# Alaska Child Care Market Price Survey Report 2020 and 2021 Volume 2: Appendices

Prepared for The Alaska Child Care Program Office

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## **Chapter 1: November 2020 Survey**

Included in the Chapter 1 November 2020 Survey Appendix are copies of the:

- Paper version of the November 2020 survey questionnaire
- CCAP November 2020 survey notification letter
- CCAP November 2020 survey invite letter
- CCAP November 2020 survey reminder letter
- March 2019 rate schedule

#### Paper version of November 2020 survey questionnaire



## **Child Care Assistance Program**



2020 Market Rate Survey

#### **About this Survey:**

The Child Care Program Office (CCPO) is committed to continual improvement of the Child Care Assistance Program (CCAP) to increase the availability, affordability and quality of child care services.

The CCPO periodically evaluates the current state child care rates by conducting a Market Price Survey to collect data on prices and the number of filled child care slots. The information collected from the Market Price Survey is used to set state child care rates and to ensure families participating in the CCAP have access to licensed child care as required by the Child Care and Development Fund Plan, which is the federal grant that provides funding for the following programs: Child Care Assistance; Child Care Licensing; Child Care Grant; Child Care Resource and Referral; and Alaska Inclusive Child Care Program.

The following information is needed to complete the survey. If you gather this information before beginning the survey, it will take about 10-15 minutes to complete.

- Facility contact information
- Attendance and enrollment fees
- Capacity

- Rates
- Enrollment & Waitlist numbers for October 2020
- Operating costs (staff numbers/salary, utilities, food, etc.)

If you questions, please call the CCPO toll free at 1-888-268-4632 or Alliana Salanguit at (907) 786-4318 or email to aasalanguit@alaska.edu.

Name of Person Filling out Survey:			
Name of Person Filling out Survey:			
Name of Facility:			
Type of Facility: (Please select one of the below.)		ect one of the below.)	your facility?
O Licensed Group Home O Licensed Center O Licensed Home O Military Center O Exempt Center O Exempt Home	O Cooper O Partner O Non-Pr O Religio	l Liability Company (LLo rative	C)
E-mail address of Facility:			
Street Address of Facility:	City:	City: Zip Code:	
O Mailing address is the same as the street addres	ss		
Mailing Address of Facility:	City: Zip Code:		p Code:
We may want to call you to follow up on the	survey.		
What is a good contact phone number?	What would be the best time to call?		
Phone:	O Morning	O Afternoon	O Evening

# **Child Care Assistance Participation**

1.	Are you a current participant in the Child Care Assistance Program?
	O Yes (Go to Question 2)
	O No (Go to Question 1.A
	1.A. To better our program, we would like to know why you are not participating in the Child Care Assistance Program (CCAP). (Please choose <u>all</u> that apply.)
	☐ Family eligibility requirements change too often
	☐ Past difficulty collecting fees from CCAP
	☐ Reimbursement rates are too low
	☐ Do not know about the program
	☐ Do not know how to participate
	☐ Application process is too long
	☐ Requirements are too high
	☐ Other (please specify):
2.	Do you charge families receiving subsidized child care a different rate than private paying families?
	O Yes (Go to Question 2.A)
	O No (Go to Question 3)
	2.A. If your price for care is greater than the amount the state pays, do you charge parents the difference?
	O Yes O No
3.	When setting your rates, what information do you use? (Please choose all that apply.)
	☐ CCAP reimbursement rates
	□ Neighboring facilities' rates
	☐ What I feel/hear that parents can afford ☐ Actual cost of providing care
	☐ Corporate Office/Church Board/School's Board of Directors
	□ Other:

	Capacity
4.	What is the desired capacity for your facility?# of children
	<u>Desired capacity</u> is the maximum number of children that you would <u>like</u> to have in care.
	This number can be different from the number of children that you currently have in care but should not exceed your facility's licensed capacity.
5.	As of October 2020, is your facility operating at the full capacity listed on your child care license?
	O Yes (Go to Question 6 - Age Group Definition)
	O No (Go to Question 5.A)
	<ul> <li>5.A. Please choose <u>all</u> the reasons that apply as to why you are not operating at your facility's full licensed capacity.</li> <li>Lack of qualified Child Care Associates</li> <li>Lack of qualified Child Development Leaders</li> <li>Lack of other qualified child care staff</li> </ul>
	<ul> <li>□ Not enough families interested in child care</li> <li>□ Too many other licensed child care providers</li> <li>□ Due to COVID-19 social distancing guidelines</li> <li>□ I/my employees are worried about getting COVID-19</li> </ul>
	☐ Lack of demand for services due to COVID-19/school closings/unemployment rates ☐ Do not want to operate to full licensed capacity (please explain):
	☐ Other (please specify):

## **Age Group Definitions**

6. Please define your age groups - in months and/or years- for each of the following categories.

	Youngest Age	Months or Years (please circle)	Oldest Age	Months or Years (please circle)	We do not serve this age group
Infants		Months / Years		Months / Years	0
Toddlers		Months / Years		Months / Years	0
Pre-schoolers		Months / Years		Months / Years	0
School-age children*		Months / Years		Months / Years	0

<sup>\*</sup>If you provide care only for school-age children, please go to Question 16 – School Aged Children.

## **Enrollment Period (Part and Full Month)**

The following questions ask about your part month/day and full month/day enrollment definitions and rates for infants, toddlers, and pre-schoolers.

	7. Please provide your definition of a <u>part</u> <u>month</u> enrollment.	8. Please provide your definition of a <u>full</u> month enrollment.
Infants		
Toddlers		
Pre-schoolers		

## **Rates (Part and Full Month)**

9. Please indicate if your program accepts children of each age group for part month and full month enrollment. Then indicate the monthly rate you charge for each age group and enrollment type.

Do you accept children for: Monthly Rate

	Part Month	Full Month	Part Month	Full Month
Infants			\$/month	\$/month
Toddlers			\$/month	\$/month
Pre-schoolers			\$/month	\$/month

<b>Enrollment Period</b>	(Part and Full Day)
--------------------------	---------------------

10. Please provide your facility's definition of a <u>part day</u> .	11. Please provide your facility's definition of a <u>full day.</u>

## Rates (Part and Full Day)

12. Please indicate if your program accepts children of each age group for part day and full day enrollment. Then indicate the daily rate you charge for each age group.

If you do not accept daily rates, please leave blank.

Do you accept children for:

Dai	ly	Rate
-----	----	------

	Part Day	Full Day	Part Day	Full Day
Infants			\$/day	\$/day
Toddlers			\$/day	\$/day
Pre-schoolers			\$/day	\$/day

## **Additional Fees**

13. In addition to the standard rates, do you charge any of the additional fees below?

If yes, please indicate the dollar amount and how charged—per child, family, day, minute, or occasion.

	Yes	\$ Fee Amount	Chare per (Please circle one)
Registration fee	0	\$	Child / Family / Day / Minute / Occasion
Late payment fee	0	\$	Child / Family / Day / Minute / Occasion
Application fee	0	\$	Child / Family / Day / Minute / Occasion
Materials fee	0	\$	Child / Family / Day / Minute / Occasion
Late pick-up	0	\$	Child / Family / Day / Minute / Occasion
Early drop-off	0	\$	Child / Family / Day / Minute / Occasion
Field Trip fee	0	\$	Child / Family / Day / Minute / Occasion
Activity fee	0	\$	Child / Family / Day / Minute / Occasion

## **Additional Care**

#### 14. Do you provide the following types of care on a regular basis?

Select <u>all that apply</u> then indicate if you charge an additional fee for the care.

	Care provided:		Additional fee charged:	
	Yes	No	Yes	No
Regular care during evenings (after 6:00pm)	0	0	0	0
Regular daytime care on a Saturday and/or Sunday	0	0	0	0
Regular overnight care	0	0	0	0

Reduced Rates
15. Do you offer a reduced rate for any of the following? (Select all that apply.)
☐ Based on parents' income (such as a sliding scale rate) ☐ Paying through an auto pay mechanism ☐ Paying early ☐ Additional children in the family ☐ Children of employees ☐ Other (please specify):
School-age Children

## The following questions are about care and the rates you charge for school-age children.

(If you do not provide care for school-aged children, skip to Question 22 - Enrollment Numbers and Waitlist)

16. Please provide your definition of <u>part</u> month enrollment for school-age children.	17. Please provide your definition of <u>full month</u> enrollment for school-age children.

18. For school-age children, please indicate what types of care you provide and how much you charge.

	Do you accept school-age children for:		Month	ly Rate
	Part Month	Full Month	Part Month	Full Month
Before School Only			\$/month	\$/month
After School Only			\$/month	\$/month
Before and After School			\$/month	\$/month

## 19. For school-age children,

		u offer care?		e included ndard rate?	additiona	ere an al fee* for care?
	Yes	No	Yes	No	Yes	No
Early-Release/Parent Teacher Conference Days	0	0	0	0	0	0
Emergency/Weather Closure Days	0	0	0	0	0	0
In-service Days	0	0	0	0	0	0
Winter Break	0	0	0	0	0	0
Spring Break	0	0	0	0	0	0
Summer Break*	0	0	0	0	0	0

# 20. Please indicate how much your <u>additional fee</u> is and if you charge per hour, day, or week. \*If you <u>do not</u> charge additional fees and go to Question 21.

