

Dear Child Care Provider:

We are writing to request your participation in the 2007 Market Rate Survey. This year, for the convenience of providers who participate in the subsidized child care program, we combined the Market Rate Survey with the annual Subsidized Provider Rate Survey (Provider Agreement Appendix C-1). The market rate survey is very important and we need all providers to complete it. Please mail, fax or hand-deliver the survey to the CCIS agency listed below.

**Purpose of the Survey:**

The purpose of the market rate survey is to collect information on charges (i.e. rates and tuition charges) as of July 1, 2007. For those providers participating in the state's subsidized child care program, please note that the information you provide for the market rate survey will be used to calculate your payment rates for 2007-2008. Providers who do not participate in the subsidized child care program should note that this information may also be used to plan for future rate increases.

**Getting More Information about Completing the Survey:**

Please answer all of the questions on this two-page survey. Assistance is available to you as listed below:

- Call 717-783-9977 or send an e-mail to [ra-ocdelmrs@state.pa.us](mailto:ra-ocdelmrs@state.pa.us) to get individualized help from the Office of Child Development and Early Learning (OCDEL) on how to complete the survey or
- Use the information in the Definitions and Examples document that is attached.

**Providers Participating in the Subsidized Child Care Program:**

Please note that in addition to completing the Market Rate Survey, you must complete the Provider's Closed Days (Provider Agreement - Appendix B) located in Attachment 1, which is contained in this packet and provide a copy of your discount and/or scholarship policy along with your published private rates.

**Due Date:**

All information must be returned to the CCIS by Friday, April 20, 2007. You may mail, fax or hand deliver the Market Rate Survey and the subsidy Provider's Closed Days to the address in the box below. You must include a copy of your discount and/or scholarship policy along with your published rates along with the survey.

CCIS for XXX

Address

City, state zip

Fax number

Please include office hours for those who want to hand deliver it.

Thank you for your cooperation and participation in this very important survey. If you have questions about any part of this survey, please feel free to call OCDEL at 717-783-9977 or send an e-mail to [ra-ocdelmrs@state.pa.us](mailto:ra-ocdelmrs@state.pa.us).

Sincerely,

Local CCIS Staff