0	1
Totals	**68**	**51**	**119**

Administrative records indicated some instances where multiple programs were located at the same address. Each of these programs was eligible to be incorporated into the sample. The following table displays the frequency of this event.

Table V-2. Number of Programs at Provider Address

Number of Sampled Programs at Address	Frequency
1	73
2	23

As a check on our sample frame construction methodology, the feasibility test procedures allowed for spawning of center-based providers whom demand survey respondents reported as their current provider, but who did not appear in the sample frame. Only one such provider was identified through the demand survey, and even that provider was confirmed to have been outside of the universe defined for the center-based provider sampling frame. Thus, the demand survey appeared to validate the sample frame construction methodology. The one additional provider was identified after the close of data collection, and so was not fielded.

B. Data Collection Methodology

Data collection began with an advance letter mailing to all center-based providers explaining the purpose of the study and requesting their participation. Mailings to incentive eligible cases also included $20. Locating was conducted as needed by production center supervisors and other project staff. As in the other samples, incentive eligibility was determined randomly, with approximately one half of the sample eligible.

Center-based provider surveys were administered in two methods using three modes. Data collection began as a telephone interview, administered from the NORC telephone center by trained interviewers. Interviewers called center-based respondents, conducted the interview over the phone, and recorded the responses on a paper-and-pencil questionnaire. These staff underwent the same training procedures used for the home-based provider survey, including administration, case management, and review of project information and FAQs. Telephone data collection activities for the center-based provider survey were managed in a similar fashion to the home-based provider activities. An Access database housed all the center-based provider cases and was accessible at each interviewer work station; supervisors were able to review case information and history. Data collection by telephone took place from May 12, 2009, to June 30, 2009. The telephone data collection effort was not successful, yielding very few completes after more than one month of data collection attempts.

In an effort to increase response rates, 37 cases were transferred to two field personnel located near the Alabama and Illinois sites. This decision was motivated by the low number of completed cases in the telephone call center. When we began the field effort, ten cases had been completed via telephone. The purpose of the field effort was to improve gaining cooperation efforts by having staff visit centers to verify eligibility and make contact with the respondent. In addition, staff were able to conduct in-person interviews if that was preferred by the respondent. Field staff participated in a training similar to the one telephone interviewers had: they learned how to administer the questionnaire, reviewed project background and FAQs, and became familiar with case management methods. They had a facesheet for each case that included case and respondent information, as well as call history to date, and also provided space to record their call notes for each case moving forward. Data collection in the field took place from June 5, 2009, to July 17, 2009, with three weeks of field work in Alabama, followed by three weeks in Illinois.

Finally, in the last four weeks of data collection, a self-administered questionnaire (SAQ) was developed for the center-based provider survey in order to recruit respondents who indicated that they did not have sufficient time to complete a telephone or in-person survey. The SAQ was slightly shorter than the full questionnaire and was organized in a manner that enabled respondents to complete it independently. All pending cases were mailed an SAQ version on July 2, 2009. In addition, interviewers working cases in person had the option to hand-deliver SAQs and return to pick them up once completed. Data collection remained open to receive completed SAQ surveys until July 31, 2009.

Case Outcomes and Response Rates

The following tables provide outcomes for the 119 center-based provider cases overall and by the following categories: state, incentive eligibility, and sample type.

Table V-3. Disposition Breakdown for Center-Based Provider Cases

Status Disposition	Case Count
SAQ Complete	11
Interviewer-Administered Complete by Field	21
Interviewer-Administered Complete by Phone Center	15
Partial Complete	3
Final Refusal	8
Pending (final disp)	27
Spawned (after data collection closed)	1
Provider Closed/R Gone for the Summer	15
OOS	18
Total	**119**

The overall response rate for the center-based providers was 58.82% and the cooperation rate was 86.21%. The OOS rate was 15.13%.

Table V-4. Disposition Breakdown for Center-Based Provider Cases by State

Status Disposition	AL	IL	Total of SUID
SAQ Complete	2	9	11
Interviewer-Administered Complete by Field	18	3	21
Interviewer-Administered Complete in Phone Center	5	10	15
Partial Complete	3		3
Final Refusal	4	4	8
Pending	19	8	27
Spawned (after data collection closed)	1		1
Provider Closed/R Gone for the Summer	5	10	15
OOS	11	7	18
Total	**68**	**51**	**119**

Alabama had a response rate of 54.9% and a cooperation rate of 87.5% while Illinois had 64.71% and 84.62%, respectively. Alabama OOS rate was 16.18% and Illinois was 13.73%.

Table V-5. Disposition Breakdown for Center-Based Provider Cases by Incentive Eligibility

Status Disposition	Non-Incentive	Incentive	Total Of SUID
SAQ Complete	7	4	11
Interviewer-Administered Complete by Field	12	9	21
Interviewer-Administered Complete by Phone Center	5	10	15
Partial Complete	2	1	3
Final Refusal	5	3	8
Pending (final disp)	17	10	27
Spawned (after data collection closed)	0	1	1
Provider Closed/R Gone for the Summer	6	9	15
OOS	7	11	18
Total	**61**	**58**	**119**

Incentive eligible cases had a response rate of 64.86% and cooperation rate of 88.89% while incentive ineligible cases had 54.17% and 83.87%, respectively. OOS rate for incentive eligible was 19.97% and 11.48% for incentive ineligible cases.

Tables above indicate final disposition and related response and OOS rates by sample type.

