

Alaska Child Care Market Price Survey Report 2020 and 2021

Executive Summary

Prepared for
THE ALASKA CHILD CARE PROGRAM OFFICE

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September 10, 2021

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Acknowledgments

The *Alaska Child Care Market Price Survey Report 2020 and 2021* was prepared by the Institute of Social and Economic Research (ISER), University of Alaska Anchorage (UAA) under contract with the Child Care Program Office (CCPO) Division of Public Assistance, Department of Health and Social Services. We would like to acknowledge all the efforts that went into conducting this survey and preparing the final report.

We thank:

- Debra Baldwin
- Shawnda O'Brien, Director DPA, Alaska Department of Health and Social Services
- Nicole M. Fritz, Program Coordinator I, DPA-Child Care Assistance
- Alexandra Hill, Manager, Pre-Award, Office of Sponsored Programs UAA
- Julie Ingersoll and Ann Renaud Avila, National Center on Subsidy Innovation and Accountability (NCSIA)
- Ambra J. Mavis, Program Coordinator II, DPA-Child Care Assistance, CCPO

For their support in this endeavor. We also thank the Child Care Assistance Program Designees and thread, Alaska's Child Care Resource and Referral Network, for their outreach support.

We are grateful to the licensed child care providers of Alaska for their willingness in taking the time to participate in the survey and providing valuable data for this study. Our appreciation also goes to all who reviewed the report, for their time and feedback.

Executive Summary

Purpose

The Family Support Act of 1988 mandates that child care assistance rates be driven by market prices. The Child Care and Development Block Grant Act of November 2014 currently requires states to survey their child care markets at least every three years, and no more than two years prior to submitting their Child Care and Development Fund (CCDF) Plan to the federal Administration for Children & Families, Office of Child Care. States are encouraged by the federal government to set their state subsidy rates (state rates) for child care providers at the 75th percentile of current market prices, which is designed to give families receiving child care assistance access to 75% of the providers in their community.

A market price survey collects current provider prices for child care and qualitative information to evaluate states' child care assistance subsidy rates and to better understand states' child care markets. The primary purpose of conducting a market price survey is to help ensure that state rates for child care assistance are high enough so families receiving child care assistance have equal access to affordable child care as families who do not receive child care assistance.

The Alaska Child Care Market Price Survey Report 2020 and 2021 will be included in Alaska's CCDF Plan for Federal Fiscal Year (FFY) 2022-2025 and used to revise Alaska's Child Care Assistance Program (CCAP) state subsidy rates (state rates).

In accordance with these federal regulations, the Institute of Social and Economic Research (ISER) under contract with the Child Care Program Office (CCPO) to conduct a Child Care Market Price survey in 2020. Just as the survey was scheduled to launch in March 2020 the COVID-19 pandemic occurred. This delayed the survey until November 2020. Prior to the launch of the survey November 9 to December 7, 2020, questions were added to assess the impact of COVID-19 on child care providers in Alaska

In November 2020, COVID-19 cases rose significantly resulting in additional business closures; layoffs and increasing unemployment; additional school closure; and mandatory public health measures such as masking and social distancing. With COVID-19 continuing, the CCPO contracted with ISER to administer a supplemental child care provider survey in March 2021 to measure the impact of the pandemic on child care providers in Alaska.

Market Price Survey 2020-2021

The Alaska Market Price Survey Report 2020 and 2021 is comprised of two surveys conducted in November 2020 and March 2021. Each survey had a different focus with the November 2020 emphasizing the collection of rate information and the March 2021 focusing on the impact of COVID-19 on child care providers. For clarity and ease in reporting findings and analysis, each survey is presented separately in this report Volume 1. Appendices are in Volume 2.