	Rate	Charge per (Please circle one)
Early-release/Parent-teacher conference Days	\$	Hour / Day / Week
Emergency/Weather Closure Days	\$	Hour / Day / Week
In-service days	\$	Hour / Day / Week
Winter Break	\$	Hour / Day / Week
Spring Break	\$	Hour / Day / Week

## 21. For <u>summer break</u>, please fill in the rates you charge for part-time and full-time below:

\*If you do not provide care during summer break and go to Question 22

	Part Time Rate	Full Time Rate
Hourly	\$	\$
Daily	\$	\$
Weekly	\$	\$
Monthly	\$	\$

#### **Enrollment Numbers and Waitlist**

The following questions are about enrollment in the month of October 2020.

After these, are questions about enrollment and your waitlist on Tuesday, October 6, 2020.

22. In October 2020, please tell us how many children were enrolled in each group.

		October 2020 <u>Part</u> Month Enrollment		er 2020 Enrollment
	# Enrolled	# Subsidized*	# Enrolled	# Subsidized*
Infants				
Toddlers				
Pre-Schoolers				
School-Age Children				

- 23. On Tuesday, October 6, 2020, did you provide care for any children under 13 years of age?
  - O Yes (Go to Question 23.A)
  - O No (Go to Question 24)
    - 23.A. Please indicate the number of children who received care on <u>Tuesday</u>, <u>October 6</u> in each category.

	# Receiving <u>Part</u> Day Care	# Receiving <u>Full</u> Day Care
Infants		
Toddlers		
Pre-Schoolers		
School-Age Children		

## **Waitlist**

24. We want to know about your <u>waitlist</u>. For each age group, please indicate below whether there was a waitlist for each age group on <u>Tuesday</u>, <u>October 6, 2020</u>. If so, please indicate how many children were on the waitlist.

	Waitlist		# on Waitlist
	Yes	No	# OII VVailliSt
Infant	0	0	
Toddlers	0	0	
Pre-schoolers	0	0	
School-age children	0	0	

25. We want to know if COVID-19 has impacted your waitlist. Please indicate if COVID-19 has increased, decreased, or had no impact on your waitlist in the last 6 months.

## Impact

	Increased	Decreased	No impact
Infant	0	0	0
Toddlers	0	0	0
Pre-schoolers	0	0	0
School-age children	0	0	0

## **Operation Costs**

The following questions are being asked in order to collect information that will provide CCAP with a better understanding of the true cost of providing child care. All information will remain confidential and only be used for CCAP's cost modeling purposes.

26. Does your program pay for	staff training and development?
-------------------------------	---------------------------------

- O Yes (Answer Question 26.A)
- O No (Go to Question 27)

26.A.	What is your budget for ALL staff training?
\$	Per year / Per employee (circle one

## 27. Which of the following paid leave does your program offer to FULL-TIME employees?

	Do you provi	de this leave?	# Leave days
	Yes	No	per year
Paid holidays	0	0	
Paid vacation leave	0	0	
Paid sick/personal leave	0	0	
Paid professional development days	0	0	
Other paid leave	0	0	

#### 28. Does your program offer the following benefits to FULL-TIME employees?

	Yes	No
Health insurance	0	0
Dental insurance	0	0
Vision insurance	0	0
Retirement plan	0	0
Other benefits	0	0

# 29. Please indicate what your annual or monthly costs are for the following items. Then indicate if they have changed since <u>March 2020.</u>

	Chang	ge since <u>Marc</u>	ch 2020	Cost	Cost per year or
	Increased	Decreased	No change	Cost	per month (please circle one)
Food	0	0	0	\$	Per year / per month
Supplies	0	0	0	\$	Per year / per month
Rent/Mortgage	0	0	0	\$	Per year / per month
Utilities—Gas or oil	0	0	0	\$	Per year / per month
Utilities—Water	0	0	0	\$	Per year / per month
Utilities—Electric	0	0	0	\$	Per year / per month
Utilities—Internet & Telephone	0	0	0	\$	Per year / per month

**29.A.** Which of the following costs have changed since **March 2020**. Please indicate if those changes were **mostly** due to COVID-19.

Costs	Change March		Changes mostly due to COVID-19				
	O Yes	O No	Yes				
Food	O Yes	O No	0				
Supplies	O Yes	O No	0				
Rent/Mortgage	O Yes	O No	0				
Utilities—Gas or oil	O Yes	O No	0				
Utilities—Water	O Yes	O No	0				
Utilities—Electric	O Yes	O No	0				
Utilities—Internet & Telephone	O Yes	O No	0				

30. Please indicate the current number of employees and salary ranges for the following positions. Then indicate if there was a change in either since <u>March 2020</u>.

	Current # of Employees	Hourly <u>Minimum</u> Salary	Hourly <u>Maximum</u> Salary	Changed since March 2020 Yes
<b>Director</b> —responsible for overall operation of program		\$ / hour	\$/ hour	0
<b>Assistant Director</b> —responsible in Director absence		\$ / hour	\$/ hour	0
<b>Lead Teacher</b> —responsible for one or more classrooms, may supervise teachers		\$/ hour	\$/ hour	0
Teacher, Teacher Assistants, Floaters—responsible for direct care and education of children		\$/ hour	\$/ hour	0

31. Please indicate what your employee count was in <u>March 2020</u>. Then indicate if the salary of each position's salary has was increased, decreased, or has not changed since <u>March 2020</u> and if the change was primarily due to COVID-19.

	# of Employees in <u>March 2020</u>	Change in	salary since <u>I</u>	Change primarily due to COVID-19	
		Increased	Decreased	No change	Yes
<b>Director</b> —responsible for overall operation of program		0	0	0	0
<b>Assistant Director</b> —responsible in Director absence		0	0	0	0
<b>Lead Teacher</b> —responsible for one or more classrooms, may supervise teachers		0	0	0	0
Teacher, Teacher Assistants, Floaters—responsible for direct care and education of children		0	0	0	0

## COVID-19

The next set of questions will ask about COVID-19's impact to your business.

32. In October 2020, did you continue to charge families for children that did not attend?		March 2020 orary amou		closed for a
O Yes O No O I never did that	O No	(Go to Questio	n 40)	
33. In October 2020, did you continue to pay		(Go to Question	,	(; 00 A)
employees who would have been laid off?	O Yes	, multiple time	es (Go to Ques	stion 39.A)
O Yes O No O I never did that	38.A.			n months and ou were closed
34. As of October 2020, have any of your employees applied for unemployment		and if it wa	as due to C	
insurance benefits?		Closed	# of Days Closed	Due to COVID-19 Yes
O Yes O No O I don't know	March			
35. As of October 2020, have you applied for	April			
the SBA Paycheck Protection Program?	May			
O Yes O No	June			
	July			
36. As of October 2020, have you applied for	August			
the SBA Economic Injury Disaster Loan?	Septem			
O Yes O No	October			
37. Due to school closures as a result of	39. Do yo	u anticipate	e staying op	en?
COVID-19, did any <u>school-age children</u> who were only authorized for <u>part month</u>		⊃ Yes	O No	
enrollment attend more than they were authorized?		should we	consider in	the next Market
O No (Go to Question 39)				
O Yes (Go to 37.A)				
37.A. Was this additional care provided for free?				
O Yes O No				

## **THANK YOU!**

## **November 2020 Survey Notification Letter**



## **Child Care Assistance Program**



2020 Market Rate Survey

October 26<sup>th</sup>, 2020

#### Dear [provider name]:

The Child Care Program Office (CCPO) is committed to continual improvement of the Child Care Assistance Program (CCAP) to increase the availability, affordability and quality of child care services. The CCPO periodically evaluates the current state child care rates by conducting a Market Price Survey to collect data on prices and the number of filled child care slots. This information is used to set state child care rates and to ensure families participating in the CCAP have access to licensed child care as required by the Child Care and Development Fund Plan, which is the federal grant that provides funding for these programs: Child Care Assistance; Child Care Licensing; Child Care Grant; Child Care Resource and Referral; and Alaska Inclusive Child Care Program.

This year the Child Care Program Office is working in partnership with The University of Alaska, Anchorage (UAA) Institute of Social and Economic Research (ISER) to conduct the survey. This year we have included questions about COVID-19 to get a better understanding of the impacts on child care.

This letter is intended to inform you of the upcoming 2020 Market Price Survey taking place November 9<sup>th</sup>, 2020 to December 7th, 2020 and to help your child care facility prepare for this process.

If your facility's contact information or email has changed, please ensure this information has been updated with your Licensing Specialist by October 31, 2020 so we may contact you during the 2020 Market Price Survey period. The Market Price Survey will be a web-based survey.

You will be emailed a survey link on November 9<sup>th</sup>, 2020 and will need the following information to complete the survey: your facility's contact information; capacity; attendance/enrollment, fees, rates and waitlist records for the month of October 2020. If you gather the information before you click on the survey link, the survey will take about 10-15 minutes. Providers without a working email address in CCPO's Integrated Child Care Information System (ICCIS) will be contacted by telephone.

Please call Alliana Salanguit with the University of Alaska, Institute of Social and Economic Research (907) 786-4318 or email to <a href="mailto-aasalanguit@alaska.edu">aasalanguit@alaska.edu</a> for any questions about the survey or for any survey technical assistance. If you do not receive the survey link on November 9<sup>th</sup>, 2020 please contact the CCPO toll free at 1-888-268-4632 and request to speak to an Eligibility and Benefits team member to request the Market Price Survey link.

Sincerely,
The Child Care Program Office

## **November 2020 Survey Invite Letter**



## **Child Care Assistance Program**



2020 Market Rate Survey

November 9th, 2020

Dear Child Care Provider:

It is time for the completion of the Child Care Market Rate Survey. Staff members from the Institute of Social and Economic Research (ISER) at the University of Alaska Anchorage are assisting the Child Care Program Office (CCPO) in asking for information on the rates you charge for child care services and how much it costs you to provide those services. The results of this survey will be used in a confidential manner to make recommendations for payment rates for subsidized child care in Alaska.