Table V-6. Disposition Breakdown for Center-Based Providers by Program Type

	Before/After-School Program	CC Ctr	Head Start	Pre-K	Spawned	Total of SUID
SAQ Complete	5	4	2			11
Interviewer-Admin Complete by Field	7	8	2	4		21
Interviewer-Admin Complete by Phone Center	6	6	1	2		15
Partial Complete		3				3
Final Refusal	3	2	1	2		8
Pending (final disp)	6	15	3	3		27
Spawned (after data collection closed)					1	1
Provider Closed/R Gone for the Summer	5	3		7		15
OOS	3	6	3	6		18
Total	**35**	**47**	**12**	**24**	**1**	**119**

Table V-7. Response Rates for Home-Based Provider Cases by Sample Type

Sample Type	Response Rate	Cooperation Rate	OOS Rate
Before/After-School Program	66.67%	85.71%	8.57%
Child Care Center	55.26%	91.30%	12.77%
Head Start	55.56%	83.33%	25.00%
Pre-K	54.55%	75.00%	25.00%
Spawned	n/a	n/a	n/a

Field and SAQ Efforts

Introduction of the field effort was a critical part of the data collection strategy. Almost 60% of the completed center-based provider surveys were administered by the field managers through both in-person interviews and dropping off SAQs, while about 35% were administered by the telephone center and phone-center-mediated, self-administered questionnaires. The remaining completed cases were SAQs sent directly from the Central Office to respondents and returned via mail. In all, almost 20% of the surveys were completed using SAQs. The following table describes this breakdown in detail. The proportion of field-mediated completes is even more notable given that all 119 sampled cases had initially been worked by the phone center, with only 31% (37 cases) worked in the field after phone efforts proved futile. Cases designated for field work were selected exclusively by proximity to field staff (to minimize travel costs) and are not thought to be more "cooperative" than the remainder of the sample that was not selected for field work.

Table V-8. Breakdown of Center-Based Provider Completes by Administration Mode

	Questionnaire Version	Completes	% of Total Complete
Field Staff	Interviewer-Administered	21	44.7%
	SAQ	7	14.9%
Telephone Center	Interviewer-Administered	15	31.9%
	SAQ	2	4.25%
Central Office	SAQ	2	4.25%
Total		**47**	**100.0%**

Field staff were more successful in gaining cooperation, particularly in getting past gatekeepers and making contact with survey respondents. The result was higher response rates in a more compressed data collection period, demonstrating a more efficient and effective data collection mode, particularly for extremely busy or resistant respondents. We would expect that field staff working for a full data collection period and outside of the summer months would be even more successful.

The incorporation of the SAQs worked well as a follow-up effort after initial phone and in-person contacts were not successful. This was particularly true for respondents who said they would like to participate but did not have time during the work day to talk with an interviewer. The SAQ gave these respondents an opportunity to complete the survey at their convenience.

The following table shows the final outcomes for the center-based provider cases that were transferred to the field managers. It indicates that of the 37 cases worked in the field, the field managed to complete 28 and document two as ineligible.

Table V-9. Disposition Breakdown for Center-Based Provider Cases Transferred to Field Managers

	AL	IL	Total
SAQ Complete	0	7*	7
In-Person Complete	8	0	8
Phone Complete	10	3	13
OOS	2	0	2
Other Non-Complete	5	2	7
Total	**25**	**12**	**37**

* Five of these cases were picked up in person.

Field staff found that they were able to be effective in all three modes, including by telephone, in-person, and urging cooperation to the self-administered instrument. This multi-mode approach enabled them to be cost-efficient, so that the average hours per case for the field completes was quite a bit less than the average hours per case for completes in the phone center.

OOS Rates

The entire center-based provider sample had a relatively high OOS rate at over 15%. The pre-K and Head Start sampled programs resulted in the highest OOS rates (25% each) across provider types. The most common reason for OOS determination was that the providers no longer provided care because they were closed or they had changed the services offered (i.e., a school no longer offered after-school care.) In collecting the provider sample, we anticipated encountering this circumstance because licensing and other administrative lists kept by states are often out-of-date. Although we had a separate classification for programs that were in existence but closed for

the summer, it is possible that some Head Start or pre-K programs would have fallen into this category (rather than out of sample), but we were unable to reach anyone to confirm that status.

Questionnaire Length

Due to the manual nature of the data collection mode, exact timings of the length of survey administration are not available. Overall length of the instrument, particularly in the "representative classroom" section, was cited as an obstacle to completion by phone and field interviewing staff.

C. Overview of Questionnaire Issues

Cost and Finance Questions

The cost and finance questions (Sections G & H) were problematic for some respondents due to either reluctance or refusal to provide this information, and, in some cases, respondents did not have access to the requested information. Of 51 partially and fully completed interviews, approximately half provided no information in these sections, and another quarter answered qualitative items but provided no quantitative responses. Some providers do not maintain separate records for the specific programs of interest to this study (for example, a sponsoring organization may not keep separate books for the child care program, or a pre-kindergarten may not have separate finances from the rest of the public school), and some financial records are maintained by a separate entity (such as a public school district office, a Head Start grantee, etc.). Others simply felt that the questions were intrusive and that revealing these data would compromise their ability to compete in the market.

Changes in SAQ Version

Global changes were also made to the SAQ in order to assist respondents in understanding instructions and questions. This included wording of question stems and reformatting of response boxes. The SAQ version of the survey was revised in order to facilitate the self-administered data collection mode as well as to shorten sections of the survey that were proving to be problematic or redundant for respondents. The primary revision included removing the detailed questions about the care provided in second sample classrooms (Section F). In addition to reducing respondent burden, asking about only the first group or classroom according to alphabetical or numerical list reduced the burden on respondents to select multiple groups according to a more complex scientific method. (For telephone interviews, interviewers were trained on the specific random

selection method for both classrooms in a given survey, thus removing any bias of selection on the part of respondents. For the SAQ version, the goal was to simplify the selection method as much as possible in order to reduce that bias again.) Some items were also re-ordered to improve the formatting of the paper document.

D. Implications for Main Study Design

The feasibility test demonstrated the relative superiority of the field data collection effort over the telephone effort. In addition, the use of the SAQ survey was critical in reaching respondents who were not able to find the time for a face-to-face or telephone interview. For this reason, we recommend that the main study design include a combination of field and SAQ data collection efforts. The field effort would include three modes: in-person, telephone and SAQs, allowing the field managers and interviewers the flexibility to complete the survey in the least burdensome and most efficient mode for each respondent. Although not tested in the feasibility test, volunteered comments from feasibility test respondents suggest that a Web-based self-administered questionnaire would be a welcome option.

Similar to the home-based provider survey, the spawning of providers through the demand survey provider sample will not be included in the main study design for the center-based provider sample. The primary reason for this is because it did not prove to be a necessary method for covering the desired universe of providers.

In regards to OOS rates, the results of the feasibility test give us a better indication of the accuracy of the list of providers. This can inform necessary oversampling in the main study, thereby ensuring that adequate sample sizes are selected in order to compensate for expected OOS cases.

The quality of the financial data and cooperation of facilities in providing these data are of concern for the main study. Efforts to emphasize qualitative rather than quantitative items may reduce item nonresponse rates and so compensate for the lesser detail collected.