The development of this 2020-2021 Market Price Rate schedule is an evolving process. What we learned from both surveys was used to develop the 2021 Alaska Child Care Rate Schedule. What we learned in November was used to develop the rate schedule and inform of us of issues affecting child care. It gave us our first glimpse of the impact of COVID-19. We took that information and modified our questionnaire in March 2021 survey. We used the findings of the March 2021 survey and additional information provided to us via interview with child care providers to further modify

the rate schedule. The development of the rate schedule, which is explained in detail in the rate schedule methodology, was developed over the course of both surveys.

Child Care Provider Information Rates and Costs November 2021

- *What did we learn about child care providers in Alaska?*
- *What type of businesses and facilities participate in the child care assistance program?*
- *What is their capacity, enrollment, and waitlist status?*

Respondents to the November 2020 survey (n = 247) consisted of a roughly equal mix of Licensed Homes (45%) and Licensed Centers (46%) spread across each of seven geographic regions. Just over half (52%) of child care providers are Sole Proprietors with the next largest portion Limited Liability Companies (13%).

The vast majority of responding providers (91%) are participating in the Child Care Assistance Program (CCAP). Among the 9% of responding providers indicating they are not current participants in the CCAP, not having any families enrolled in the CCAP was the most commonly given reason for not participating (70%), followed by the application process being too long (14%).

More than 90% of providers do not charge private pay and subsidized families differently. Most providers (80%) reported they charge parents the difference for care if their price is greater than the amount the state pays.

Because this survey was conducted in November 2020 during the ongoing COVID-19 pandemic, we expected important departures from typical practices. For example, 75% of providers responded as operating below their licensed capacity and these providers cited the pandemic - social distancing guidelines (69%) and the lack of demand (61%) – as the most important reason for this practice.

Responding providers represented total full-time monthly enrollment of 4,082 children. These providers reported having a waitlist of 1,415 children. By age, infants have the longest waitlist relative to total full-time monthly enrollment, approximately 1.2 children waiting for every 1 enrolled, while only 1 school-age child was on a waitlist for every 10 enrolled full-time monthly.

- *How do provider's set prices?*
- *What are child care provider prices?*
- *What are the additional fees and are there fees reductions?*
- *What types of care are provided in additional to the standard?*

Over half (56%) of providers use the “actual cost of providing care” when setting their rates compared to 47% who use the CCAP reimbursement rates.

Our survey found that the provider rate for a typical child in Alaska is \$850 per month for full time care. By age, the typical rate for infant care is \$1025 per month, typical toddler care is \$950 per month, pre-school care is \$850 per month, and school-age care is \$580 per month. The typical rate at a Licensed Home is \$700 per month, and \$885 at a Licensed Center.

In addition to basic child care rate, common fees include registration (69% of respondents), late pickup (63%), and late payment (60%).

A majority of school-age providers include additional care (such as early-release/parent-teacher conference days, emergency/weather closure days, in-service days, winter break, spring break, and

summer break) in their standard rates (range: 61% - 72%). A closer look reveals variability among Licensed Centers. For example, of the 73 Licensed Centers that provide care over winter break to school-age children, about 56% of them charge an additional fee for this care.

Small portions of child care providers (11% to 21%) provide regular care during the evening hours, daytime care on Saturday and/or Sunday, and regular overnight care.

Of providers who offer reduced rates, 56% offer reduced rates for additional children in the family and 47% for children of employees.

- *What are their operating costs?*

Two types of cost analyses were conducted. The first uses the same approach as the 2017 Alaska Child Care Market Price Survey Report conducted by CCPO to provide consistent estimates of cost over time. This analysis finds higher costs associated with rising staff wages from 2017 to 2020, in each of three labor market areas established by the U.S. Bureau of Labor Statistics. The second is an original methodology developed for this study and uses information about provider costs solicited in the November 2020 Market Price Survey. This method is designed to compare cost drivers like wages, food, and rents across facility types and regions.