Please complete this survey by **December 7**<sup>th</sup>, **2020** by visiting the link below to submit your response online.

#### Take the survey

If you are not able to complete the online survey you also have the option of submitting the information by telephone, email, or fax. You can request a pdf copy of the survey be emailed. You can then print the survey and complete it by hand in your facility. Call us or we will call you to complete the survey by telephone; or scan and email it to us at aasalanguit@alaska.edu; or fax it to us at (907) 786-4319.

We ask that you please submit the completed survey as soon as possible. If your facility's survey response is not submitted by November 23<sup>rd</sup>, 2020 we may be contacting you by telephone as a follow-up.

This year we have added some new questions that will collect information about your operating costs for personnel and non-personnel expenses. Additional questions have been added to better understand the impacts of Covid-19 on childcare. This additional data will help us better understand the actual cost of providing child care as we look at how to set Child Care Assistance Program (CCAP) rates.

As always, the results of this survey will be kept completely confidential. Information that is specific to your center or home will never be used in reports or discussed in meetings.

Your survey answers provide extremely valuable information for the CCAP. Survey results help determine where differences between market rates and private pay rates are inconsistent and provide data for the development of rates for subsidized child care. Survey results support the continuation of high subsidy rates for high quality care. Cost and fee information help the CCPO recommend fair payment rates for CCAP participating providers offering high quality care. Your participation in this survey is critical to this process and to rate revisions.

If you have questions about completing the survey or you do not have access to the internet, you are

encouraged to contact ISER at Alliana Salanguit at (907) 786-4318, or email to <a href="mailto:aasalanguit@alaska.edu">aasalanguit@alaska.edu</a>. If you would like to provide feedback on the market price survey, please send that information to the Child Care Program Office Eligibility and Benefits Team at <a href="mailto:DPACCP@alaska.gov">DPACCP@alaska.gov</a>

Thank you in advance. Your assistance in this effort will help to ensure that Alaska's children and families can access the childcare services they need.

Sincerely, Alliana Salanguit, ISER/UAA On behalf of Ambra Mavis Program Coordinator II Child Care Program Office

To opt-out follow this

link: <a href="http://uaa.co1.qualtrics.com/CP/Register.php?OptOut=true&RID=MLRP">http://uaa.co1.qualtrics.com/CP/Register.php?OptOut=true&RID=MLRP</a> 5tDUwTEUnsa8JUh&LID=UR 6CZ5rRox949cWG1&DID=EMD 2qEr6XX491hf7HN&BT=dWFh& =1

## **November 2020 Survey Reminder Letter**



## **Child Care Assistance Program**



2020 Market Rate Survey

November 16th, 2020

Good afternoon,

This is a friendly reminder to encourage you to participate in the Child Care Program Office (CCPO) 2020 Market Price Survey. Your responses will help ensure families participating in the Child Care Assistance Program have access to licensed childcare as required. This year, the CCPO is collecting information through a brief, web-based survey from **November 9, 2020**, through **December 7, 2020**.

To take the survey, click here: <u>Take the survey</u>

If you have problems accessing the survey using the link above, you can paste the following link into your

browser: <a href="http://uaa.co1.qualtrics.com/jfe/form/SV">http://uaa.co1.qualtrics.com/jfe/form/SV</a> 5ihWUIWiA3JcD53?Q DL=5zN1hn3sw4QFWi G 5ihWUIWiA3JcD53 MLRP 5tDUwTEUnsa8JUh&Q CHL=email

You will need your: facility contact information; enrollment records for the month of **October, 2020**; and attendance records and waitlist information for the date of **October 6, 2020**. There are some questions about personnel and non-personnel costs and the impacts of Covid-19 on childcare. If you gather the information before you click on the survey link, your responses will take about 10-15 minutes. Please try to take the survey in one session. If you have more than one facility, you will receive an email for each.

While completing this survey, a few child care providers have had questions about "Age Group Definitions". Below is an example of how to fill out the table:

This Child Care Provider has these age groups:

Infants: 3 months - 12 months old
Toddlers: 13 months - 29 months old
Pre-schoolers: 2.5 years - 4.5 years old
School-age children: 5 years - 12 years old

If you have questions about the survey or you do not have access to the internet, you are encouraged to contact ISER at Alliana Salanguit at (907) 786-4318, or email to <a href="mailto:aasalanguit@alaska.edu">aasalanguit@alaska.edu</a>. You can request a pdf copy of the survey be emailed to you. You can then complete the survey by hand, scan, and return it via email.

If you would like to provide feedback on the market price survey, please contact the Child Care

Program Office Eligibility and Benefits Team at <a href="mailto:DPACCP@alaska.gov">DPACCP@alaska.gov</a>.

Sincerely, Alliana Salanguit, ISER/UAA On behalf of Ambra Mavis Program Coordinator II Child Care Program Office

## To opt out, follow this

link: http://uaa.co1.qualtrics.com/CP/Register.php?OptOut=true&RID=MLRP\_5tDUwTE\_Unsa8JUh&LID=UR\_6CZ5rRox949cWG1&DID=EMD\_FUY4hCV5IHZzl4r&BT=dWFh&=1

## State of Alaska

#### Department of Health and Social Services

#### Division of Public Assistance - Child Care Program Office

#### Child Care Assistance Program Rate Schedule (Revised March 1, 2019)

		Lice	nsed or N	lilitary Ce	enter	Lie	censed G	roup Hor	ne	Lice	nsed or N	lilitary H	ome	Approved Relative or In-Home Care			
		F/T	P/T	F/T	P/T	F/T	P/T	F/T	P/T	F/T	P/T	F/T	P/T	F/T	P/T	F/T	P/T
Rate Region	Age Group	Month	Month	Day	Day	Month	Month	Day	Day	Month	Month	Day	Day	Month	Month	Day	Day
	Infant	\$934	\$438	\$56	\$26	\$934	\$438	\$56	\$26	\$734	\$423	\$44	\$25	\$673	\$392	\$40	\$23
Aleutians East Borough	Toddler	\$873	\$408	\$52	\$24	\$873	\$408	\$52	\$24	\$680	\$496	\$41	\$30	\$608	\$439	\$36	\$26
/ ileations cast borough	Preschool	\$656	\$398	\$39	\$24	\$656	\$398	\$39	\$24	\$575	\$345	\$35	\$21	\$575	\$334	\$35	\$20
	School Age	\$677	\$380	\$41	\$23	\$677	\$380	\$41	\$23	\$575	\$345	\$35	\$21	\$575	\$334	\$35	\$20
	Infant	\$934	\$438	\$56	\$26	\$934	\$438	\$56	\$26	\$734	\$423	\$44	\$25	\$673	\$392	\$40	\$23
Aleutians West Census	Toddler	\$873	\$408	\$52	\$24	\$873	\$408	\$52	\$24	\$680	\$496	\$41	\$30	\$608	\$439	\$36	\$26
Area	Preschool	\$656	\$398	\$39	\$24	\$656	\$398	\$39	\$24	\$575	\$345	\$35	\$21	\$575	\$334	\$35	\$20
	School Age	\$677	\$380	\$41	\$23	\$677	\$380	\$41	\$23	\$575	\$345	\$35	\$21	\$575	\$334	\$35	\$20
	Infant	\$980	\$600	\$59	\$36	The Mur	nicipality o	of Anchor	rage does	\$704	\$435	\$42	\$26	\$521	\$322	\$31	\$19
Municipality of Anchorage	Toddler	\$850	\$535	\$51	\$32		licensed		•	\$650	\$474	\$39	\$28	\$492	\$359	\$30	\$22
with the party of Americage	Preschool	\$755	\$425	\$45	\$26	not nave	provide	· .	Jilies as a	\$545	\$327	\$33	\$20	\$440	\$264	\$26	\$16
	School Age	\$850	\$400	\$51	\$24		provide	er type.		\$501	\$301	\$30	\$18	\$430	\$258	\$26	\$15
	Infant	\$934	\$438	\$56	\$26	\$934	\$438	\$56	\$26	\$734	\$423	\$44	\$25	\$673	\$392	\$40	\$23
Bethel Census Area	Toddler	\$873	\$408	\$52	\$24	\$873	\$408	\$52	\$24	\$680	\$496	\$41	\$30	\$608	\$439	\$36	\$26
bether census Area	Preschool	\$608	\$398	\$36	\$24	\$608	\$398	\$36	\$24	\$575	\$345	\$35	\$21	\$575	\$334	\$35	\$20
	School Age	\$677	\$380	\$41	\$23	\$677	\$380	\$41	\$23	\$575	\$345	\$35	\$21	\$575	\$334	\$35	\$20
Bristol Bay Borough	Infant	\$934	\$438	\$56	\$26	\$934	\$438	\$56	\$26	\$734	\$423	\$44	\$25	\$673	\$392	\$40	\$23
	Toddler	\$873	\$408	\$52	\$24	\$873	\$408	\$52	\$24	\$680	\$496	\$41	\$30	\$608	\$439	\$36	\$26
Bristor Buy Borough	Preschool	\$656	\$398	\$39	\$24	\$656	\$398	\$39	\$24	\$575	\$345	\$35	\$21	\$575	\$334	\$35	\$20
	School Age	\$677	\$380	\$41	\$23	\$677	\$380	\$41	\$23	\$575	\$345	\$35	\$21	\$575	\$334	\$35	\$20
	Infant	\$811	\$550	\$49	\$33	\$811	\$550	\$49	\$33	\$734	\$454	\$44	\$27	\$521	\$322	\$31	\$19
Denali Borough	Toddler	\$723	\$525	\$43	\$32	\$723	\$525	\$43	\$32	\$680	\$496	\$41	\$30	\$492	\$359	\$30	\$22
Delian Borough	Preschool	\$685	\$501	\$41	\$30	\$685	\$501	\$41	\$30	\$570	\$342	\$34	\$21	\$440	\$264	\$26	\$16
	School Age	\$645	\$469	\$39	\$28	\$645	\$469	\$39	\$28	\$504	\$339	\$30	\$20	\$430	\$258	\$26	\$15
	Infant	\$908	\$438	\$54	\$26	\$908	\$438	\$54	\$26	\$734	\$423	\$44	\$25	\$673	\$392	\$40	\$23
Dillingham Census Area	Toddler	\$872	\$408	\$52	\$24	\$872	\$408	\$52	\$24	\$680	\$496	\$41	\$30	\$608	\$439	\$36	\$26
Dillingham Census Area	Preschool	\$725	\$398	\$44	\$24	\$725	\$398	\$44	\$24	\$575	\$345	\$35	\$21	\$575	\$334	\$35	\$20
	School Age	\$250	\$380	\$15	\$23	\$250	\$380	\$15	\$23	\$575	\$345	\$35	\$21	\$575	\$334	\$35	\$20
	Infant	\$1,183	\$495	\$71	\$30	\$1,183	\$495	\$71	\$30	\$938	\$350	\$56	\$21	\$521	\$322	\$31	\$19
Fairbanks North Star	Toddler	\$900	\$533	\$54	\$32	\$900	\$533	\$54	\$32	\$616	\$450	\$37	\$27	\$492	\$359	\$30	\$22
Borough	Preschool	\$825	\$675	\$50	\$41	\$825	\$675	\$50	\$41	\$539	\$323	\$32	\$19	\$440	\$264	\$26	\$16
	School Age	\$700	\$325	\$42	\$20	\$700	\$325	\$42	\$20	\$700	\$315	\$42	\$19	\$430	\$258	\$26	\$15
	Infant	\$861	\$475	\$52	\$29	\$861	\$475	\$52	\$29	\$750	\$431	\$45	\$26	\$523	\$322	\$31	\$19
Haines Borough	Toddler	\$744	\$420	\$45	\$25	\$744	\$420	\$45	\$25	\$725	\$510	\$44	\$31	\$492	\$365	\$30	\$22
names bolougil	Preschool	\$655	\$275	\$39	\$17	\$655	\$275	\$39	\$17	\$670	\$330	\$40	\$20	\$450	\$275	\$27	\$17
	School Age	\$742	\$352	\$44	\$21	\$742	\$352	\$44	\$21	\$483	\$350	\$29	\$21	\$450	\$275	\$27	\$17