Because the proposed data collection approach for the main study center-based provider questionnaire differs markedly from what we had proposed for the feasibility test, we provide an outline of our recommendations for the main study.

We recommend that data collection for the center-based provider survey include a multi-mode approach that allows for the flexibility required to successfully contact the wide range of provider types.

Advance and Follow-Up Mailings. Data collection will begin with an advance letter mailing to all center-based providers explaining the purpose of the study and requesting their participation. The initial survey respondent will be the director of each program, as they will be the person most likely to be knowledgeable about client populations, program services, and administrative information, including financial records. However, directors will be permitted to designate a proxy respondent who can complete the survey in their place; this flexibility will assist in the data collection process without sacrificing data quality. Only one respondent per address will be sampled even if there are multiple programs located at that address. Each letter will include information about the study purpose and sponsor, as well as responses to frequently asked questions; in addition, the letter will provide a Web address, with login and password, where respondents can go to complete the Web-based survey. The letter will also include a worksheet for respondents indicating what types of information will be asked in the survey. This will allow them to pull together information in advance that may be stored in other systems, such as enrollment and finances. The use of incentives did not prove to have a significant effect on response rates of the small sample in the feasibility test; however, based on other methodological evidence we do suggest that the Office of Planning, Research, and Evaluation consider including a prepaid incentive with the advance mailing or mentioning a promised incentive in the advance mailing. Locating will be conducted as needed by production center supervisors and other project staff. One week after advance letters are sent, follow-up postcards will be sent to prompt for Web-survey completion. Although it was not used in the feasibility test, the Web-based version is the recommended first line of data collection due to the time flexibility it allows respondents and the control it allows survey administrators to maintain regarding paths of questions and data quality. Finally, a third mailing will be sent to nonrespondents that includes a letter about how to access the Web version, as well as an invitation to contact field staff to arrange a telephone or in-person interview if respondents prefer. This mailing will be sent in a different type of envelope with different materials in order to distinguish it from previous communications.

Field Prompting and Data Collection. Following the postcard prompt, it is recommended that center-based provider surveys be worked by field interviewers using three possible modes in order to maximize efficiency and response rates. These field efforts will be used in an effort to enhance gaining cooperation efforts by making person-to-person contact with respondents via telephone or in-person visits to verify eligibility, answer questions, and encourage survey completion. Field interviewers will be local to each sampling area, providing additional knowledge of the geography, provider community, and other resources that may inform the data collection efforts. Furthermore, the use of field interviewers for the center-based provider question can be cost-efficient, as these staff will already be present to work the demand and home-based provider surveys based on the provider cluster strategy.

The first method employed by field interviewers will be telephone prompts to each respondent, confirming receipt of the advance letter and postcard prompt and encouraging completion of the Web survey, which will be the preferred data collection mode. At that time, field interviewers will be able to answer any questions that respondents may have, including confirming the legitimacy and importance of the study.

If respondents are unable or unwilling to complete the Web-based survey, field interviewers may offer to conduct the survey over the telephone. In addition, field interviewers will be able to offer to make an appointment for an in-person interview. In the feasibility test, some respondents preferred this method as it allowed them time to prepare administrative information or they found it easier to communicate face-to-face. Prior to the appointment, field interviewers can also provide respondents with the advance worksheet so that they will be prepared at the time of the interview to report enrollment, budget, or other data that requires time to pull together. Each field interviewer will be equipped with individual laptops that will take them through the questionnaire and allow them to securely record responses directly into the programmed questionnaire for both of these modes. Finally, an additional copy of the paper self-administered questionnaire may be sent if a significant number of respondents indicate they did not have sufficient time to complete a telephone or in-person survey and do not have regular access to the Internet.

Institutional Gaining Cooperation. Depending on the organizational structure of sampled center-based providers, additional research requests, clearance packages, or IRB proposals may be required before respondents are able to complete surveys. This will most likely apply to public schools districts and schools.

Response Rates. The center-based provider sampling strategy is detailed in the sampling plan and addendum. Based on the feasibility test experience and other information, we expect 15% of total completes to be completed by Web, 48% by telephone, 30% in person, and an additional 7% by paper-and-pencil self-administered questionnaire, if that mode proves necessary.

VI. After-School Screener

The purpose of the after-school screener was to assess the accuracy of after-school care provider lists built through our sample frame construction methodology, and to determine eligibility rates of providers found on those lists. We restricted ourselves to those programs that offer regular care during school years to school-age children. We excluded single-activity after-school programs, providers who only offer summer and holiday programs, providers who do not operate on a regular schedule of at least three days per week and at least two hours per day, and providers who provide only ad-hoc drop-in care. A list of after-school programs in the two selected feasibility test sites was compiled through various administrative lists (see Section II). All identified after-school programs were then called to participate in a brief screener to determine whether or not these programs in fact offer before/after-school care that fit our definition, and, thus, whether or not they would be eligible for the supply survey.

A. Sampling

Chapin Hall assembled administrative lists of before and after-school programs in two sites (Peoria County in Illinois, and Jefferson, Blount, and St. Clair counties in Alabama) by contacting city parks organizations, United Way, statewide after-school networks, and community development block grant recipients. In addition, NORC field staff contacted every K-6 school listed in the Quality Education Database (QED) within these counties. All those reporting a before or after-school program were added to the sample, without further examination of their offerings relative to the eligibility criteria. After eliminating duplicates across all lists, the initial sample included 143 unique programs that were contacted and administered the screener. In the course of the screening

process, information was collected about an additional ten related programs. These programs were located on different sites but run by the same administrative bodies as the two respective original sample members from which they were spawned. With these ten cases, a total of 153 cases were included in the sample.

B. Data Collection Methodology

Data collection was conducted via telephone interviewing. Interviewers recorded answers directly into a database where sample management was also conducted. The database was accessible at each interviewer work station allowing each person to pull up the specific case and review information and previous call records prior to dialing. In addition, a new record of call was entered by each interviewer immediately following the call. Interviewers could disposition cases to properly reflect the call outcome as well as add specific comments in order to track the case progress. Appointments could also be set if a respondent requested a specific call-back time. Using the database, supervisors had numerous methods for organizing and managing case loads, such as searching by case identification number, address, and disposition (including appointments).