We explored operating costs for child care providers and found that more than two thirds (67%) pay for staff training. About half (45% to 51%) of child care providers offer paid leave for holidays, vacation, sick/personal time, and professional development days. The median number of combined paid leave days offered per year is 16.6. Health, dental, vision insurances, retirement plans, and other benefits are offered among 17% to 23% of child care providers

Impact of COVID-19 as of November 2020

- *How did COVID-19 pandemic impact child care providers' operations and provision of care?*
- *Where have providers gone for help in response to the pandemic?*

As of October 2020, more than a quarter (29%) of providers were charging families for children that were not attending child care. Among families/children who were authorized for part month enrollment, 36% of providers reported these families/children attended more than part-month.

More than half (57%) of the providers were closed at least once since March 2020 with 10% reporting closure multiple times. The largest portion of closures occurred in March, April, and May 2020 with a sharp decline in June. Of the providers that were open in November 2020 during survey administration, 97% anticipate staying open.

A portion of providers (16%) continued to pay laid off employees and one quarter (25%) report they had employees who applied for unemployment insurance.

Since March 2020, increases in operating costs in supplies, rent/mortgage, gas/oil, water, and internet/telephone were primarily attributed to COVID-19 along with a decrease in food costs.

With increasing costs and reduced demand, child care providers were eligible for the SBA Paycheck Protection Program and Economic Injury Disaster Loan.

As of October 2020, less than a third (29%) of providers reported they applied for the SBA Paycheck Protection Program—most were Licensed Centers. Less than a quarter (23%) had applied

for the SBA Economic Injury Disaster Loan—most were Licensed Homes followed closely by Licensed Centers.

- *What should be considered in the next Market Price Survey?”*

The impact of COVID-19 was a prominent theme in the response to considerations for the next Market Price Survey particularly COVID relief and the effect of closures. Additional themes were increasing the rates and funding, concerns on operational costs, CCAP issues, and survey administration and content.

The Impact of COVID-19 March 2021

We explored four research questions in March 2021 to measure the ongoing impact of COVID-19 on child care providers.

- *How has COVID-19 pandemic impacted child care providers?*
- *How did school closures affect child care?*
- *What have we learned about school age child care?*
- *What happened with Enrollment and Waitlist?*

- *How has COVID-19 pandemic impacted child care providers?*

The COVID-19 pandemic had direct and indirect effects on child care providers in the state of Alaska. We document where and when the pandemic led to temporary provider closures; how enrollment was affected; the pandemic’s impact on provider costs and salaries; and how providers received assistance to mitigate some of these outcomes.

The statewide pattern of the child care provider closures followed the number of positive COVID-19 cases. Provider closures occurred both as the direct result of local mandates or indirectly because of staff health, or reduced childcare demand as parents became unemployed, work from home, or were concerned about health. In the March 2021 survey, over a quarter (27%) of the providers were closed at least once since October 2020 with an additional 7% reporting closure multiple times. Among providers who reported being closed at least once, the percent citing COVID-19 as the primary reason for closure varies by month. Among these providers, closures were highest in Spring of 2020: 62%, 66%, and 54% in March, April, and May, respectively. Through Summer, closures remain moderate, between 14% and 20% of closed providers citing COVID-19 as the primary cause. From October to December 2020—when Alaska was experiencing the most severe effects of the pandemic to date—child care providers responded by closing once again. By February 2021, 17% of responding providers reported being closed due to COVID-19. The majority (97%) of providers surveyed anticipated staying open.

The pandemic had impacts on provider expenses and salaries. Providers were asked in the November and March surveys if their costs for food, supplies, rent, and employee salaries changed. We then asked providers who reported either an increase or decrease in their costs whether the change was due to COVID-19. Most reported increases in the operating costs of food, supplies, and their rent/mortgage due to COVID-19. However, a number of providers reported decreases in food costs due to COVID-19, particularly in November 2020.

Employee salaries were affected by the COVID-19 pandemic. With a decrease in salary, child care providers most often stated the change was related to COVID-19 (92% to 100%), but less so with salary increases (52% to 63% attributed change to COVID-19).