Infant: Birth through 12 months 
Toddler: 13 months through 35 months 
Preschool Age: 36 months through 59 months 
School Age: 5 years through 13 years\*

F/T month (Full month) = 17 through 23 days of care, that includes at least one full day, during a calendar month;

P/T month (Part month) = fewer than 17 days of care in any combination of part or full days in a month, or 17 through 23 part days of care during a calendar month;

F/T day (Full day) = 5 hours and 1 minute of care and up to and including 10 hours of care in a day;

**P/T day (Part day)** = up to and including 5 hours of care in a day.

<sup>\*</sup> For information on Child Care Assistance Program eligibility, please see 7 AAC 41.350 of the Alaska Administrative Code.

#### State of Alaska

#### Department of Health and Social Services

#### Division of Public Assistance - Child Care Program Office

#### Child Care Assistance Program Rate Schedule (Revised March 1, 2019)

		Lice	nsed or N	lilitary Ce	enter	Lie	censed G	roup Hor	ne	Lice	nsed or N	ilitary H	ome	Approve	d Relative	or In-Ho	me Care
		F/T	P/T	F/T	P/T	F/T	P/T	F/T	P/T	F/T	P/T	F/T	P/T	F/T	P/T	F/T	P/T
Rate Region	Age Group	Month	Month	Day	Day	Month	Month	Day	Day	Month	Month	Day	Day	Month	Month	Day	Day
	Infant	\$861	\$630	\$52	\$38	\$861	\$630	\$52	\$38	\$698	\$431	\$42	\$26	\$523	\$322	\$31	\$19
Hoonah-Angoon Census	Toddler	\$744	\$630	\$45	\$38	\$744	\$630	\$45	\$38	\$675	\$510	\$41	\$31	\$492	\$365	\$30	\$22
Area	Preschool	\$655	\$450	\$39	\$27	\$655	\$450	\$39	\$27	\$550	\$330	\$33	\$20	\$450	\$275	\$27	\$17
	School Age	\$742	\$450	\$44	\$27	\$742	\$450	\$44	\$27	\$483	\$290	\$29	\$17	\$450	\$275	\$27	\$17
	Infant	\$1,120	\$575	\$67	\$35	\$1,120	\$575	\$67	\$35	\$726	\$446	\$44	\$27	\$523	\$322	\$31	\$19
City and Borough of	Toddler	\$1,000	\$493	\$60	\$30	\$1,000	\$493	\$60	\$30	\$800	\$474	\$48	\$28	\$492	\$365	\$30	\$22
Juneau	Preschool	\$1,030	\$140	\$62	\$8	\$1,030	\$140	\$62	\$8	\$913	\$380	\$55	\$23	\$450	\$275	\$27	\$17
	School Age	\$350	\$220	\$21	\$13	\$350	\$220	\$21	\$13	\$483	\$290	\$29	\$17	\$450	\$275	\$27	\$17
	Infant	\$850	\$565	\$51	\$34	\$850	\$565	\$51	\$34	\$802	\$531	\$48	\$32	\$503	\$314	\$30	\$19
Kenai Peninsula Borough	Toddler	\$800	\$607	\$48	\$36	\$800	\$607	\$48	\$36	\$720	\$452	\$43	\$27	\$500	\$365	\$30	\$22
	Preschool	\$690	\$527	\$41	\$32	\$690	\$527	\$41	\$32	\$660	\$420	\$40	\$25	\$500	\$293	\$30	\$18
	School Age	\$690	\$490	\$41	\$29	\$690	\$490	\$41	\$29	\$600	\$350	\$36	\$21	\$500	\$293	\$30	\$18
	Infant	\$791	\$475	\$47	\$29	\$791	\$475	\$47	\$29	\$698	\$431	\$42	\$26	\$523	\$322	\$31	\$19
Ketchikan Gateway	Toddler	\$700	\$420	\$42	\$25	\$700	\$420	\$42	\$25	\$700	\$510	\$42	\$31	\$492	\$365	\$30	\$22
Borough	Preschool	\$607	\$364	\$36	\$22	\$607	\$364	\$36	\$22	\$607	\$330	\$36	\$20	\$450	\$275	\$27	\$17
	School Age	\$550	\$330	\$33	\$20	\$550	\$330	\$33	\$20	\$550	\$290	\$33	\$17	\$450	\$275	\$27	\$17
	Infant	\$844	\$465	\$51	\$28	\$844	\$465	\$51	\$28	\$779	\$482	\$47	\$29	\$503	\$314	\$30	\$19
Kodiak Island Borough	Toddler	\$744	\$420	\$45	\$25	\$744	\$420	\$45	\$25	\$620	\$452	\$37	\$27	\$500	\$365	\$30	\$22
, and the second	Preschool	\$697	\$436	\$42	\$26	\$697	\$436	\$42	\$26	\$600	\$360	\$36	\$22	\$500	\$293	\$30	\$18
	School Age	\$648	\$387	\$39	\$23	\$648	\$387	\$39	\$23	\$500	\$300	\$30	\$18	\$500	\$293	\$30	\$18
	Infant	\$934	\$438	\$56	\$26	\$934	\$438	\$56	\$26	\$734	\$423	\$44	\$25	\$673	\$392	\$40	\$23
Lake and Peninsula	Toddler	\$873	\$408	\$52	\$24	\$873	\$408	\$52	\$24	\$680	\$496	\$41	\$30	\$608	\$439	\$36	\$26
Borough	Preschool	\$656	\$398	\$39	\$24	\$656	\$398	\$39	\$24	\$575	\$345	\$35	\$21	\$575	\$334	\$35	\$20
	School Age	\$677	\$380	\$41	\$23	\$677	\$380	\$41	\$23	\$575	\$345	\$35	\$21	\$575	\$334	\$35	\$20
	Infant	\$758	\$465	\$45	\$28	\$758	\$465	\$45	\$28	\$647	\$388	\$39	\$23	\$521	\$322	\$31	\$19
Matanuska-Susitna	Toddler	\$700	\$417	\$42	\$25	\$700	\$417	\$42	\$25	\$600	\$360	\$36	\$22	\$492	\$359	\$30	\$22
Borough	Preschool	\$649	\$395	\$39	\$24	\$649	\$395	\$39	\$24	\$600	\$360	\$36	\$22	\$440	\$264	\$26	\$16
	School Age	\$675	\$378	\$41	\$23	\$675	\$378	\$41	\$23	\$483	\$315	\$29	\$19	\$430	\$258	\$26	\$15
	Infant	\$795	\$438	\$48	\$26	\$795	\$438	\$48	\$26	\$734	\$423	\$44	\$25	\$654	\$363	\$39	\$22
Nome Census Area	Toddler	\$737	\$416	\$44	\$25	\$737	\$416	\$44	\$25	\$680	\$496	\$41	\$30	\$650	\$405	\$39	\$24
	Preschool	\$670	\$406	\$40	\$24	\$670	\$406	\$40	\$24	\$621	\$335	\$37	\$20	\$500	\$300	\$30	\$18
	School Age	\$890	\$499	\$53	\$30	\$890	\$499	\$53	\$30	\$545	\$327	\$33	\$20	\$500	\$300	\$30	\$18
	Infant	\$1,280	\$768	\$77	\$46	\$1,280	\$768	\$77	\$46	\$734	\$423	\$44	\$25	\$654	\$363	\$39	\$22
North Slope Borough	Toddler	\$1,280	\$768	\$77	\$46	\$1,280	\$768	\$77	\$46	\$680	\$496	\$41	\$30	\$650	\$405	\$39	\$24
	Preschool	\$670	\$406	\$40	\$24	\$670	\$406	\$40	\$24	\$621	\$335	\$37	\$20	\$500	\$300	\$30	\$18
	School Age	\$890	\$499	\$53	\$30	\$890	\$499	\$53	\$30	\$545	\$327	\$33	\$20	\$500	\$300	\$30	\$18