Interviewers trained on this screening effort also worked with the other three sample types in the feasibility test (the demand survey, the home-based provider survey, and the center-based provider survey).

Data collection started on May 1, 2009, and continued through June 24, 2009. One hundred twenty-six completed interviews were obtained. Nine cases were chronic non-contacts and were reviewed at Chapin Hall. Chapin Hall staff found that three of the nine cases had their funding cut and that one was not operating any longer. They were unable to uncover any additional information on the rest of the cases.

Table VI-1 shows the final disposition of the 153 programs contacted.

Table VI-1. Disposition Breakdown for After-School Screener Cases

Disposition	AL	IL	Total
CATI Completes	85	41	126
Refusals	3	5	8
Duplicate Cases	3	6	9
Out-of-Scope	5	5	10
Total Cases	96	57	153
Response Rates	96.6%	89.1%	94.0%
Out-of-Scope Rates	5.6%	10.9%	7.4%

Table VI-2 presents the distribution of the 126 cases that completed the screener by key screener questions.

Table VI-2. Distribution of Programs by Key Screener Questions

	AL	IL	Total
Total	85	41	126
Q1			
Correct Program Name	65	31	96
Incorrect Program Name	20	10	30
Q1A			
Address Where Children Participate in Program	83	33	116
Not Address Where Children Participate in Program	2	8	10
Q2			
Offering Before/After-School Care	84	37	121
Not Offering Before/After-School Care	1	4	5
Q3			
Offering Regular Care	84	36	120
Not Offering Regular Care		1	1
Blank	1	4	5
Q4			
Single Activity	5	4	9
Multiple Activity	79	33	112
Blank	1	4	5
Q5			
Parents/Guardians Not Expected to be Present	83	37	120
Parents/Guardians Expected to be Present	1		1
Blank	1	4	5
Q6			
Drop-in Permitted	24	11	35
Enrollment Required	60	26	86
Blank	1	4	5
Q7			
Limited to School Holidays or Vacation	17	5	22
Not Limited to School Holidays or Vacation	67	32	99
Blank	1	4	5
Schools Meeting Definition of After-School Care (Q6 Included in Definition)	49 (57.6%)	18 (43.9%)	67 (53.2%)
Schools Meeting Definition of After-School Care (Q6 Excluded in Definition)	65 (76.5%)	29 (70.7%)	94 (74.6%)

We determined whether each program fit our narrower definition of after-school care using answers to Q2, Q3, Q4, Q6, and Q7. We then calculated an eligibility rate by state; we found that 57.6% of programs identified in Alabama and 43.9% of Illinois programs actually provide after-school care that fit the project's definition. The overall eligibility rate was 53.2%. The eligibility rates were lower than expected. We examined the screener questions and suspected that Q6 was being misinterpreted relative to our intent. We suspected that some programs (e.g., after-school care programs on school campus) probably allow students of that school to freely drop in, but may not allow students from other schools to do so. When Q6 was removed from the criteria, the eligibility rates improved; 76.5% of Alabama programs and 70.7% of Illinois programs were eligible based on our definition, and the overall eligibility rate was 74.6%.

Further examination on Q6 revealed that about 35.0% of programs compiled through calling public schools on QED data permit students to drop in, while only 15.2% of programs compiled from other community-based listings permit students to drop in. This finding confirms that the bad wording of Q6 caused some misunderstanding on the part of respondents, creating artificially lower eligibility rates.

C. Questionnaire Issues/Respondent Reactions

There were no major questionnaire issues, except the wording of Q6. Interviewers' experience pointed to a smooth interviewing process, and there were no reports of negative reactions to the screener questions by respondents.

D. Implications for Main Study Design

For the main study, the eligibility rates appear to be sufficiently high, indicating that a screening step is not required. Instead, after-school programs can be over-selected for production, understanding that a substantial fraction (perhaps one-third) will prove ineligible. It will be important, however, to confirm eligibility of after-school programs prior to completion of the main interview. This step does not seem necessary for the other provider types.

VII. Qualitative Interviews

A. Overview and Objectives

As part of the feasibility test, qualitative interviews were conducted to gain greater insight into how child care providers and parents answer questions about classroom activities, finances, and subsidies.

NORC proposed to recruit approximately ten to twelve providers of various types to participate in these interviews. Using the center-based provider questionnaire as a model, the team developed three separate provider questionnaires: one for the director, another for the staff person in charge of enrollment or finances, and another for instructional staff. Questionnaires for the director and administrative staff person asked about enrollment, finances, admissions, marketing, staffing, and finances. The questionnaire for instructional staff focused on enrollment, classroom activities, schedule, and instructor characteristics. Staff members at each site, including the director, the staff person in charge of finances or enrollment (if the provider employed one), and five to eight instructional staff members, were asked to complete the appropriate provider survey in a face-to-face setting.

Each provider was also asked to supply summary financial records to compare against responses reported in the surveys in order to assess questionnaire items particularly vulnerable to reporting error or misinterpretation. Providers were given the option to supply either a summary of or access to their own financial records, or to consult their records and give exact responses to the same questionnaire items for which they gave estimates during the interview session.

In addition to staff members at each child care facility, selected parents whose children were cared for by the provider were interviewed. A questionnaire was developed which collected information on child demographics, household demographics, and payment and subsidy for each provider. In-person interviews were conducted with five to eight parents either at the provider site or at a mutually agreed upon location. Field staff collected subsidy information from the child care provider for each parent who was interviewed in order to compare survey responses against provider records and evaluate the effectiveness of those questionnaire items.

Each respondent was given an incentive of $20 for their time.

B. Data Collection Methodology

Two locations were selected as sites for this data collection effort: 1) the Dallas/Ft. Worth metropolitan area, and 2) a portion of Western Oregon from Salem to Corvallis. These locations were chosen because they contain a good mixture of rural and urban areas and diverse populations. Four NORC field managers, two in each location, were selected to recruit respondents and carry out the interviews.

Training for the field staff was conducted over the phone on May 15, 2009. Prior to the training call, copies of the questionnaires were distributed along with other information describing the purpose of the study and the data collection goals. During the training call, field staff and NORC project team members discussed the recruiting process, outlined the multiple items to be collected from each provider, and read through the questionnaires. As a result of this training, additional materials were developed to aid the recruiting effort, namely an information sheet that outlined what was required from each provider, letters that could be used to recruit parents and teachers, and a recruiting worksheet that would allow field staff to keep track of important characteristics of each child care provider.

