THE STATE of ALASKA
GOVERNOR BILL WALKER

Department of Health and Social Services

DIVISION OF PUBLIC ASSISTANCE
Child Care Program Office

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2015 Child Care Market Price Survey

The Child Care Program Office (CCPO) is required to submit its Child Care and Development Fund (CCDF) Plan to the federal government. This plan describes the overall services and programs administered by the State of Alaska, Department of Health and Social Services, Division of Public Assistance, CCPO. The CCDF Plan provides funding to increase the availability, affordability and quality of child care services. The CCPO oversees and administers the following programs: Child Care Assistance (CCAP); Child Care Licensing; Child Care Grant; Child Care Resource and Referral; and the Alaska Inclusive Child Care Program (Alaska IN!).

The CCPO periodically evaluates current child care rates by conducting a ***Market Price Survey.*** This information is used by the Department to set state child care rates and to ensure families participating in the CCAP have access to licensed child care as required by the CCDF plan. This year, the CCPO is collecting information on: capacity; number of children enrolled in part time and full time care; number of filled child care slots; waitlists; and registration fees. Price (rates) information will be obtained through the Integrated Child Care Information System (ICCIS) for providers participating in the Child Care Assistance Program.

Please complete this Survey by providing your contact information below and answering the following questions. If you have more than one facility, please complete a Survey for each facility. This Survey must be returned to the CCPO by May 11, 2015. Unless otherwise indicated, questions should be answered as to what your facility's current situation is at the time you are taking the survey.

Child Care Facility Contact Information:

Name of Responder: _____

Name of Facility: _____

Physical Address of Facility: _____

Mailing Address of Facility: _____

Telephone Number of Facility: _____

Email Address of Facility: _____

1. ***As of February 2015, is your facility operating at the full capacity listed on your child care license? Circle YES or NO.***

YES **NO**

2. ***If you answered "NO" to number 1 above, please circle all reasons that apply as to why you are not operating at your facility's full licensed capacity.***

   a. Lack of enrolled children.

   b. Lack of qualified Child Care Associates or Child Development Leaders to be able to enroll more children.

   c. Lack of child care staff to be able to enroll more children.

   d. Do not want to operate to full licensed capacity.

   e. Other _____

3. ***Is your facility licensed for the highest capacity it could be, based upon your facility's square footage? Circle YES or NO.***

YES **NO**

4. ***If you answered "NO" to number 3 above, please circle all reasons that apply as to why your facility has opted not to be licensed to operate at the highest capacity that it could be, based upon your facility's square footage.***

   a. Lack of enrolled children.

   b. Lack of qualified Child Care Associates or Child Development Leaders to be able to enroll more children.

   c. Lack of child care staff to be able to enroll more children.

   d. Do not want to operate at the highest capacity possible.

   e. Other _____

5. ***For February, 2015, how many children were enrolled for a part time month? A part time month is 17 or more part time days (a part time day is up to and including 5 hours) of care during a calendar month or care for a one-half month of full time days (a full time day is 5 hours and one minute of care up to and including 10 hours) in a calendar month. Please indicate the number of children by the age categories below.***

   a. Infants, birth through 18 months old _____

   b. Toddlers, 19 months through 36 months old _____

   c. Preschoolers, 37 months through 4 years old _____

   d. Kindergarteners, 5 years through 6 years old _____

   e. School-age children, 7 years through 12 years old _____

6. ***For February, 2015, how many children were enrolled for a full time month? A full time month is 17 or more full time days (a full time day is 5 hours and one minute of care up to and including 10 hours) of care during a calendar month. Please indicate the number of children by the age categories below.***

   a. Infants, birth through 18 months old _____

   b. Toddlers, 19 months through 36 months old _____

   c. Preschoolers, 37 months through 4 years old _____

   d. Kindergarteners, 5 years through 6 years old _____

   e. School-age children, 7 years through 12 years old _____

7. ***On Wednesday, April 8, 2015, did you care for any children under 13 years of age?***
   Circle YES or NO.

   YES **NO**

8. ***On Wednesday, April 8, 2015, how many children received care, <u>up to and including 5 hours</u>, for the age groups listed below? Please indicate 0 if you had none.***

	Up to and including 5 hours
a. Infants, birth through 18 months old	_____
b. Toddlers, 19 months through 36 months old	_____
c. Preschoolers, 37 months through 4 years old	_____
d. Kindergarteners, 5 years through 6 years old	_____
e. School-age children, 7 years through 12 years old	_____

9. ***On Wednesday, April 8, 2015, how many children received care of <u>more than 5 hours (at least 5 hours and 1 minute)</u>, for the age groups listed below? Please indicate 0 if you had none.***

	More than 5 hours
a. Infants, birth through 18 months old	_____
b. Toddlers, 19 months through 36 months old	_____
c. Preschoolers, 37 months through 4 years old	_____
d. Kindergarteners, 5 years through 6 years old	_____
e. School-age children, 7 years through 12 years old	_____

10. ***On Wednesday, April 8, 2015, did you have a Waitlist? Circle YES or NO.***

YES **NO**

11. ***If you answered YES to number 10, on Wednesday, April 8, 2015, how many children were on your Waitlist for the age groups listed below? Please indicate 0 if you had none.***

a. Infants, birth through 18 months old	_____
b. Toddlers, 19 months through 36 months old	_____
c. Preschoolers, 37 months through 4 years old	_____
d. Kindergarteners, 5 years through 6 years old	_____
e. School-age children, 7 years through 12 years old	_____

12. Does your child care facility offer any of the following reduced rates? Circle YES or NO to any that apply.

a. Reduced rates for additional children in the family?	**YES**	**NO**
b. Reduced rates for children of employees?	**YES**	**NO**
c. Reduced rates for child based on parents' income (such as subsidized care or a sliding scale fee?)	**YES**	**NO**
d. Reduced rates for paying through an auto-pay mechanism?	**YES**	**NO**

13. Does your facility charge a registration fee? Circle YES or NO.

YES **NO**

14. If you answered "YES" to number 13 above, please circle the registration fee range applicable to your facility.

a. $50 and under

b. $51-$75

c. $76-$100

d. $101 or more

15. If you answered "YES" to number 13 above, is your registration fee charged one time or annually? Circle the registration fee frequency of your facility.

a. One time

b. Annually

c. Other _____

16. If you answered "YES" to number 13 above, is your facility's registration fee charged per child or per family? Circle one of the below:

a. Per child

b. Per family

17. If you answered "YES" to number 13 above, do you offer a reduced registration fee in certain circumstances? Circle any that apply to your facility.

a. Reduced or waived registration fee for additional children in the family (sibling discount)?	**YES**	**NO**
b. Reduced registration fee for children of employees (employee discount)?	**YES**	**NO**
c. Reduced registration fee for child based on parents' income (such subsidized care or a sliding scale fee?)	**YES**	**NO**
d. Reduced registration fee for paying through an auto-pay mechanism?	**YES**	**NO**

18. What is the business type of your facility? Please Circle one of the below:

a. Sole Proprietor

b. Limited Liability Company (LLC)

c. Cooperative

d. Partnership

e. Non-Profit Corporation

f. Religious Corporation

Your response(s) may be faxed toll free to 1-888-224-4536 or mailed in the pre-addressed and stamped envelope provided. **Survey responses <u>must be returned to the CCPO by May 11, 2015</u>**. If you have any questions or wish to give this information over the phone, please contact the CCPO toll free at 1-888-268-4632 or Mandi Manning directly at (907) 269-4516 or amanda.manning@alaska.gov

Thank you for your participation,

CCPO Alaska Child Care Program Office