

A Needs Assessment of Alaska's Mixed-Delivery System of Early Childhood Care and Education

DECEMBER 2019

APPENDICES



Table of Contents

Introduction to Appendices2

Appendix A: Preschool Development Grant Guidance3

Appendix B: Crosswalk13

Appendix C: Sources17

Appendix D: Demographics & Socio-Economic Indicators32

Appendix E: Health Indicators46

Appendix F: Home Visiting & Early Intervention72

Appendix G: Assessment78

Appendix H: Parent Perspectives & Preferences84

Appendix I: Funding90

Appendix J: System & Governance91

Appendix K: Workforce96

Appendix L: Facilities & Licensing125

Appendix M: Data Systems & Integration129

Introduction to Appendices

These appendices are designed to supplement information in the main report. Data and information in the main report is sourced through footnotes in the report and a list of sources is provided in Appendix C. Other appendices provide extended detail where appropriate and feasible. Not all sections in the report have corresponding appendices, as some information is sufficiently presented through discussion and sourcing in the report.

Appendix A: Preschool Development Grant Guidance

Preschool Development Grant Birth through Five (PDG B-5) Needs Assessment Guidance

This section details and describes federal guidance for conducting a PDG B-5 needs assessment. The guidance identifies required domains and key questions that must be addressed within the needs assessment process.

OVERALL GRANT PURPOSE

The PDG B-5 grants will support states/territories in their efforts to analyze the current landscape of their early childhood care and education (ECCE) mixed delivery system and implement changes to the system that maximize the availability of high-quality early childhood care and education options for low-income and disadvantaged families across providers and partners, improve the quality of care, streamline administrative infrastructure, and improve state/territory-level early childhood care and education funding efficiencies.

NEEDS ASSESSMENT GRANT REQUIREMENT

Conduct or update a periodic, statewide birth through five (B-5) needs assessment of the availability and quality of existing programs in the state/territory, including programs serving the most vulnerable or underserved populations and children in rural areas; to the extent practicable, the unduplicated number of children being served in existing programs; and, to the extent practicable, the unduplicated number of children awaiting service in such programs.

The needs assessment must:

- Describe how the state/territory defines key terms, including quality early childhood care and education, availability, vulnerable or underserved, and children in rural areas.
- Describe the populations of children who are vulnerable or underserved, and children in rural areas.
- Identify the current quality and availability of early childhood care and education, including availability for vulnerable or underserved children and children in rural areas.
- Identify, to the extent practicable, the unduplicated number of children being served in existing programs and the unduplicated number of children awaiting service in such programs.
- Identify gaps in data or research about the quality and availability of programming and supports for children B-5, considering the needs of working families, as well as those who are seeking employment or in job training.
- Describe the gaps in data or research that are most important for the state/territory to fill in order to meet the goals of supporting collaboration between programs and services and maximizing parental choice.
- Describe the state/territory's current measurable indicators of progress that align with the state/territory's vision and desired outcomes.
- Describe key concerns or issues related to ECCE facilities.
- Include an analysis of barriers to the funding and provision of high-quality early childhood care and education services and supports and identify opportunities for more efficient use of resources.
- Describe transition supports and gaps that affect how children move between early childhood care and education programs and school entry.

WHY CONDUCT A PDG B-5 NEEDS ASSESSMENT?

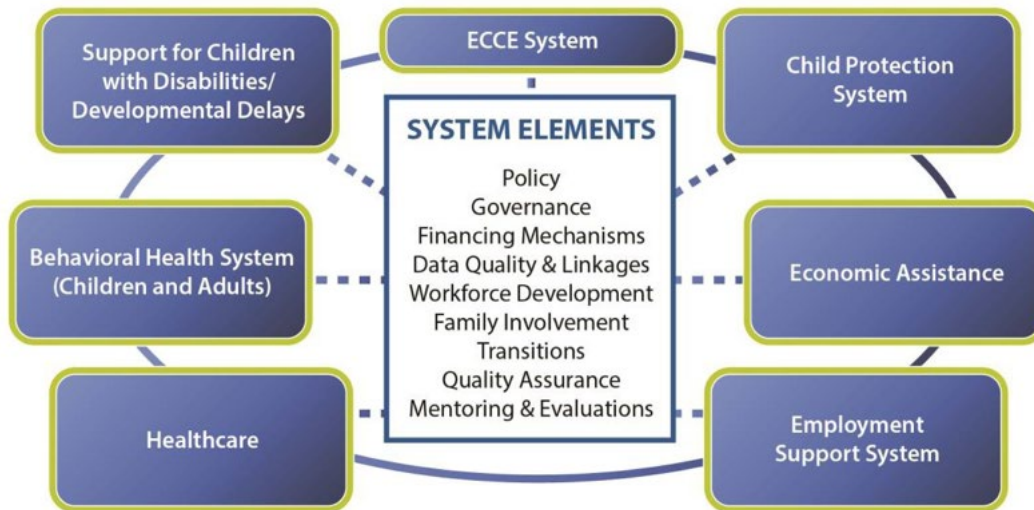
The purpose of the needs assessment is to serve as the rationale for your strategic plan. The needs assessment should identify areas in your state that need to be strengthened in order to maximize the availability of high-quality early childhood care and education options for low-income and disadvantaged families.

ENSURING A BROADER SYSTEMS FOCUS

While the grant is intended to foster improvements in the ECCE system, its scope goes beyond that to include a focus on other systems that provide support for young children and their families. Ensuring strong connections between the ECCE system and these systems is an essential part of providing high-quality support to vulnerable and underserved families.