Full-fledged recruiting began on May 20, 2009. Field staff were instructed to recruit providers that offered a variety of different programs, such as after-school programs, pre-K programs, and Head Start, along with other center-based providers. To assist in the recruitment of providers with children receiving Child Care Development Fund support and other subsidies, appropriate provider names were secured from local resource and referral agencies. Providers were selected from lists of child care programs in their area and sent advance letters which informed them of the purpose of the project, NORC's confidentiality policy, and the incentive for participation. Field staff then made contact by phone to assess the provider's interest in participating and answer any questions about the project and what was required. When a provider agreed to participate, arrangements were made to conduct interviews as well as to recruit teachers and parents.

Field staff successfully recruited providers who offered various types of programs for the qualitative interviews. Table VII-1 below illustrates the type of provider who participated in the interview.

Table VII-1. Characteristics of Provider Qualitative Interview Participants

Provider Number	Program Type	Location	Ages Served	Number of Children	Funding Source	Percent Children Partially/Fully Paid for by Federal, State or Local Agencies
01	National non-profit pre-school and after-school programs	Oregon	pre-school: 4-5 yrs after-school: 4-13 yrs	51-100 (1/3 pre-school, 2/3 school-age)	No funding from federal, state or local agency	0%
02	Head Start	Texas	6 weeks - 3 yrs	31-50	Head Start, Public school districts	100%
03	Church-based daycare	Texas	18 months- 12 yrs	51-100	Child care subsidy programs	9%
04	Pre-K program	Texas	4-5 yrs	51-100	Public school district, Pre-K	100%
05	Center-based daycare	Oregon	6 weeks - 12 yrs	101 or more	Pre-K, Head Start, Public school districts, Child care subsidy programs	6%
06	Center-based daycare	Oregon	6 weeks to 6 yrs	51-100	Child care subsidy programs	60%
07	Church-based daycare	Oregon	6 weeks - 6 yrs	31-50	Child care subsidy programs	2%
08	Center-based daycare	Texas	birth -12 yrs	51-100	Pre-K, Public school districts, Child care subsidy programs	75%
09	National non-profit center-based daycare	Texas	6 weeks - 6 yrs	31-50	Early Head Start	70%

In the process of interviewing providers, field staff found that providers were reluctant to share their summary financial information. Some providers did not understand why this information would be needed for a study about child care, and others expressed concern about how this information would be used. In response, a letter was developed which emphasized the importance of the financial information, explained in more detail how it would be used, and reiterated that all information provided would be kept confidential.

Because interviews were taking longer than initially expected, the project team decided to shorten the questionnaires for the director, the person in charge of finances or enrollment, and the instructional staff. These abridged questionnaires were implemented in the field on June 16, 2009.

Data collection ran from May 28, 2009, to July 7, 2009. At the end of data collection, 93 separate interviews had been conducted at nine child care providers. All nine providers supplied child-specific subsidy information and some type of summary financial information. Table VII-2 shows the breakdown of interviews and documents received from each provider.

Table VII-2. Breakdown of Documents and Interviews from Each Provider

Provider Number	Documents Provided			Interviews				
	Financial Summary Informa-tion	Subsidy Work-sheet	Total	Director	Financial/ Enrollment Person	Instructional Staff	Parents	Total
05	1	1	2	1	1	3	5	10
04	1	1	2	1	0	4	2	7
01	1	1	2	1	0	2	5	8
08	1	1	2	1	0	4	7	12
03	1	1	2	1	0	5	2	8
02	1	1	2	1	1	5	6	13
09	1	1	2	1	0	6	7	14
06	1	1	2	1	1	5	5	12
07	1	1	2	1	0	2	5	8
Total	**9**	**9**	**18**	**9**	**3**	**37**	**43**	**93**

At the end of data collection, debriefing was held with the field staff.

C. Comparisons of Data

Parent/Subsidy Comparisons

Altogether 43 parents participated in the parent interview and provided answers about the subsidy situations regarding their children's care. All nine providers also provided child care payment and subsidy information for the children of these 43 parents. Table VII-3 shows concordances between parents' answers and directors' reports in raw numbers and as percentages. Three-quarters of the comparisons show agreement between the parent's report and the director's report. If the directors' reports are taken as the "gold standard," then only about one-fourth of parents appear to have misreported the subsidy status of their children. Furthermore, the actual subsidy status does not seem to matter very much for comparisons where the parent's report agrees with the director's report. (Across all pairwise comparisons, both sources agreed that the child received a subsidy in 38.6% of pairs, and both sources agreed that there was no subsidy involved in 36.4% of pairs.)

There were 11 comparisons (approximately one-quarter of the total) with discrepancies between the two sources. In only one pair did the parent indicate subsidy when the director did not (the parent indicated that the provider was subsidized by USDA for meals). For the other ten comparisons where the parents' reports did not match the providers' reports, parents either believed that they paid the provider in full or that the care was free. Six of these ten parents believed the care for their children was free; for five of them, the care was subsidized in the form of Early Head Start or public school. The sixth parent's care was subsidized by the national non-profit organization that sponsors the provider. Parents reporting "free" care have been a troubling data issue in child care surveys. Our investigations suggest that reasonable people might agree that these arrangements appear "free" to parents.

Table VII-3 also displays, by provider, the agreement rate (i.e., the percent of parents within a child care provider whose answers agreed with the director's report). It is clear that the agreement rate is lowest with Provider 09, Provider 02, and Provider 04. All three centers are Early Head Start programs or have an Early Head Start component (in the case of Provider 09), or a public school (in the case of Provider 04). It seems that about half of the parents do not know that Early Head Start programs are subsidized. They simply believe that they are free.