Among child care providers, 25% in the November 2020 and 18% in the March 2021 reported that their employees had applied for unemployment insurance. Few child care providers (9%, n = 22) from the March 2021 survey reported having laid off employees. Of those that did only two providers reported they continued to pay their laid off employees.

When reporting if they had applied to the SBA Paycheck Protection Program, 60 providers in November increasing to 85 in March stated they had—among providers who applied, 85% received the funding. In a similar pattern, in November, 48 providers increasing to 52 in March had applied for the SBA Economic Injury Disaster Loan a majority of whom (73%) received funding. Over half (58%) of March survey respondents said they anticipate applying for future federal, state, or local fund available to small businesses, and two-thirds (68%) reported they need additional funding to stay open.

- *How did school closures affect child care?*

As the proportion of elementary schools closed increased between October 2020 and February 2021, we observed the following trends by age groups:

- Among infants, waitlist numbers decreased while part- and full-month enrollment increased.
- The number of toddlers on waitlist and part-month enrollment increased while full-month enrollment decreased.
- The number of pre-school age children on waitlist and part-month enrollment increased while full-month enrollment decreased.
- School-age children enrolled in part-month care increased, while full-month enrollment decreased. Waitlist numbers stayed about the same.

We looked at elementary school and child care provider closures by month relative to COVID-19 cases per 10,000 in Anchorage, Mat-Su, and Kenai. COVID-19 case rates saw large increases in the three boroughs in September through December 2020. Most Anchorage elementary schools remained closed over this period whereas Mat-Su and Kenai saw schools move in-and-out of in-person learning. There were a number of child care providers who were closed during this period citing COVID-19 as the main reason. In Anchorage, child care provider closures due to COVID-19 increased from 11% in September to over half (57%) in November. In Mat-Su, 13% of providers reported closures due to COVID-19 in September, but this increased to nearly half (44%) in December 2020. In Kenai, no providers reported being closed due to COVID-19 in September, but this increased substantially to 67% or two-thirds of closed providers in October and November 2020.

- *What have we learned about school age child care?*

Childcare is vastly different across age groups. Infant, toddler, and pre-school child care is especially different to that of school age children. School-age children may receive care before and after school; before-school only; after-school only; as well as summer programming when school is out of session.

Learning the differences in how child care providers for school age children operate compared to providers for other age groups was important to understanding and analyzing the data used to support the update of child care rates and the impact of COVID-19 on school age child care. We focused on child care providers that offer before and after school care for school age children during the school year. Key issues are:

- Number, location and type of facility and site;
 - Hours of operation and provision of care is linked to the school calendar;
 - Ability to gear the operation up when demand returns;
 - Summer operations; and
 - Influence of large child care providers in a particular area.
- *What happened with Enrollment and Waitlist?*

Providers who responded to both the November and March surveys are currently operating well under their desired capacity. The most frequently cited reason for under enrollment is that parents are not working. From the November to March surveys, statewide desired capacity utilization fell from 52% to 37%. While enrollment was down slightly from November to March (3,201 to 3,051), there was a large increase in the reported desired capacity (6,206 to 8,293). Anchorage accounted for most of the additional desired enrollees, which increased from 3,055 to 4,699 (+1,644), while enrollment fell slightly there. Mat-Su was the only region to see meaningful increases in enrollment, with enrollment growing from 282 to 523 children. Currently, the Southwest and Southeast regions of the state are the most under-enrolled, with less than one in three desired spots filled. In the Interior and Mat-Su regions, desired capacity utilization is close to two out of three spots filled.

Recommendations

These recommendations were generated from a review of the responses to the questions “What should be considered in the next market price/child care survey” as provided in the November 2020 and March 2021 survey findings and additional comments from follow up telephone interviews of respondents.

Most of the recommendations focus on the content and clarification of questions in the questionnaire.