Infant: Birth through 12 months 
Toddler: 13 months through 35 months 
Preschool Age: 36 months through 59 months 
School Age: 5 years through 13 years\*

F/T month (Full month) = 17 through 23 days of care, that includes at least one full day, during a calendar month;

P/T month (Part month) = fewer than 17 days of care in any combination of part or full days in a month, or 17 through 23 part days of care during a calendar month;

F/T day (Full day) = 5 hours and 1 minute of care and up to and including 10 hours of care in a day;

**P/T day (Part day)** = up to and including 5 hours of care in a day.

<sup>\*</sup> For information on Child Care Assistance Program eligibility, please see 7 AAC 41.350 of the Alaska Administrative Code.

#### State of Alaska

#### Department of Health and Social Services

#### Division of Public Assistance - Child Care Program Office

#### Child Care Assistance Program Rate Schedule (Revised March 1, 2019)

		Lice	nsed or N	lilitary Ce	enter	Li	censed G	roup Hor	ne	Lice	nsed or N	1ilitary H	ome	Approve	d Relative	or In-Ho	me Care
		F/T	P/T	F/T	P/T	F/T	P/T	F/T	P/T	F/T	P/T	F/T	P/T	F/T	P/T	F/T	P/T
Rate Region	Age Group	Month	Month	Day	Day	Month	Month	Day	Day	Month	Month	Day	Day	Month	Month	Day	Day
	Infant	\$795	\$438	\$48	\$26	\$795	\$438	\$48	\$26	\$734	\$423	\$44	\$25	\$654	\$363	\$39	\$22
Northwest Arctic Borough	Toddler	\$737	\$416	\$44	\$25	\$737	\$416	\$44	\$25	\$680	\$496	\$41	\$30	\$650	\$405	\$39	\$24
itoranicse / wede Borough	Preschool	\$670	\$406	\$40	\$24	\$670	\$406	\$40	\$24	\$621	\$335	\$37	\$20	\$500	\$300	\$30	\$18
	School Age	\$890	\$499	\$53	\$30	\$890	\$499	\$53	\$30	\$545	\$327	\$33	\$20	\$500	\$300	\$30	\$18
	Infant	\$852	\$475	\$51	\$29	\$852	\$475	\$51	\$29	\$698	\$431	\$42	\$26	\$523	\$322	\$31	\$19
Petersburg Borough	Toddler	\$852	\$592	\$51	\$36	\$852	\$592	\$51	\$36	\$675	\$510	\$41	\$31	\$492	\$365	\$30	\$22
r etersburg borough	Preschool	\$765	\$521	\$46	\$31	\$765	\$521	\$46	\$31	\$550	\$330	\$33	\$20	\$450	\$275	\$27	\$17
	School Age	\$742	\$439	\$44	\$26	\$742	\$439	\$44	\$26	\$483	\$290	\$29	\$17	\$450	\$275	\$27	\$17
	Infant	\$972	\$475	\$58	\$29	\$972	\$475	\$58	\$29	\$698	\$431	\$42	\$26	\$523	\$322	\$31	\$19
Prince of Wales-Hyder	Toddler	\$871	\$563	\$52	\$34	\$871	\$563	\$52	\$34	\$675	\$510	\$41	\$31	\$492	\$365	\$30	\$22
Census Area	Preschool	\$768	\$501	\$46	\$30	\$768	\$501	\$46	\$30	\$550	\$330	\$33	\$20	\$450	\$275	\$27	\$17
	School Age	\$742	\$464	\$44	\$28	\$742	\$464	\$44	\$28	\$483	\$290	\$29	\$17	\$450	\$275	\$27	\$17
	Infant	\$1,190	\$713	\$71	\$43	\$1,190	\$713	\$71	\$43	\$698	\$431	\$42	\$26	\$523	\$322	\$31	\$19
City and Borough of Sitka	Toddler	\$1,037	\$624	\$62	\$37	\$1,037	\$624	\$62	\$37	\$1,075	\$655	\$65	\$39	\$492	\$365	\$30	\$22
city and borough or siena	Preschool	\$700	\$225	\$42	\$14	\$700	\$225	\$42	\$14	\$550	\$578	\$33	\$35	\$450	\$275	\$27	\$17
	School Age	\$575	\$350	\$35	\$21	\$575	\$350	\$35	\$21	\$483	\$567	\$29	\$34	\$450	\$275	\$27	\$17
	Infant	\$861	\$475	\$52	\$29	\$861	\$475	\$52	\$29	\$698	\$431	\$42	\$26	\$523	\$322	\$31	\$19
Municipality of Skagway	Toddler	\$744	\$420	\$45	\$25	\$744	\$420	\$45	\$25	\$675	\$510	\$41	\$31	\$492	\$365	\$30	\$22
manicipanty of oraginary	Preschool	\$655	\$397	\$39	\$24	\$655	\$397	\$39	\$24	\$550	\$330	\$33	\$20	\$450	\$275	\$27	\$17
	School Age	\$742	\$352	\$44	\$21	\$742	\$352	\$44	\$21	\$483	\$290	\$29	\$17	\$450	\$275	\$27	\$17
	Infant	\$811	\$550	\$49	\$33	\$811	\$550	\$49	\$33	\$734	\$454	\$44	\$27	\$521	\$322	\$31	\$19
Southeast Fairbanks	Toddler	\$723	\$525	\$43	\$32	\$723	\$525	\$43	\$32	\$680	\$496	\$41	\$30	\$492	\$359	\$30	\$22
Census Area	Preschool	\$685	\$501	\$41	\$30	\$685	\$501	\$41	\$30	\$570	\$342	\$34	\$21	\$440	\$264	\$26	\$16
	School Age	\$645	\$469	\$39	\$28	\$645	\$469	\$39	\$28	\$504	\$339	\$30	\$20	\$430	\$258	\$26	\$15
	Infant	\$844	\$465	\$51	\$28	\$844	\$465	\$51	\$28	\$779	\$482	\$47	\$29	\$503	\$314	\$30	\$19
Valdez-Cordova Census	Toddler	\$744	\$420	\$45	\$25	\$744	\$420	\$45	\$25	\$620	\$452	\$37	\$27	\$500	\$365	\$30	\$22
Area	Preschool	\$653	\$436	\$39	\$26	\$653	\$436	\$39	\$26	\$600	\$360	\$36	\$22	\$500	\$293	\$30	\$18
	School Age	\$690	\$387	\$41	\$23	\$690	\$387	\$41	\$23	\$500	\$300	\$30	\$18	\$500	\$293	\$30	\$18
	Infant	\$934	\$438	\$56	\$26	\$934	\$438	\$56	\$26	\$734	\$423	\$44	\$25	\$673	\$392	\$40	\$23
Kusilvak Census Area	Toddler	\$873	\$408	\$52	\$24	\$873	\$408	\$52	\$24	\$680	\$496	\$41	\$30	\$608	\$439	\$36	\$26
Kasiivak Celisus Alea	Preschool	\$656	\$398	\$39	\$24	\$656	\$398	\$39	\$24	\$575	\$345	\$35	\$21	\$575	\$334	\$35	\$20
	School Age	\$677	\$380	\$41	\$23	\$677	\$380	\$41	\$23	\$575	\$345	\$35	\$21	\$575	\$334	\$35	\$20
	Infant	\$861	\$475	\$52	\$29	\$861	\$475	\$52	\$29	\$698	\$431	\$42	\$26	\$523	\$322	\$31	\$19
City and Borough of	Toddler	\$744	\$420	\$45	\$25	\$744	\$420	\$45	\$25	\$675	\$510	\$41	\$31	\$492	\$365	\$30	\$22
Wrangell	Preschool	\$655	\$397	\$39	\$24	\$655	\$397	\$39	\$24	\$550	\$330	\$33	\$20	\$450	\$275	\$27	\$17
	School Age	\$742	\$352	\$44	\$21	\$742	\$352	\$44	\$21	\$483	\$290	\$29	\$17	\$450	\$275	\$27	\$17

Infant: Birth through 12 months 
Toddler: 13 months through 35 months 
Preschool Age: 36 months through 59 months 
School Age: 5 years through 13 years\*

F/T month (Full month) = 17 through 23 days of care, that includes at least one full day, during a calendar month;

P/T month (Part month) = fewer than 17 days of care in any combination of part or full days in a month, or 17 through 23 part days of care during a calendar month;

F/T day (Full day) = 5 hours and 1 minute of care and up to and including 10 hours of care in a day;

**P/T day (Part day)** = up to and including 5 hours of care in a day.

<sup>\*</sup> For information on Child Care Assistance Program eligibility, please see 7 AAC 41.350 of the Alaska Administrative Code.