Table VII-3. Comparison of Parents' Reports and Directors' Reports on Subsidy Status

Provider	Parent	Parent's Report	Director's	Agreement ?	Agreement Rate
04	1	Free	Subsidized	No	
	2	Subsidized	Subsidized	Yes	50.0%
01	1	Not Subsidized	Not Subsidized	Yes	
	2	Not Subsidized	Not Subsidized	Yes	
	3	Not Subsidized	Not Subsidized	Yes	
	4	Not Subsidized	Subsidized	No	
	5	Not Subsidized	Not Subsidized	Yes	80.0%
03	1	Subsidized	Subsidized	Yes	
	2	Subsidized	Subsidized	Yes	100.0%
08	1	Subsidized	Subsidized	Yes	
	2	Subsidized	Subsidized	Yes	
	3	Subsidized	Subsidized	Yes	
	4	Not Subsidized	Not Subsidized	Yes	
	5	Not Subsidized	Subsidized	No	
	6	Subsidized	Subsidized	Yes	
	7	Subsidized	Subsidized	Yes	85.7%
05	1	Not Subsidized	Not Subsidized	Yes	
	2	Not Subsidized	Not Subsidized	Yes	
	3	Not Subsidized	Not Subsidized	Yes	
	4	Not Subsidized	Not Subsidized	Yes	
	5	Not Subsidized	Not Subsidized	Yes	100.0%
09	1	Subsidized	Subsidized	Yes	
	2	Not Subsidized	Subsidized	No	
	3	Free	Subsidized	No	
	4	Free	Subsidized	No	
	5	Subsidized	Subsidized	Yes	
	6	Not Subsidized	Subsidized	No	

Provider	Parent	Parent's Report	Director's Report	Agreement ?	Agreement Rate
	7	Subsidized	Subsidized	Yes	42.9%
02	1	Subsidized	Subsidized	Yes	
	2	Free	Subsidized	No	
	3	Free	Subsidized	No	
	4	Free	Subsidized	No	
	5	Subsidized	Subsidized	Yes	
	6	Subsidized	Subsidized	Yes	50.0%
07	1	Not Subsidized	Not Subsidized	Yes	
	2	Subsidized	Not Subsidized	No	
	3	Not Subsidized	Not Subsidized	Yes	
	4	Not Subsidized	Not Subsidized	Yes	
	5	Not Subsidized	Not Subsidized	Yes	80.0%
06	1	Subsidized	Subsidized	Yes	
	2	Subsidized	Subsidized	Yes	
	3	Subsidized	Subsidized	Yes	
	4	Subsidized	Subsidized	Yes	
	5	Subsidized	Subsidized	Yes	100.0%

Finance Comparisons

In the director's questionnaire, we asked questions about finances for each care center. We also asked for an interview with a staff member in charge of financial and subsidy matters, if there was such a person in the center. In order to evaluate how well the questions worked and who could provide the most accurate responses, we requested financial records from each provider to compare against the responses to the questionnaires. As shown in Table VII-4, we obtained some sort of financial record from all nine providers. These nine financial records varied in terms of their comparability. By comparable we mean that the financial records report finances for the same fiscal year as specified by directors/finance staff in the questionnaire (G1) and that information reported on the records roughly corresponds to questions asked in the questionnaire. Using these criteria,

we found that only four of the records were directly comparable. The other five records consisted of a monthly report (in the case of Provider 02), a general ledger (in the case of Provider 08), and budget reports (in the cases of Provider 01 and Provider 04). The records submitted by Provider 09 were a report of revenue and expenses, but they were not broken down for the child care center specifically.

We first compared the answers provided by the directors and finance staff to the financial records. Three finance staff members were interviewed; they were from Provider 02, Provider 05, and Provider 06. All three staff members were nominated by the program director as the person most knowledgeable about the program's finances. In the case of Provider 06, the director only answered one question about total revenue before referring the interviewer to the finance staff member. It is obvious from the finance staff questionnaires that both finance staff from Provider 05 and Provider 06 used the financial records they supplied to answer the questions. Their report on total revenues, total expenses, and total labor costs are exactly the same as those reported in the records they provided. They seem to have mapped survey questions to items in the records. Since Provider 02 submitted a monthly report instead of an annual report, the answers of this finance staff person cannot be evaluated.

Table VII-4. Finance Records by Provider

	Financial Records	Finance Staff Interview	Used by Director/ Finance Staff
04	Budget Summary Report (not dated)		No
01	Budget Sheet for the fiscal year of 2007		No
03	Projected Income and Expenses for the fiscal year		Yes
08	General Ledger		No
05	Report for the fiscal year	Yes	Yes
09	Statement of Revenues and Expenses for the fiscal year		No
02	Monthly Report for the month of March 2008	Yes	No
07	Report for the fiscal year		Yes
06	Report for the fiscal year	Yes	Yes

The comparison of the directors' responses to the financial records showed that directors generally seem to be effective reporters of total revenue and total expenses. When relevant records are available, the directors seemed to resort to them for more detailed questions such as revenue by categories and labor costs. For programs whose records are not comparable, directors provided estimated answers to questions about total revenue, revenue by categories, total expenses, and labor costs. Their answers were usually rounded to the nearest 1000 (e.g., 34,000 instead of 34,156).

Because of the small numbers of providers where separate finance staff were available, as well as difficulties comparing records with survey reports, this portion of the qualitative investigation is not particularly informative and certainly not generalizable.

Director/Teacher Characteristics Comparisons

For each child care program we interviewed in the qualitative interview exercise, two classrooms were randomly selected from all classrooms/groups involved. Directors answered questions about these two classrooms, and the instructional staff in these two rooms were also interviewed. This section compares the directors' answers against the answers provided by teachers.

Table VII-5 shows the 27 comparisons that were formed between directors' reports and teachers' reports regarding the same classroom.

Table VII-5. Director and Instructional Staff Data Available for Classroom and Instructional Staff Characteristics Comparisons

Provider	Teacher	Title/Position	Classroom
01	1	Assistant Teacher	3-5 years old
	2	Lead Teacher	3-5 years old
07	1	Lead Teacher	Old toddler
	2	Lead Teacher	Old toddler
04	1	Lead Teacher	Pre-school
	2	Lead Teacher	Pre-school
	3	Assistant Teacher	Pre-school
	4	Assistant Teacher	Pre-school
02	1	Lead Teacher	Infants & Toddlers
	2	Teacher	Infants & Toddlers
	3	Teacher	Toddlers
03	1	Lead Teacher	Toddlers
	2	Lead Teacher	Toddlers
	3	Assistant Teacher	Toddlers
	4	Lead Teacher	6-12 years old
	5	Floater	6-12 years old
09	1	Lead Teacher	Infants & Toddlers
	2	Teacher	Infants & Toddlers
	3	Lead Teacher	Pre-school
08	1	Lead Teacher	2 years old
	2	Aide	2 years old
	3	Assistant Teacher	Pre-school
	4	Floater	Pre-school
06	1	Lead Teacher	Toddlers
	2	Lead Teacher	Junior
	3	Teacher	Junior
05	1	Lead Teacher	Pre-school

Questions that both directors and instructional staff answered covered classroom characteristics (F3a, F3b, F3e, F3f, F3g, and F3h), classroom practices (F5a, F5b, F5c, F5d, F5e, F7, F8), other issues related to child care (F9a, F9b, F9c, F8d), and information on instructional staff characteristics (F4b to F4n7).