- There is a need to increase understanding of how waitlists operate for parents and providers across different age groups.
- A concise way to define and measure quality of care is needed.
- Overall, child care providers would like to see a more detailed examination of costs to provide care.
- Providers would like an assessment of additional costs that have occurred as a result of COVID-19.
- Child care providers offer suggestions on the content areas of the market price survey and its design. Some felt the survey was geared more towards large child care programs and suggested revising questions to more directly address smaller providers. Also missing are sufficient questions on the seasonality of providing child care.
- Providers think it is important to document what child care looked like prior to the pandemic. What was the cost to provide care before COVID-19? Further guidance from providers would assist with the focus of look-back pre-COVID-19.

Regarding Child Care Program Office operations, respondents would like a review of the definition of age groups and eligibility. Logistics of payments were also noted as areas of further investigation by responding child care providers.

Survey Methodology

In November 2020, information for this licensed child care provider market price report was gathered through a survey sent to licensed child care providers from November 9 to December 7, 2020. In March 2021 Survey, an online child care provider survey was administered March 17 to April 29, 2021 to measure the impact of the COVID-19 pandemic on child care providers in Alaska. One week prior to the start date, a notification email was sent. The invitation letter sent the first day of the survey included the link to the survey. Reminders were sent weekly to non-respondents. Telephone follow-up of non-respondents was added to increase the response rate.

In November 2020 of 437 licensed child care providers, 244 or 56% completed the survey. This rate is higher than the 42% of the 2017 Market Price Survey.

In March 2021, of 488 licensed child care providers, 286 or 58.6% completed the survey.

In addition to the analysis of the March 2021 survey respondents (n = 286), we compare findings to those of child care providers who responded to the November 2020 survey (n = 244). Depending on the research question, our analysis includes providers who responded to:

- Both the November 2020 and the March 2021 surveys (n = 187);
- November 2020 survey only (n = 57); and
- March 2021 survey only (n = 99).

The total number of unique child care providers responding to both the November 2020 and March 2021 surveys is 343 child care providers. That is 69.8% (343/488) of child care providers statewide

In the *Rates at the 75th Percentile* section of the November 2020 survey report, rates are weighted by the number of children enrolled in care. All other rates and fees (such as in the *Rates, Care, and Fees* section) are reported as unweighted and unadjusted survey responses.

When a provider responded to both surveys and there are differences in the how they responded, we use their March 2021 survey response based on the assumption that the information provided in March is more recent and accurate.

Rate Methodology - CCAP Rate Schedule

States are encouraged to establish state rates so that 75% of children currently receiving a given type of care in an area would be fully covered. Establishing this rate requires two pieces of information, enrollment by age group and type of care and provider rate by age and type of care.

Assistance rates are calculated for each type of care, age group, and by geographic area. First, an Updated Market Rate is calculated based on the rates respondents report most recently in the Market Price Survey. Updated Market Rates are calculated so that 75% of children currently receiving a given type of care in an area would be fully covered. This is the level is consistent with federal guidelines to ensure equal access to high- quality care. The Updated Market Rate is modified so that it is between 4% and 35% of a provider's current assistance rate.

Rates are established for each combination of Alaska borough, age group, provider type, full and part time care, and daily and monthly rates.

- *Which survey is used (March or November)?*

Due to the ongoing COVID-19 pandemic, we anticipated that disruption to child care providers would have negative impacts on survey response rates, and enrollment and provider rates were likely subject to fluctuation. For this reason, we conducted two surveys, one in November 2020, and one in March 2021 to understand how the situation for providers was changing, especially for the two pieces of information used for the rate schedule construction: enrollment and provider rates.

The most recent information available for each provider is used to construct rates. So, for providers responding to both the March and November surveys, their March information is used. If a provider only responds to one survey, than that survey's information is used for that provider. Finally, if a provider did not provide rate information in March or November, the rates in the Integrated Child Care Information System (ICCIS) are used.

