

Infant and Toddler Capacity Building Assessment

In April 2019, the State of Alaska, Child Care Program Office (CCPO), in partnership with thread, Alaska’s statewide Child Care Resource and Referral Network, conducted a survey on licensed center care for infants and toddlers in Alaska. This survey focused on what motivates providers to care for infants and toddlers, what barriers providers face in caring for infants and toddlers, and what would help providers care for infants and toddlers. Overall, 47 unique providers were represented.

Summary of Findings:

- 1) The supply of infant and toddler care is not meeting the demand in Alaska.
- 2) Lack of space and staff are barriers to increasing the number of children that providers serve.
- 3) Increasing capacity could be incentivized by funding and training.
- 4) Quality of infant and toddler care in Alaska is minimal to good and could be improved.

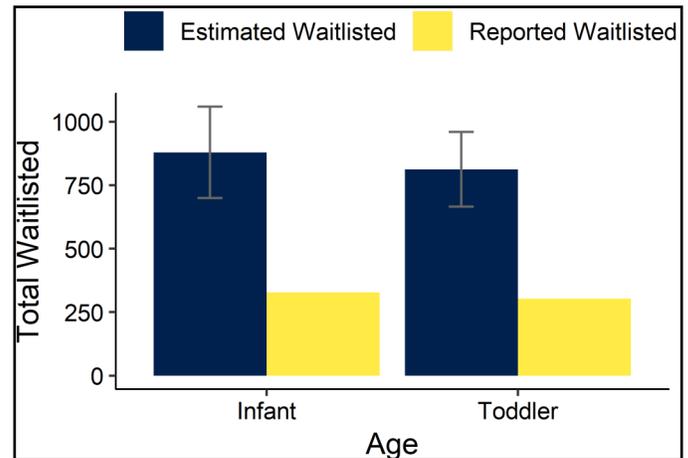
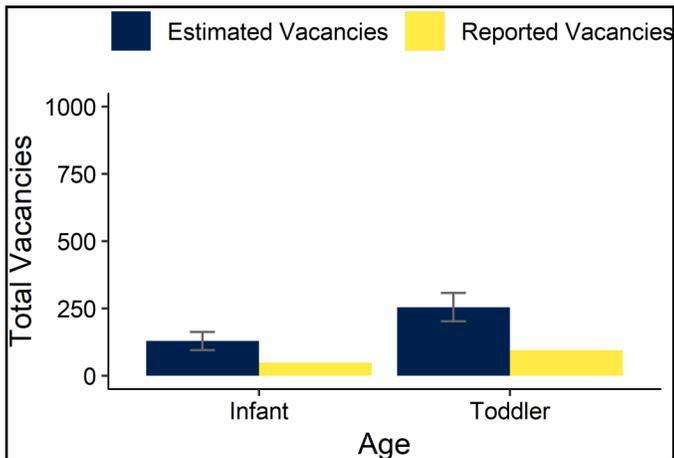
The supply of infant and toddler care is not meeting the demand in Alaska.

One of the primary goals of conducting an assessment is to better understand the supply and demand for infant and toddler care in Alaska. To achieve this, we examined the number of open full time slots and the number of children waitlisted for each age group.

Our findings — seen in the bar charts below — suggest that there is a shorter supply of open infant slots than of open toddler slots. There are

approximately twice as many open toddler slots than there are open infant slots.

Waitlists — which serve as another measure of whether supply is meeting demand — are a little longer for infants than for toddlers. This difference may be due to the smaller group sizes and lower child-to-caregiver ratios that are required when caring for infants versus toddlers.



Lack of space and staff are barriers to increasing the number of children that providers serve.

The most reported barriers to increasing capacity across providers are a lack of indoor space, a lack of infant/toddler staff, a lack of qualified staff, and a lack of staff more generally. Additionally, the cost of caring for infants was reported as a barrier by 30% of providers. It is possible that the cost of caring for infants and toddlers also makes it more difficult to recruit and retain qualified staff because the high cost of care may drive staff wages down.

For providers that are not operating at full capacity, the most reported barriers are a lack of staff more generally, a lack of qualified staff, and not enough families interested in licensed care. These findings indicate that for providers who want to increase the number of children that they serve, lack of space and lack of staff are the primary barriers. To build capacity, solutions that target staffing and space should be explored.

Barriers to Increasing Capacity:

- Lack of indoor space (26/47 or 55%),
- Lack of infant/toddler staff (18/47 or 38%),
- Lack of qualified staff (16/47 or 34%),
- Lack of staff (14/47 or 30%); and
- Cost of caring for infants (14/47 or 30%).

Reasons for not Operating at Full Capacity:

- Lack of staff (11/21 or 52%),
- Lack of qualified staff (6/21 or 29%), and
- Not enough families interested in licensed care (6/21 or 29%).