Regarding room characteristics, the consistency between directors' reports and reports from instructional staff is only moderate. As shown in Table VII-6, exact matches between reports from directors and reports from instructional staff ranged from 7.7% (for F3a – age of youngest child in chosen room) to 61.5% (for F3h – number of volunteers with selected group). The percent of approximate matches (within plus or minus 1 or .5 for F3e) is greater; at most one-third of the comparisons (about eight comparisons) were off by more than 1 (or .5 for F3e). Even though the consistency does not seem to be very high, the differences between reports from directors and reports from instructional staff are not large. On average, the mean difference is less than 1 except for F3b and F3c. F3b (age of oldest child) and F3c (number of enrolled children) seem to be worse than other questions in terms of consistency between reports from directors and reports from instructional staff. On this item, it is unclear whose report is likely to be more accurate.

Table VII-6. Comparison on Questions about Classroom Characteristics

Question	Mean Differences (Teachers' Report – Directors' Report)	% of Exact Matches	% of Approximate Matches
F3a (age of youngest child)	-0.6 months	7.7%	30.8%
F3b (age of oldest child)	-2.7 months	30.8%	34.6%
F3c (number of enrolled children)	-5.8	23.1%	26.9%
F3e (hours per day)	-0.1 hours	24%	36%
F3f (number of assistant teachers/aides)	0.04	32%	36%
F3g (number of lead teachers, other teachers)	0.12	44%	52%
F3h (number of volunteers)	-0.22	64%	76%

Consistency on questions about classroom practices is lower than that for questions about room characteristics. As shown in Table VII-7, the percent of exact matches on time in minutes spent on each of the activities is at most 11.5%. Approximate matches are defined as differences less than 30 minutes and range from one-third to less than two-thirds. Some directors and teaching staff commented that some of these activities do overlap with each other, especially F5d and F5e. Sometimes, the selected group of children shared certain activities with a different group. All of these situations probably played a role in the low reliability of these questions. Instructional staff reporting on the same classroom had higher match rates with one another than with the director, but only modestly so.

Table VII-7. Comparison on Questions about Classroom Practices

	Mean Differences	% Exact Matches	% Approximate Matches
F5a (physical activities led by adult)	20.1	11.5%	50.0%
F5b (creative activities led by adult)	-66.1	0.0%	33.3%
F5c (teacher-directed instruction)	11.2	4.5%	63.6%
F5d (other teacher-directed group activities)	-1.3	3.8%	50.0%
F5e (activities chosen by children)	-51.7	4.2%	45.8%

The F9 question series asks how often directors or teaching staff have conversations with parents about various issues such as parents' worries about getting or keeping a job, parents' ability to meet their children's basic needs, parents' stress, and parents' problems with partners and family members. Since directors and teaching staff interact with different parents, the comparison of their answers to the F9 series is not very meaningful. However, it is also possible that the philosophy of a child care program encourages a certain level of interaction and communication between staff and parents. Table VII-8 shows the percent of teachers and directors who reported talking to parents about various topics "every few months." The percent of exact matches is inflated since the option "every few months" seems to be a preferred choice for both directors and teachers.

Table VII-8. Comparison on F9 Questions

	% Exact Matches	% of Directors who Chose "every few months"	% of Teachers who Chose "every few months"
F9a (parents' worries about getting or keeping a job)	45.5%	22.7%	41.7%
F9b (parents' ability to meet children's basic needs)	22.7%	50%	45.8%
F9c (stress parents are feeling)	13.6%	27.3%	25.0%
F9d (problems parents are having in their relationship with partners or family members)	40.9%	59.1%	70.8%

The last set of comparisons focuses on answers about instructional staff characteristics. In general, it seems that directors' reports on teaching staff characteristics are fairly accurate. When reporting on teachers' age, directors were off only by one year and their responses on the number of hours teachers work each week was off by 0.6 hours. The directors' reports on teachers' gender, race, and ethnicity were mostly consistent with what the teachers themselves reported, although directors tend to misreport teachers of Hispanic and Latino origins as non-Hispanic. When responding to questions on teachers' race, directors' answers were generally accurate except in the case of some minority race categories (such as American Indian or Alaska Native).

Directors' reports on teachers' qualifications were generally good as well. The agreement rate was lower for F4h (certification). The disagreement centers on certification to teach young children; teachers report that they have some certification in this area, but directors do not include this in their responses.

When reporting on teachers' experience with their program, directors were off by 0.3 years (teachers self-report that they have been with the program longer than the director does). This could be due to the fact that directors tend to round down while teachers round up their working experience. The same trend is observed for general experience with young children.

Directors also tended to misreport teachers' hourly wages. Their reports of teachers' hourly wage were, on average, off by 20 cents. Even though the percent of exact matches between directors' and teachers' reports is only 26%, 70% of comparisons are actually off by less than 50 cents.

The agreement rate was the highest for F4n5 (health insurance), but was lowest for F4n6 (paid parental leave). A couple of instructional staff who responded "no" to F4n6 also noted on the questionnaire that they were not a parent.

Table VII-9. Comparison on Instructional Staff Characteristics

	Mean Differences	% of Exact Match
F4b (gender)		100.0%
F4c (age)	1.0 years	3.7%
F4d (hours worked)	0.6 hours	55.6%
F4e (Hispanic or Latino)		88.9%
F4f (race)		92.0%
F4g (4-year college degree)		88.9%
F4h (certification)		69.2%
F4i (training)		74.1%
F4j (training in last 12 months)		88.9%
F4k (years worked in this program)	0.3 years	14.8%
F4l (years of experience working with children <13)	1.8 years	9.1%
F4m (hourly rate)	-$0.20	25.9%
F4n1 (reduced tuition)		65.5%
F4n2 (funds for training)		72.4%
F4n3 (retirement/IRA/SEP/Keogh)		79.3%
F4n4 (life or disability insurance)		86.2%
F4n5 (health insurance)		93.1%
F4n6 (paid parental leave)		44.8%
F4n7 (other paid time off)		89.6%

Child Trends investigated the feasibility of accessing child care registry data as a data check. They concluded that accessing the registry data is not feasible given the complexity of accessing the data and inconsistencies in the data across states. Additionally, linking the data obtained through the feasibility test and registry data would not be possible in Alabama, Illinois, and Texas, as Child Trends was not able to find child care registries for these states. Appendix VII-A provides additional details on that investigation.