In a sensitivity analysis, we test the implications of using the older information first. In other words, the November enrollment instead of March enrollment. We find nearly identical results.

- *Calculating Rates at the 75th Percentile*

Updated Market Rates are the rates that would fully cover provider rate for a particular type of care (e.g., full month school age care from a licensed center) in a specific area (e.g., Fairbanks North Star Borough) for at least 75% of children enrolled in providers responding to the survey.

For example, say a borough has 4 licensed center providers: A, B, C, D. Altogether they care for 100 school age children enrolled in full time monthly care, these providers charge the following rates:

- A: 20 school age children, \$300/month
- B: 30 school age children, \$350
- C: 25 school age children, \$400
- D: 25 school age children, \$450

- Total: 100 school age children

In this example if Updated Market Rates are set at \$400, then this rate would fully cover the 20 children at provider A, the 30 children at B, and the 25 children at C ($20+30+25=75$), which totals 75/100 children, 75%, of school age children in the borough. The updated market rate of 400 would fully cover children enrolled at provider A, B, and C. Children at provider D would be covered up to \$400.

Modifying Updated Market Rates

The Updated Rate is modified by establishing a minimum and maximum change from the current rate schedule March 2019. Setting a minimum and a maximum change for each rate provides stability and predictability in the rate schedule.

The Updated market rate is modified so that:

- All providers will see rate increases above the current (March 2019) assistance rates of at least 4%. The increase of 4% is approximately equal to the national rate of inflation over the last two years.
- No provider will see increases larger than 35% above their current (March 2019) assistance rates. 35% is high enough that it accommodates the growth in rates since 2019 of 8 in 10 rates.
- Therefore, all providers will see a rate increase between 4% and 35% of their current (March 2019) assistance rates.

Establishing a minimum and maximum change is motivated by two factors. First, it provides stability in the rate schedule. Due to non-response to the Market Price Survey, the composition of providers that did respond will impact the assistance rates that are ultimately calculated. By anchoring the Updated Rates to the previous assistance rates, missing responses from particularly high or low provider rates will not skew the results beyond the established bounds. Many providers set their rates to the assistance rates. For these providers, a 4% increase floor allows them to continue to set their rates at the assistance rate and receive an increase consistent with general inflation in the economy. On the other hand, the 35% cap provides a mechanism to control the escalation of child care rates. Anchoring the rates to the previous assistance rate schedule also provides for predictability, as extreme changes from Market Price Survey to Market Price Survey will be smoothed out.

- *Sufficient Providers in Each Area*

During data collection all types of care were not provided in all places and the response rates are less than 100%. Data is also missing for some *boroughs, facility types and age group* combinations depending upon the completeness of the survey by providers. A non-response leads to data holes.