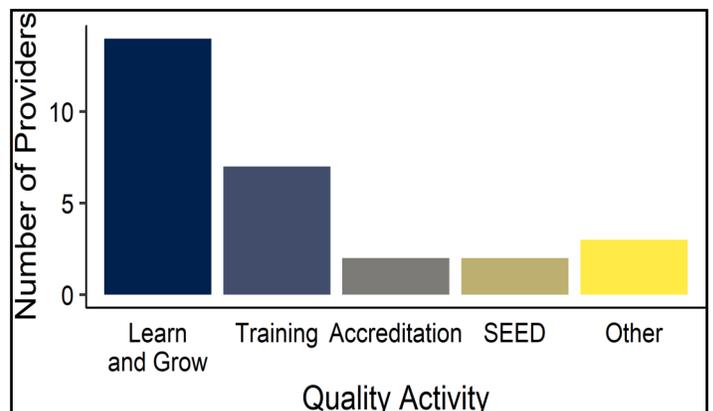
Increasing capacity could be incentivized by funding and training.

Providers were also asked what might incentivize them to increase their capacity. Fifty-five percent of providers reported that funding would incentivize them to increase their capacity. This is consistent with the finding that the cost of providing infant care represents one of the larger barriers to providing care.

Providers reported funding, space, staff, and trainings as incentives that would help them increase the number of infants and toddlers that they serve. These incentives represent potential solutions to the barriers previously reported.

Providers most frequently participate in Learn & Grow and trainings to improve quality.

Providers reported participating in a variety of quality improvement activities. Of the activities that providers reported, providers most frequently reported participating in the Learn & Grow Program and trainings to improve their quality. Other activities that providers reported, albeit less frequently, were accreditation, Alaska’s System for Early Education and Development (SEED), Head Start requirements, Jump Start, and infant/toddler program assistance. This finding suggests that Learn and Grow is the most popular method for infant and toddler providers to improve the quality of their program.

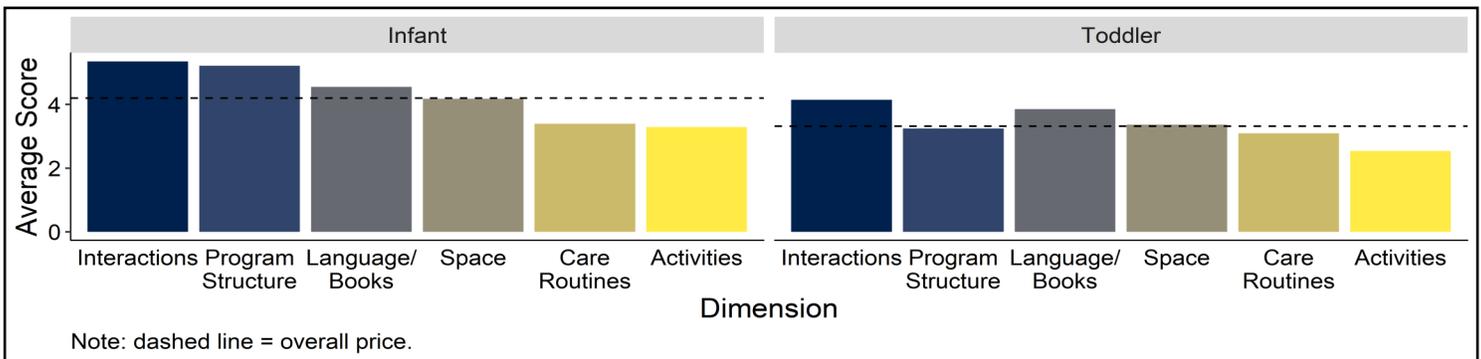


On average, the overall quality of infant and toddler environments was minimal to good. 3

In addition to the survey, assessments were conducted on a subset of providers (30 providers). These assessments were conducted using the Infant and Toddler Environment Rating Scale (ITERS). Scores on the ITERS range from 1 (inadequate) to 3 (minimal) to 5 (good) to 7 (excellent), which consists of 6 subsets.

Based on this scoring system, the overall quality of infant and toddler care fell between minimal and good. The overall quality of infant care was better than the quality of toddler care, although the quality for both infant and toddler care has room for improvement.

Concerning individual subscales, the only subscales that achieved an average score of “good” were Interactions and Program Structure for infant classrooms. The average score for all but one of the other subscales ranged between minimal and good. While infant and toddler care could benefit from strategies to improve quality generally, Activities and Personnel Care Routines were the areas that could benefit the most from targeted strategies.



Staff education and training levels — one component of quality — are low.