Best Source of Information in Director Questionnaire

In the director's questionnaire, we embedded a few questions asking about people who are most knowledgeable about different parts of the questionnaire. Table VII-10 shows directors' reports on the best source of information. Directors in general report feeling comfortable answering these questions and in most cases feel that they are the best person to ask.

Table VII-10 Best Source of Information in Director Questionnaire

Providers	Admission/Enrollment		Subsidy	Finance
	D15	K2	K1	K3
06	Director	Family Advocate & Enrollment Manger	Family Advocate & Enrollment Manger	Fiscal Manager
05	Director	Director	Administrative Assistant	Financial Staff
08	Director	Director	Co-Owner	Co-Owner
09	Director	Director	Director	Accounting in Main Office
03	Director	Office Assistant	Director	Office Assistant, Board of Directors
02	Director	Early Head Start Coordinator	Early Head Start Coordinator	Financial Staff
04	Director	Director	Director	Assistant Superintendent
07	Director	Director	Director	Trustee Committee

D. Implications for Main Study Design

Based on these various reviews, we identified the following implications for the main study design:

1. Parents do seem to know the subsidy status of their children's care except in the case of early Head Start and pre-kindergarten care. It is possible that parents of children going to Head Start programs would have the same problems.
2. Directors seem to be able to report the overall finances of their programs; only one out of nine directors referred interviewers to her finance staff upfront. However, directors' answers are usually rounded.

3. Directors seem to have a good sense of their instructional staffs' demographics, qualifications and experience, hourly rates, and benefit situations.
4. Classroom practices and characteristics data appear to be less consistently reported between instructional staff and directors. Some of the inconsistency appears to be with the (un) reliability of the measures themselves, rather than inter-role discrepancies.

Appendix: Child Care Registries

MEMO

To: Rupa Datta, NORC; Bob George, Chapin Hall

From: Nikki Forry, Lina Guzman, Marty Zaslow, Child Trends

Subject: Assessing the Feasibility of Linking Child Care Registry Data

Date: June 19, 2009

This memo contains the methods by which we assessed the feasibility of accessing child care registry data and the findings of our assessment.

This task was undertaken in order to determine if child care registry data could be used to verify child care providers' and directors' reports of educational attainment and training in the upcoming National Study of Child Care Supply and Demand. Our general conclusion is that it would likely not be useful to link child care registry data to the data collected in the National Study of Child Care Supply and Demand Study due to inconsistencies in the available information and how often information is updated, as well as issues of accessibility to the databases.

From previous work at Child Trends, we were aware of a concern at the National Registry Alliance about differences in the ways different state registries were defining various aspects of professional development, and the way in which states were recording professional development information for individuals. A pilot is underway to examine the feasibility of recording data using a Common Core of Data Elements, with the same definitions and metrics, distinguishing among different aspects of professional development in the way the Working Group on Defining and Measuring Early Childhood Professional Development recommended, and using the levels recommended by the working group (e.g., for levels of education) (Zaslow et al., 2007). However, the pilot study has only recently been conducted and the extension of the Common Core to all state registries has not yet occurred.

In order to assess the feasibility of accessing and using child care registry data to verify survey data, we began by searching the links of the child care registry alliance Website

(http://www.registryalliance.org/index.html) for individual state registries. We also searched state child care Websites and state child care resource and referral Websites.

We found 22 states (AK, AR, GA, HI, ID, LA, MN, MO, MT, NV, NJ, OH, OK, OR, PA, SC, UT, VT, WA, WV, WI, WY) to have child care registries. Our examination of the data currently recorded on the registries for these states indicates that the Common Core is not yet being widely implemented. There is still a lack of uniformity in the data they provide or the structure used to present information. Additionally, though some registries are state-specific, other registries cover only certain regions within a state.

As can be seen in the attached table:

- Most registries included information on education, training, work experience, professional development, certifications, and center/family child care licensures. Some registries included ratings from Quality Rating Systems.

However:

- Some registries included all persons working in early care and education, others included persons who worked with young children as well as children in after-school care.
- Some registries charge an annual fee for individuals to apply and be a part of the registry. Other states offer financial incentives to providers who join the registry such as salary supplements or training scholarships. This may result in inconsistency across states in terms of the characteristics of child care providers who participate, with available resources perhaps resulting in greater participation by providers with lower incomes in some states.
- Some registries, but not all, are structured as a comprehensive site for professional development, offering links to training sessions, job searches, and financial incentives for professional development. This may again influence participation, with providers motivated to pursue professional development being more likely to access and then possibly also record information on the registry.
- Hawaii is the only state that requires individuals working in state-funded centers to sign up and provide basic information to the registry. In other states, participation is not mandatory.
- In nearly all states, access to the information on the registry is limited to the early childhood educators themselves, prospective employers (usually with consent from the educator), and the registry staff. Indeed, it was impossible for us to access any provider-level data without individual login permission/access. Additionally, most registries only let the person logging on to see their own data. This suggests that it would be necessary to go through a process in each state to request permission to gain access to and link data, and the process for this and feasibility of it is unclear.
- Registries vary in terms of electronic accessibility. For example, some registries record and provide information online, while others keep information mostly in paper format.

Attached to this memo is a table with the following information about child care registries in each state:

- State
- Whether state appears to have a registry
- Registry name
- Who the registry covers
- Variables available in the registry
- Location of the registry
- Website of the registry (if applicable)
- A link to the application for accessing the registry (if applicable)
- Whether a login is required to access the registry
- Contact information for the person responsible for the registry
- Other notes

References

Zaslow, M., Halle, T., McNamara, M., Weinstein, D., & Dent, A. (2007). ***Working towards a recommended common core of measures of early childhood professional development: Issues and preliminary recommendations*****. Washington, DC: Child Trends.**