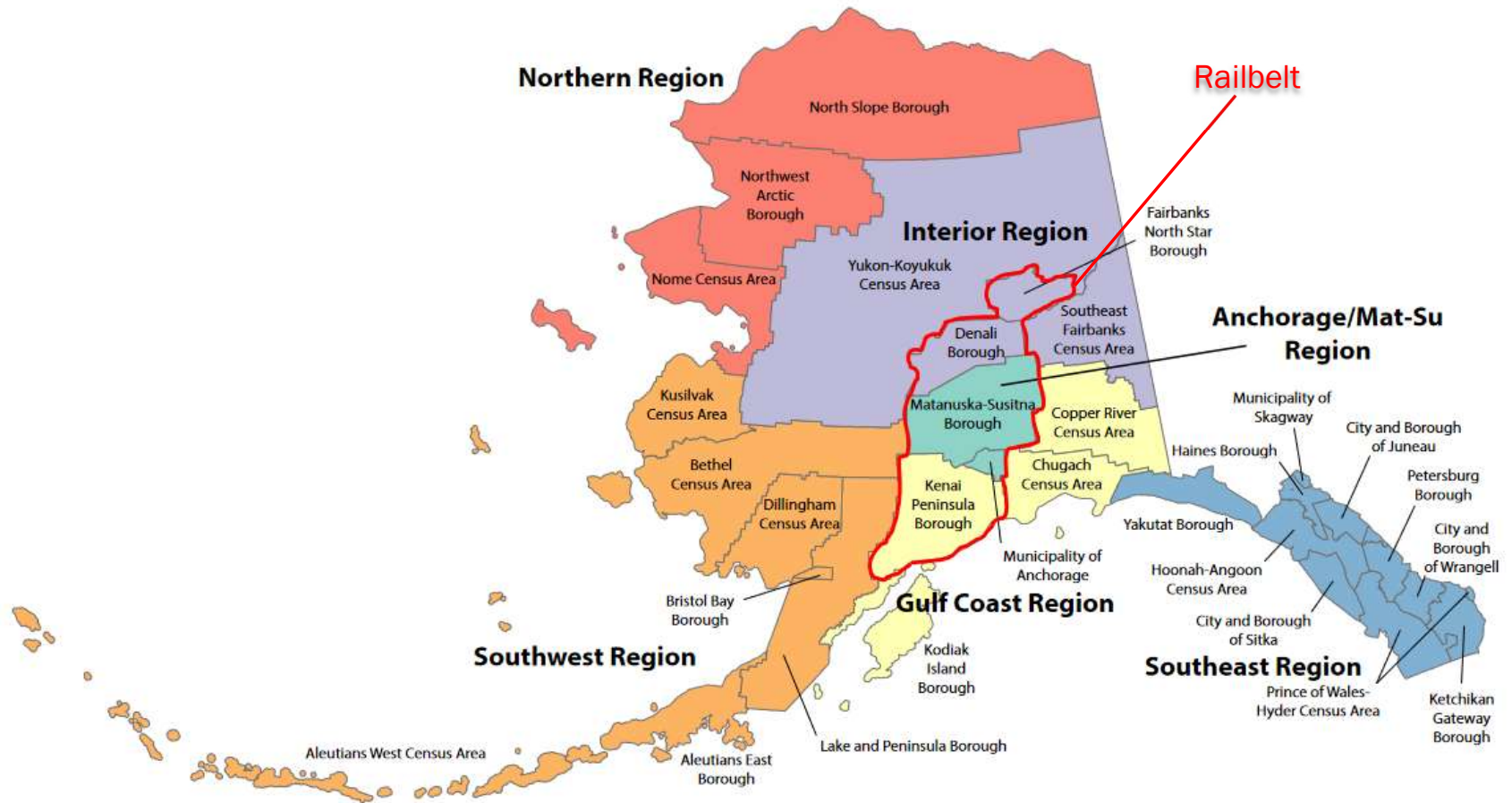
To fill in the missing data, we used group boroughs in similar geographic economic regions together to form a larger pool of providers across a larger area. We used the data as provided by child care providers to determine the 75th percentile for all places, facility types, age groups, and duration of care.

- **If** sufficient data are not available to calculate a weighted 75th percentile at the level of borough + facility type + age group + duration of care (full or part month)
- **Then** Calculate 75th percentile of the economic region + facility type + age group + duration of care
- **If** economic region is still not sufficient,
- **Then** Calculate 75th percentile of the Railbelt v non-Railbelt region + facility type + age group + duration of care

We define 'sufficient' as areas having valid responses from 4 or more providers. When we reach the aggregation of least 4 or more providers using the tiers as described below – the 75th percentile at that aggregated geographic level is selected for that borough, facility type, and age group. Grouping boroughs to achieve a minimum of 4 child care providers reduces the influence of a single provider responding for an area and thereby setting the rates for every facility in that region. If an area has only a single provider, this also prevents them from effectively setting their own state rates through their response to the survey.