# State of Alaska Department of Health and Social Services

#### Division of Public Assistance - Child Care Program Office

#### Child Care Assistance Program Rate Schedule (Revised March 1, 2019)

		Lice	nsed or N	lilitary Ce	enter	Li	censed G	roup Hon	ne	Lice	nsed or N	Ailitary H	ome	Approve	Approved Relative or In-Home Care			
		F/T	P/T	F/T	P/T	F/T	P/T	F/T	P/T	F/T	P/T	F/T	P/T	F/T	P/T	F/T	P/T	
Rate Region	Age Group	Month	Month	Day	Day	Month	Month	Day	Day	Month	Month	Day	Day	Month	Month	Day	Day	
	Infant	\$861	\$475	\$52	\$29	\$861	\$475	\$52	\$29	\$698	\$431	\$42	\$26	\$523	\$322	\$31	\$19	
Yakutat Borough	Toddler	\$744	\$420	\$45	\$25	\$744	\$420	\$45	\$25	\$675	\$510	\$41	\$31	\$492	\$365	\$30	\$22	
Takutat Bolougii	Preschool	\$655	\$397	\$39	\$24	\$655	\$397	\$39	\$24	\$550	\$330	\$33	\$20	\$450	\$275	\$27	\$17	
	School Age	\$742	\$352	\$44	\$21	\$742	\$352	\$44	\$21	\$483	\$290	\$29	\$17	\$450	\$275	\$27	\$17	
	Infant	\$811	\$550	\$49	\$33	\$811	\$550	\$49	\$33	\$734	\$454	\$44	\$27	\$521	\$322	\$31	\$19	
Yukon-Koyukuk Census	Toddler	\$723	\$525	\$43	\$32	\$723	\$525	\$43	\$32	\$680	\$496	\$41	\$30	\$492	\$359	\$30	\$22	
Area	Preschool	\$685	\$501	\$41	\$30	\$685	\$501	\$41	\$30	\$570	\$342	\$34	\$21	\$440	\$264	\$26	\$16	
	School Age	\$645	\$469	\$39	\$28	\$645	\$469	\$39	\$28	\$504	\$339	\$30	\$20	\$430	\$258	\$26	\$15	

Infant: Birth through 12 months Toddler: 13 months through 35 months Preschool Age: 36 months through 59 months School Age: 5 years through 13 years\*

F/T month (Full month) = 17 through 23 days of care, that includes at least one full day, during a calendar month;

P/T month (Part month) = fewer than 17 days of care in any combination of part or full days in a month, or 17 through 23 part days of care during a calendar month;

F/T day (Full day) = 5 hours and 1 minute of care and up to and including 10 hours of care in a day;

**P/T day (Part day)** = up to and including 5 hours of care in a day.

<sup>\*</sup> For information on Child Care Assistance Program eligibility, please see 7 AAC 41.350 of the Alaska Administrative Code.

# **Chapter 2: March 2021 Survey**

Included in Chapter 2 March 2021 Survey Appendix are copies of the:

- Paper version of the March 2021 survey questionnaire
- CCAP March 2021 survey notification letter
- CCAP March 2021 survey invite letter
- CCAP March 2021 survey reminder letter

#### Paper version of March 2021 survey questionnaire



## **Child Care Assistance Program**



## 2021 Market Rate Survey

#### **About this Survey:**

The Child Care Program Office (CCPO) is committed to continual improvement of the Child Care Assistance Program (CCAP) to increase the availability, affordability and quality of child care services.

The CCPO is completing a second Market Price Survey, in addition to the Market Price Survey conducted in November through December 2020. This purpose of this survey is to collect more information on costs and the impact of the COVID 19 pandemic on child care. The service month of focus will be February 2021. This information will help the state learn more about how the costs of providing child care are changing in Alaska.

You will need the following information to complete the survey. If you gather this information before beginning the survey, it will take about 10-15 minutes to complete.

- Facility contact information
- Attendance and enrollment fees
- Capacity
- Rates
- Enrollment & Waitlist numbers
- · Operating costs

If you have questions, please contact ISER Researcher Jessica Passini at jnpassini@alaska.edu or (907) 786-5412.

Name of Person Filling out Survey:					
Name of Facility:					
Type of Facility: (Please select one of the below.)  O Licensed Group Home O Licensed Center O Licensed Home O Military Center	facility? (Please seld O Sole Properties O Cooperties O Non-Properties O N	Liability Company (LL rative			
E-mail address of Facility:					
Street Address of Facility:	City:	Z	ip Code:		
O Mailing address is the same as the street	address	L			
Mailing Address of Facility:	City:	Z	ip Code:		
We may want to call you to follow up	on the survey.	·			
What is a good contact phone number?	What would be the	best time to call?			
Phone:	O Morning	O Afternoon	O Evening		

# **Child Care Assistance Participation**

41.	Are you a current participant in the Child Ca	re Assista	ance Pr	ogram?
	O Yes			
	O No			
2.	What other financial support, besides fe used to support program costs?	es and st	ate chi	ld care reimbursement, are
	Other resources used to support program costs	Yes (please		Please provide the estimated annual value in dollars (\$)
	Donated Space	Yes	No	•
	Rent Assistance	Yes	No	
	Free or reduced cost for services (maintenance, landscaping, janitorial, etc.)	Yes	No	
	Free or donated materials and/or supplies	Yes	No	
	Free or donated food	Yes	No	
	Monetary contributions	Yes	No	
	Grants	Yes	No	
	Other (Please specify)	Yes	No	

Capacity
3. What is the desired capacity for your facility? # of children
Desired capacity is the maximum number of children that you would like to have in care.
This number can be different from the number of children that you currently have in care but should not exceed your facility's licensed capacity.
4. As of February 2021, is your facility operating at the full capacity listed on your child care license?
O Yes (Go to Question 5)
O No (Go to Question 4.A)
4.A. Please choose <u>all</u> the reasons that apply as to why you are not operating at your facility's full licensed capacity.
□ Lack of qualified Child Development Leaders □ Lack of other qualified child care staff □ Lack of demand - not enough families interested in child care □ Due to COVID-19 - social distancing guidelines □ Due to COVID-19 - I/my employees are worried about getting COVID-19 □ Due to COVID-19 - lack of demand for services due to school closings/unemployment rates □ Do not want to operate to full licensed capacity □ Other (please specify):

# Rates (Part and Full Month)

		5. Since October 2020, has your program changed any of the age groups of children you accept for part month and full month enrollment?  O Yes (Go to Questions 5.A.1) O No (Go to Question 6)						
		5.A.1. Please desc	ribe your program's c	hange in the	age groups	of child	ren.	
		5.A.2. Please expla	ain your reasons for cl	nanging age (	groups of c	hildren.		
		5.A.3. Please indic enrollment type.	ate the <u>monthly</u> rate y	ou charge fo	each age ç	group an	nd	
		Do you acc	ept children for:		Month	ly Rate		
		Part Month	Full Month	Part	Month	Fu	ıll Month	
In	fants			\$	/month	\$	/month	
To	oddlers			\$	/month	\$	/month	
Pı	re-schoo	lers 🗆		\$	/month	\$	/month	
		5.A.4. Please indic type.	ate the <u>daily</u> rate you	charge for ea	ch age grou	up and e	nrollment	
		Do you a	ccept children for:		Daily	Rate		
		<b>Do you a</b> Part Day	ccept children for: Full Day	Pa	<b>Daily</b> art Day		ıll Day	
	Infants	Part Day	•	Pa	•		ull Day /day	
	Infants	Part Day	Full Day		art Day	Fu	•	

Infants			\$	/month	\$	/month		
Toddlers			\$	/month	\$	/month		
Pre-schoolers			\$	/month	\$	/month		
	6.B. Please i enrollment ty		new <u>daily</u>	rates you ch	narge for	r each age g	roup and	
		u accept ren for:		New Dail	ly Rate		Increase/ Decrease N/A	Month rates changed
	Part Day	Full Day	Pa	rt Day	Fu	ıll Day		
Infants			\$	/day	\$	/ day		
Infants Toddlers			\$ \$	/day / day	\$ \$	/ day / day		
				•		•		

6. Since October 2020, has your program changed the monthly or daily rates you

6.A. Please indicate the new monthly rates you charge for each age group and

Part Month

**New Monthly Rate** 

Full Month

charge?

O Yes (Go to Questions 6.A)
O No (Go to Question 7)

Do you accept

children for:

Full

Month

enrollment type.

Part

Month

Increase/

Decrease

N/A

Month

rates

changed

## **Additional Fees**

- 7. Since October 2020, in addition to the standard rates, have you added any additional fees, such as registration, late payment, application, materials, late pick-up, early drop-off, field trip, or activity fees?
  - o Yes (Go to Question 7.A.)
  - o No (Go to Question 8)
  - 7. A. Please indicate which additional fees, the dollar amount, the frequency of payment, and if charged per child or per family.