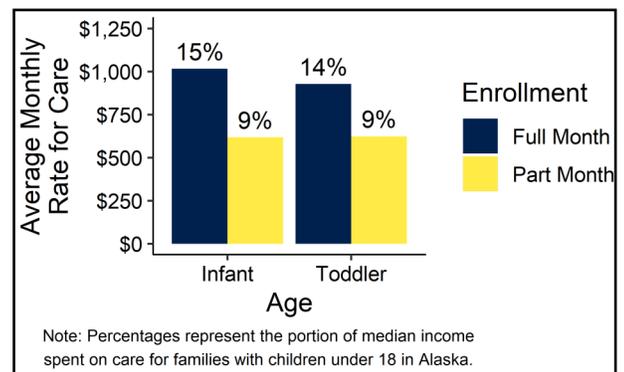
Staff education levels are low relative to the general population. In 2017, the U.S. Census Bureau’s American Community Survey estimated that 29% of adults that were at least 25 years old had obtained a Bachelor’s degree or higher. The percentage of staff members that had at least a Bachelor’s degree was only 8% for providers that serve infants and toddlers.

This pattern remains when looking at training levels: providers reported that the highest level of education for 60% of their staff was only the training required for the position. Additionally, only 27% of employees have been trained on the Infant/Toddler Environment Rating Scale (ITERS).

Care for infants and toddlers is not affordable.

According to the U.S. Census Bureau, families spent around seven percent of their monthly income on child care between 1997 and 2011. Importantly, this percentage includes families who only have school age children. Data from Child Care Aware of America (CCAOA) indicates that families in Alaska spend between 10% and 12% of their monthly income on child care.

Our findings indicate that the average rate for infant and toddler care makes up around 15% of the median income for families with children under 18. This suggests that infant and toddler care may be more expensive than the estimates provided by [Child Care Aware of America](#).



Survey Questions:

1. Name of Early Child Care Program or Child Care Facility (Enter text response. Example: "CCPO Child Care Center")

2. Is your child care program or facility operating at full capacity? Full capacity meaning the number of children you are licensed for as listed on your child care license. (Yes/No)

3. Please select ALL that apply to why you are not operating at your child care program or facility's full licensed capacity.

Not enough families interested in accessing licensed child care in the community.
Too many other licensed child care providers in the community.
Lack of qualified Child Care Associates to be able to enroll more children.
Lack of child care staff (other than Child Care Associates) to be able to enroll more children.
Too difficult due to business operating costs.
Do not want to operate to full licensed capacity.
Other (please specify)

4. Why do you choose to provide infant and toddler care?

5. Indicate below how many slots your facility has for each age group (Example: Infant 10, Toddler 12)

6. What might incentivize you to increase the number of infant and toddler slots at your facility? Select all that apply.

Money (Example: Increased Child Care Assistance for Infants and Toddlers)
Training (Example: Early Educators skilled in Infant and/or Toddler Care)
Changes to ratios
Flex substitute caregiver pool
Contracted Slots (Spaces that are held for children meeting specific criteria, for example: low income families, employee's children, military families)
Other (please specify)

7. How many vacancies for full-time and part-time enrollment does your child care program or facility have available by age group? (Example: Full-time Infant 10)

8. Number of full-time and part-time children currently enrolled in your child care program or facility by age: (Example: Full-time Infant 10)

9. Does your child care program or facility have a wait list for infant and/or and/or toddler care? (Yes/No)

10. Please provide a reason why your child care program or facility does not have a wait list:

Do not want to maintain or offer a wait list.
Not enough families interested in receiving licensed child care in the community.
Other (please specify)

11. Please provide the number of children on your child care program or facility's wait list by age: (Example: Infant 10) If not applicable, please enter zero.

12. What is the average wait time in months for each age group? (Example: Infant 2) If not applicable, please enter zero.

13. What are your monthly child care program or facility rates for full-time and part-time care by age:

14. What barriers does your child care program or facility have to increasing child care capacity and/or providing infant and toddler care? Check all that apply

Not enough families interested in receiving child care in the community.
Too many other child care providers in the community.
Lack of qualified Child Care Associates to be able to enroll more infants and toddlers.
Lack of child care staff (other than Child Care Associates) to be able to enroll more infants and toddlers.
Lack of qualified employees with knowledge and experience in infant and toddler care.
Lack of indoor space.
Lack of outdoor space.
Do not want to increase child care capacity.
The cost is too expensive to care for infants.
The cost is too expensive to care for toddlers.
No barriers exist to increasing infant and toddler child care capacity.
Other (please specify)

15. What is the starting and average hourly wage of your full-time employees for Infant and Toddler care? (Please provide a dollar amount.) (These numbers provided separately)

16. How many employees does your child care program or facility employ that care for: (Example, Infants: 2)

17. What is the highest level of education completed for each of your infant and toddler caregivers? Please provide a total number of caregivers for each level of education, only counting caregivers one time for each category, as applicable.

18. Have any of your staff who are currently caring for infants and toddlers taken Infant and Toddler Environmental Rating Scale (ITERS) training? If so, how many employees?

19. If your facility has had an Infant and Toddler Environmental Rating Scale (ITERS) assessment, then what was your overall score? If no, please skip to next question.

20. Is your child care facility currently participating in any programs to improve its quality of care? If so, what is your program participating in or doing to improve its quality of care?