Aggregating over space recognizes that the nature of child care markets differ across the state based on the cost of living, the local labor market, and other factors. The geographic levels are:

- Boroughs are 29 Child Care Assistance Rate Regions based on boroughs within the state of Alaska
- Economic regions are groups of boroughs with similar economic structures, including labor markets and transportation costs. These economic regions are defined by the Alaska Department of Labor and Workforce Development, and used by other state agencies. See Figure XXX below for the groupings of boroughs into these regions.
- Railbelt is a convenience grouping separating the areas of the state, which are integrated via road, rail, and power from those that are not. The railbelt economies of Fairbanks, Denali, Mat-Su, Anchorage, and Kenai are more closely tied together due to the road, electricity, and rail network. This reduces the cost of moving goods to these communities and more closely links their labor markets (and therefore their childcare markets). We considered ad-hoc groupings for the highest tier (Railbelt), but ultimately chose an accepted and conventional grouping.



To clarify the 29 boroughs are the preferred basis we are using for calculation of rate percentiles. However, if there are less than 4 providers in a borough, we used the Alaska economic region grouping. If there are less than 4 providers at the economic region level we used the Railbelt vs non-Railbelt grouping. For example, in the Sitka City and Borough, 4 Licensed Centers who offer full-time care to preschoolers responded to the survey with enrollment and rate information. Because at least four providers in this borough offer this category of care and responded, the enrollment-weighted 75th percentile for these four providers determines the rate for the Sitka City and Borough full-time preschool aged care at Licensed Centers. In contrast, only three responding Licensed Centers in the Sitka City and Borough offer *part-time* care for preschoolers. To obtain a sufficient number of respondents for this category, we look at Sitka's economic region: Southeast. In the Southeast economic region, 11 responding Licensed Centers offer part time care for pre-schools. These include the 3 centers in Sitka, plus 4 in Juneau, and 1 each in Petersburg, Prince of Wales-Hyder, Ketchikan, and Haines. Grouping these centers together provides sufficient data to calculate the enrollment weighted 75th percentile for these 11 providers. This rate determines the rate for Sitka. Finally, for the case of part-time Licensed Home care for preschool children, Sitka had only 1 responding provider. The Southeast economic region has only 2 responding providers. As Sitka is not on the Railbelt, we look at all non-Railbelt Licensed Homes providing part-time preschool care, of which there are 4, meeting our requirement to calculate the enrollment-weighted 75th percentile, which determines the rate for Sitka for this category of care.

- *Calculating Daily Assistance Rates*

The process for calculating the Updated Market Rate above is applied to all monthly rates, and a monthly assistance schedule is calculated. As in the previous assistance rate schedule, we calculate the daily assistance rate as 1/16.5 the monthly rates.

Limitations

In the November 2020 survey, tables provide child care providers' price information for the four CCAP age groups - infant, toddler, preschool age, and school age. Very few providers were available in some rate regions. It is recommended the actual number of respondents always be taken into consideration when interpreting the results. Data cleaning lead to some assumptions and standardizations about non-conforming responses. Child care providers noted limitations in the survey questionnaire. We noticed during data cleaning that some cost questions were unclear due to language and/or skip patterns.

In the March 2021 survey, skip patterns based on question responses is a limitation of the findings from this data. When the survey was revised for the March 2021 administration, some questions were designed based on the assumption that child care providers would have responded to the November 2020 survey in order to understand how things have changed since October 2020. Following this assumption, we missed an opportunity to collect some information from providers who only responded to the March 2021 survey.

During data cleaning of the March 2021 survey to match provider responses to those who also responded in November 2020, we discovered duplicate responses for three (3) providers whose responses were entered by different people at the same facility. This discrepancy was overlooked in previous data cleaning prior to reporting the November 2020 results; therefore, the correct number of providers who responded to the November 2020 survey is 244 instead of the reported 247. However, this difference of 3 providers' responses did not significantly change any reported results so findings from the November survey (Chapter 1) are left as is, but the March 2021 survey section (Chapter 2) includes the corrected sample size.