	Yes	\$ Fee Amount	Frequency of fee (Please circle one)	Charge per (Please circle one)
Registration fee	0	\$	Once / Annually / Monthly / Daily / per Minute / per Occurrence	Child / Family
Late payment fee	0	\$	Once / Annually / Monthly / Daily / per Minute / per Occurrence	Child / Family
Application fee	0	\$	Once / Annually / Monthly / Daily / per Minute / per Occurrence	Child / Family
Materials fee	0	\$	Once / Annually / Monthly / Daily / per Minute / per Occurrence	Child / Family
Late pick-up	0	\$	Once / Annually / Monthly / Daily / per Minute / per Occurrence	Child / Family
Early drop-off	0	\$	Once / Annually / Monthly / Daily / per Minute / per Occurrence	Child / Family
Field Trip fee	0	\$	Once / Annually / Monthly / Daily / per Minute / per Occurrence	Child / Family
Activity fee	0	\$	Once / Annually / Monthly / Daily / per Minute / per Occurrence	Child / Family

## **Additional Care**

- 8. Since October 2020, have you started to provide additional care, such as care during the evenings (after 6pm); daytime care on a Saturday and/or Sunday; or overnight care on a regular basis?
  - o Yes (Go to Question 8.A.)
  - o No (Go to Question 9)
  - 8.A. Select all that apply then indicate if you charge an additional fee for the care.

	Care provided:			onal fee ged:
	Yes	No	Yes	No
Regular care during evenings (after 6:00pm)	0	0	0	0
Regular daytime care on a Saturday and/or Sunday	0	0	0	0
Regular overnight care	0	0	0	0
Other (please specify)	0	0	0	0

## **Reduced Rates**

	e October 20 ect all that app	•	started to offer	a reduced r	ate for any	of the	following?
☐ Pa ☐ Pa ☐ Ad ☐ Er ☐ M ☐ Ca ☐ So ☐ C	aying through a aying early ditional childre mployee discoulitary discount ash payment cholarship	n auto pay mecl		rate)			
40.0:	0.1.1.00		chool-age C				
10. Sinc	o Yes (C	<b>20, have you</b> Bo to Question  to to Question	•	ide care for	school age	ed child	ren?
10.A	.The followin	g questions a	are about care	and the rates	s you char	ge for <u>s</u>	chool-age
	<mark>dren</mark> . u do not provide (	care for school-ac	ed children, skip to	Question 16 - E	nrollment Nur	mbers and	d Waitlist)
, ,	•		· ·				
	of <u>part</u>	provide your month enroll -age children	ment for		provide yo <u>nonth</u> enro -age childı	ollment	
	school-age c h you charge	· •	e indicate wha	t types of ca	re you pro	vide an	d how
		Do you acc age chile	ept school- dren for:		Month	ly Rate	
		Part Month	Full Month	Part	Month	Ful	I Month
Before S	School Only			\$	/month	\$	/month
	hool Only			\$	/month	\$	/month
Before a	and After			\$	/month	\$	/month

#### 14. For school-age children,

	Is this care included in your standard rate?		Is there an addition fee for this care?	
	Yes	No	Yes	No
Early-Release/Parent Teacher Conference Days	0	0	0	0
Emergency/Weather Closure Days	0	0	0	0
In-service Days	0	0	0	0
Winter Break	0	0	0	0
Spring Break	0	0	0	0
Summer Break	0	0	0	0

- 15. Do you charge <u>additional fees</u> for school aged children for early release/parent teacher conference days; emergency/weather closure days; in-service days; winter break; and/or spring break?
  - o Yes (Go to Question 15.A.)
  - o No (Go to Question 16)

# 15.A. Please indicate how much your <u>additional fee</u> is and if you charge per hour, day, or week.

	N/A	Rate	Charge per (Please circle one)
Early-release/Parent-teacher conference Days		\$	Hour / Day / Week
Emergency/Weather Closure Days		\$	Hour / Day / Week
In-service days		\$	Hour / Day / Week
Winter Break		\$	Hour / Day / Week
Spring Break		\$	Hour / Day / Week

## 16. Do you charge for summer break?

- o Yes (Go to Question 16.A.)
- o No (Go to Question 17)

# 16.A. For <u>summer break</u>, please fill in the rates you charge for part-time and full-time below:

	N/A	Part Time Rate	Full Time Rate
Hourly		\$	\$
Daily		\$	\$
Weekly		\$	\$
Monthly		\$	\$

#### **Enrollment Numbers and Waitlist**

The following questions are about enrollment and waitlist in the month of February 2021.

17. In <u>February 2021</u>, please tell us how many children were enrolled in each group. Then in the "# subsidized" column, please tell us how many of the children for whom you received Child Care Assistance Program payments.

February 2021
Part Month Enrollment

# Enrolled # Subsidized\* # Enrolled # Subsidized\*

Infants

Toddlers

Pre-schoolers
School-age children

- 18. On <u>Tuesday, February 2, 2021</u>, did you provide care for any children under 13 years of age?
  - O Yes (Go to Question 18.A)
  - O No (Go to Question 19)
    - 18.A. Please indicate the number of children who received care on <u>Tuesday</u>, <u>February 2</u>, <u>2021</u> in each category.

	# Receiving <u>Part</u> Day Care	# Receiving <u>Full</u> Day Care
Infants		
Toddlers		
Pre-schoolers		
School-age children		

## **Waitlist**

19. We want to know about your <u>waitlist</u>. For each age group, please indicate below whether there was a waitlist for each age group on <u>Tuesday</u>, <u>February 2, 2021</u>. If so, please indicate how many children were on the waitlist.

If you did not have a waitlist on this day for any age group, go to Question 19.

		Waitlist		# am \Mai4lia4
	Yes	No	N/A	# on Waitlist
Infant	0	0	0	
Toddlers	0	0	0	
Pre-schoolers	0	0	0	
School-age children	0	0	0	

20. Since October 2020, has COVID-19 caused your waitlist to increase, decrease, or no change?

	COVID-19 caused:					
	Increase	Decrease	No change	N/A		
Infant	0	0	0	0		
Toddlers	0	0	0	0		
Pre-schoolers	0	0	0	0		
School-age children	0	0	0	0		

## **Operation Costs**

The following questions are being asked in order to collect information that will provide CCAP with a better understanding of the true cost of providing child care. All information will remain confidential and only be used for CCAP's cost modeling purposes.

## 21. Does your program pay for staff training and development?

O Yes (Go to Qu	estion 21.A)
O No (Go to Que	estion 22)
<b>21.A. W</b> \$	hat is your budget for ALL staff training? Per year / Per employee per year (circle one)
21.B. Ar	re costs of staff training and developmentA part of program costs _Reimbursed by programs such as SEED Registry or other programs or funding sources _Both Other (please explain)

# 22. What are your costs for the following items per year or per month? Have they have changed since October 2020?

	Cost	Cost per year or per month (please circle one)	Cost change since <u>Octobe</u> <u>2020</u>			Changes <u>mostly</u> due to COVID-19
			Increased	Decreased	No change	Yes
Food	\$	Per year / per month	0	0	0	
Supplies	\$	Per year / per month	0	0	0	
Rent/Mortgage	\$	Per year / per month	0	0	0	
Liability Insurance	\$	Per year / per month	0	0	0	
Transportation for children (if applicable)	\$	Per year / per month	0	0	0	

23. Please indicate the number of employees for each position in <u>February 2021</u>. Then indicate if the salary of each position has increased, decreased, or not changed since <u>October 2020</u> and if the change was primarily due to COVID-19.

If you are a sole proprietor or a company with only one employee (yourself), please enter "1" by Director.

	# of Employees in	Change i	Change primarily due to COVID-19		
	February 2021	Increased	Decreased	No change	Yes
<b>Director</b> —responsible for overall operation of program		0	0	0	0
Assistant Director— responsible in Director absence		0	0	0	0
Lead Teacher— responsible for one or more classrooms, may supervise teachers		0	0	0	0
Teacher, Teacher Assistants, Floaters— responsible for direct care and education of children		0	0	0	0

24. Please indicate the number of people in each position in <u>February 2021</u>, and whether they were an employee or contactor. Then indicate if the salary of each position has increased, decreased, or not changed since <u>October 2020</u> and if the change was primarily due to COVID-19.

	# of people in <u>February</u>	Employee or Contractor	Change in salary since October <u>2020</u>			Change primarily due to COVID-19
	2021	Please circle one	Increased	Decreased	No change	Yes
Cook		Employee or Contractor	0	0	0	
Maintenance		Employee or Contractor	0	0	0	
Behavioral Health		Employee or Contractor	0	0	0	

## **Hours of Operation**

## Please help us understand your operating hours

## 25. Hours per day

<b>25.A.</b> What are the maximum hours per day you provide care for children? #	25.A.	What are	the maximum	hours per da	v vou provide	care for children	า? #
--	-------	----------	-------------	--------------	---------------	-------------------	------

25.B.	What are the	ne maximum	hours per	day your	facility	operates?	This i	ncludes (	daily
hours	before and	after childrer	n are in at	tendance.	. #				

#### 26. Days per week

What are the maximum days per week you provide care for children? #\_\_\_\_\_

#### 27. Months per Year

In which months of service do you operate? Is care provided for the full month or part of the month? Please mark all that apply.

	Facility is closed full month Yes	Care is provided <u>full</u> <u>month</u> Yes	If care provided only part of the month # of days open
January	0	0	#
February	0	0	#
March	0	0	#
April	0	0	#
May	0	0	#
June	0	0	#
July	0	0	#
August	0	0	#
September	0	0	#
October	0	0	#
November	0	0	#
December	0	0	#

## 28. Which of the following holidays is your facility closed?

Holidays	Month holiday occurs	Facility is closed Please circle one		
New Years Day	January	Yes	No	Not Applicable
Martin Luther King Jr. Day	January	Yes	No	Not Applicable
Memorial Day	May	Yes	No	Not Applicable
Independence Day	July	Yes	No	Not Applicable
Labor Day	September	Yes	No	Not Applicable
Veterans Day	November	Yes	No	Not Applicable
Thanksgiving Day	November	Yes	No	Not Applicable
Day after Thanksgiving	November	Yes	No	Not Applicable
Christmas Eve	December	Yes	No	Not Applicable
Christmas Day	December	Yes	No	Not Applicable
New Years Eve	December	Yes	No	Not Applicable

## 29. Are there other days your facility is closed during the year

Yes (Go to Question 29.A)

No (Got to Question 30)

# 29.A. Please list the other days the facility is closed, the month of the closure, and the number of days

Please list other days the facility closes	Month of closure	# of days closed
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

# COVID-19

The next set of questions will ask about COVID-19's impact to your business.

30.	In <u>Februa</u> ○ Yes	<u>ry 2021</u> , did y ○ No	ou continue O I neve	_	e families fo	or children	that did n	ot attend?	
31.	O Yes (C	ober 2020, ha Go to Question to Question	32)	off any em	nployees?				
32.	O Yes (G	ry 2021, did yo Go to Question to Question	32A)	to pay em	nployees w	ho would h	iave been	laid off?	
	O Yes (	ve laid off emp Go to Question Go to Question	n 33)	ned?					
	<b>32.B.</b> Do O Yes	you expect la ONo	id off employ	ees to retu	ırn when you	u need ther	n?		
33.	<b>As of <u>Febr</u></b> ○ Yes ○	ruary 2021, ha	ave any of yo don't know	our emplo	yees applie	ed for uner	nploymen	t insurance	benefits?
34.	O Yes (Go	ruary 2021, has to Question to Question 3	34A)	lied for the	e SBA Payo	check Prot	ection Pro	gram?	
	<b>34.A</b> . Di	d you receive	SBA Payche	eck Protec	ction Progra	am fundinç	g or assist	ance?	
	O Yes	ONo							
35.	O Yes (Go	ruary 2021, ha to Question to Question 3	35A)	lied for the	e SBA Ecor	nomic Inju	ry Disaste	r Loan?	
	<b>35.A</b> . Did	l you receive t	he <b>SBA Eco</b>	nomic Injı	ury Disaste	r Loan?			
	O Yes	ONo							
	businesse	ticipate applyes? One One Other		•	•				
37		ceiving Child							
٠,٠	O Yes C		ouic i rogi		Dioadcast	o regarant	, <u>50 (15-1</u>	<u>v</u> .	
38.	Are you re	ceiving Child No	l Care Progr	am Office	broadcasts	s regarding	្ <u>g funding (</u>	options?	
39.	Do you ne ○ Yes ○	<b>ed additional</b> No	funding to	stay open'	?				

	Closed	# of Days	Closed due to COVID-19	
Month	Yes	Closed	Yes	_
October				
November				
December				
January				
February				
ou anticipate s O Yes	taying open?  O No			
should we co	nsider in the r	next Market Pric	ce Survey?	

### **March 2021 Survey Notification Letter**



## **Child Care Assistance Program**



2021 Market Rate Survey

March 9, 2021

Dear [provider name]:

This letter is intended to inform you of the upcoming **second** Market Price Survey taking place March 17 to April 19, 2021 and to help your child care facility prepare for this process.

The Child Care Program Office (CCPO) is committed to continual improvement of the Child Care Assistance Program (CCAP) to increase the availability, affordability and quality of child care services. The CCPO periodically evaluates the current state child care rates by conducting a Market Price Survey to collect data on prices and the number of filled child care slots. This information is used to set state child care rates and to ensure families participating in the CCAP have access to licensed child care as required by the Child Care and Development Fund Plan, which is the federal grant that provides funding for the Child Care Assistance; Child Care Licensing; Child Care Grant; and Alaska Inclusive Child Care Programs as well as the Child Care Resource and Referral Network.

This March, the CCPO is conducting a second Market Price Survey, in addition to the survey conducted November through December 2020. Whether or not you completed the first survey, we are asking that you please complete this second survey. The March 2021 Market Price Survey will be web-based. The purpose of this survey is to collect more information on how the costs of providing child care are changing in Alaska and the impact of the COVID 19 pandemic on child care. The service month of focus will be February 2021. The Child Care Program Office is working in partnership with the University of Alaska, Anchorage (UAA) Institute of Social and Economic Research (ISER) to conduct this survey.

If your facility's contact information or email has changed, please ensure this information has been updated with your Licensing Specialist by Sunday, March 14, 2021 so we may contact you. You will be emailed a survey link on Wednesday, March 17, 2021 and will need the following information to complete the survey: your facility's contact information; capacity; attendance/enrollment, fees, rates and waitlist records for the month of February 2021. If you gather the information before you click on the survey link, the survey will take about 10-15 minutes. Providers without a working email address in CCPO's Integrated Child Care Information System (ICCIS) will be contacted by telephone.

Please contact Jessica Passini with the University of Alaska, Institute of Social and Economic Research at <a href="mailto:inpassini@alaska.edu">inpassini@alaska.edu</a> or (907) 786-5412 for any questions about the survey, any survey technical assistance, or if you do not receive the survey by email on Wednesday, March 17, 2021.

Sincerely,

The Child Care Program Office

### **March 2021 Survey Invite Letter**

Subject: CCAP Market Rate Survey – March 2021



# Child Care Assistance Program



2021 Market Rate Survey

March 17, 2021

Dear [Child Care Provider]:

It is time for completion of the March 2021 Child Care Market Price Survey. Whether or not you completed the first Market Price Survey in November through December 2020, we are asking for your participation again in this second survey.

Staff members from the Institute of Social and Economic Research (ISER) at the University of Alaska Anchorage are assisting the Child Care Program Office (CCPO) in asking for information on your rates and costs to provide child care services. The results of this survey will be used in a confidential manner to make recommendations for payment rates for subsidized child care in Alaska.

This purpose of this survey is to collect more information on costs and the impact of the COVID 19 pandemic on child care. The service month of focus will be February 2021. This information will help the state learn more about how the costs of providing child care are changing in Alaska. Cost and fee information help the CCPO determine payment rates for CCAP participating child care providers. As always, the results of this survey will be kept completely confidential. Information that is specific to your center or home will never be used in reports or discussed in meetings.

Your survey answers provide extremely valuable information for the CCAP. Your participation in this survey is critical to this process and to rate revisions. We ask that you please complete the survey in entirety as soon as possible by visiting the link below to submit your response online.

#### Follow this link to the Survey:

Take the survey

Or copy and paste the URL below into your internet browser: [SURVEY LINK]

If you are not able to complete the survey online, you also have the option of submitting the information by telephone or email. You can request a PDF copy of the survey be emailed. You can then print the survey and complete it by hand. To return to us please scan the completed survey and email it to us at: <a href="mailto:inpassini@alaska.edu">inpassini@alaska.edu</a>. To complete by phone, please call us at (907) 786-5412 and leave a message requesting to complete the survey over the phone—an interviewer will return your call to complete the survey.

Please complete this survey by April 19, 2021. If your facility's survey response is not submitted

in the next two weeks we may contact you by telephone as a follow-up.

If you have questions about completing the survey or you do not have access to the internet, you are encouraged to contact ISER researcher, Jessica Passini at <a href="mailto:inpassini@alaska.edu">inpassini@alaska.edu</a> or (907) 786-5412. If you would like to provide feedback on the market price survey, please send that information to the Child Care Program Office Eligibility and Benefits Team at <a href="mailto:DPACCP@alaska.gov">DPACCP@alaska.gov</a>.

Thank you in advance. Your assistance in this effort will help to ensure that Alaska's children and families continue to have access to child care services.

Sincerely,

Child Care Program Office

#### **March 2021 Survey Reminder Letter**



# **Child Care Assistance Program**



2021 Market Rate Survey

March 22<sup>nd</sup>, 2021

Good afternoon,

This is a friendly reminder to encourage you to participate in the Child Care Program Office (CCPO) March 2021 Market Price Survey. Whether or not you participated in the first survey in November through December 2020, we are asking for your participation again. Your responses will help ensure families participating in the Child Care Assistance Program continue to have access to licensed childcare as required. This year, the CCPO is collecting information through a brief, web-based survey from March 17, 2021 through April 19, 2021

To take the survey, click here: [SURVEY LINK]

If you have problems accessing the survey using the link above, you can paste the following link into your browser: <a href="ISURVEY LINK">[SURVEY LINK]</a>

You will need your: facility contact information; enrollment records for the month of **February 2021**; and attendance records and waitlist information for the date of **February 2<sup>nd</sup>, 2021**. There are some questions about personnel and non-personnel costs and the impacts of Covid-19 on childcare. If you gather the information before you click on the survey link, your responses will take about 10-15 minutes. Please try to take the survey in one session. If you have more than one facility, you will receive an email for each.

If you have questions about the survey or you do not have access to the internet, you are encouraged to contact ISER researcher Jessica Passini at <a href="mailto:inpassini@alaska.edu">inpassini@alaska.edu</a> or (907) 786-5412. You can request a PDF copy of the survey be emailed or mailed to you. You can then complete the survey by hand, scan, and return it via email or mail.

If you would like to provide feedback on the market price survey, please contact the Child Care Program Office Eligibility and Benefits Team at <a href="mailto:DPACCP@alaska.gov">DPACCP@alaska.gov</a>.

Thank you for your participation!

Sincerely, Child Care Program Office