As indicated in the table below, especially in the “Quality and Availability of Programs and Supports” domain, the needs assessment must address how other systems provide support to families who are served by the ECCE system. The figure below shows some of the systems besides ECCE that make up the broader early childhood system. At the center is a list of system domains which are areas to consider when assessing the ECCE system, the broader early childhood system, and the relationship between the different systems that make up the early childhood system.

Preschool Birth to Five System (Including Support for Parents/Guardians)



WHAT MAKES AN EFFECTIVE NEEDS ASSESSMENT?

A needs assessment is an analysis of where your current system falls short and where there are opportunities for improvement. A needs assessment should identify areas of success and promise, especially to the extent that expanding what works in those areas in terms of reach, either geographically or to more programs or facilities, could help achieve the PDG B-5 goals. Too often needs assessments are simply descriptions of the current state of a system without analysis as to what needs to improve and ideas for how to get there. This needs assessment should be more than that. The needs assessment is not your plan for moving forward, but it should give the reader a strong sense of what the focus of your strategic plan will be.

MANAGING THE SCOPE OF THE NEEDS ASSESSMENT

A needs assessment covering your entire B-5 early childhood system could become an all-consuming task. The questions below are intended to help focus your needs assessment while meeting the project requirements. However, we recognize that it is not necessarily feasible for you to answer all these questions for every issue involving your ECCE or early childhood system. To make this manageable you can:

- Provide complete answers for the “Definition of Terms”, “Focal Populations for the Grant”, and “Number of Children Being Served” domains.
- Cover at least one issue or area in your state/territory under each of the other domains – even as we encourage you to address as many as possible.
- As you do this make sure your focus extends beyond the ECCE system to multiple other early childhood systems since they play such an important role in providing needed resources for vulnerable and underserved families.

TIPS FOR CONDUCTING THE NEEDS ASSESSMENT

You may want to compile existing needs assessments and reports on your early childhood system before embarking on this activity. You may also want to assemble a needs assessment committee or steering group and divide up sections to be completed by different authors or reviewed by different groups if you are contracting out the assessment. It would be helpful to include parent representatives and advocates as part of the committee or steering group since they are expected to participate in the strategic planning process that will use the needs assessment as a basis for its work.

DOMAINS AND KEY QUESTIONS

Grantees are required to comprehensively address key questions in Domains 1-3 and must select at least one key question in Domains 4-11. Selected focus areas for Domains 4-11 are identified in blue text below.

Domain	Key Questions
<p>1. Definitions of Terms (answer all points)</p>	<ul style="list-style-type: none"> • What is your definition of quality early childhood care and education for this grant? • What is your definition of early childhood care and education availability for this grant? • What is your definition of vulnerable or underserved children for this grant? • What is your definition of children in rural areas for this grant? • Do you have a definition or description of your early childhood care and education system as a whole? (If yes, what have you used that definition for? What about your broader early childhood system encompassing other services used by families with young children? Do you have a definition for that and, if so, what have you used it for?) • Do these definitions differ in key ways from how you have defined any of these in the past? If so, what do you think are the advantages of your definitions for this grant? • Are there any challenges you foresee in using these definitions? (e.g., are they consistent with how key programs that make up the broader early childhood system define these terms?)
<p>2. Focal Populations for the Grant (answer all points)</p>	<ul style="list-style-type: none"> • Who are the vulnerable or underserved children in your state? What are their characteristics in terms of race/ethnicity, recency of immigration, language spoken at home, poverty and low-income status, concentration in certain cities or town and/or neighborhoods? What are the strengths and the weaknesses of the data you have available on this population? Are there any initiatives under way to improve these data? • Who are the children who live in rural areas in your state/territory? What are their characteristics in terms of race/ethnicity, recency of immigration, language spoken at home, poverty and low-income status? Are they concentrated in certain regions of the state/territory? Are data available on how far they typically live from an urban area? What are the strengths and the weaknesses of the data you have available on this population? Are there any initiatives under way to improve these data?
<p>3. Number of Children Being Served and Awaiting Service (answer all points)</p>	<ul style="list-style-type: none"> • What data do you have describing the unduplicated number of children being served in existing programs? What are your biggest data gaps or challenges in this area? • What data do you have describing the unduplicated number of children awaiting service in existing programs? What are your biggest data gaps or challenges in this area?

Domain	Key Questions
<p>4. Quality and Availability (answer at least one)</p>	<ul style="list-style-type: none"> • What would you describe as your ECCE current strengths in terms of quality of care across settings (e.g., accessing accurate data from rural areas, central points of data entry [+ or -], population mobility)? • What would you describe as key gaps in quality of care across settings? • <i>What are the strengths and the weaknesses of the data you have available on quality? Are there any initiatives under way to improve these data?</i> • What would you describe as your current strengths in making care available across populations and settings? • <i>What would you describe as key gaps in availability?</i> • <i>What initiatives do you currently have underway to ensure that high-quality care is available to vulnerable or underserved children and children in rural areas in your state/territory? What works well? What could work better? Have you been particularly successful in developing quality environments for any particular populations or in any particular settings? What made these efforts successful and what needs to be done to replicate them?</i> • What initiatives do you currently have in place to inform parents about what constitutes a high-quality child care center and how different centers match up in terms of quality? Is this information delivered in a culturally and linguistically sensitive manner? How effective are the initiatives and information? What could be improved in this area? • What initiatives do you have in place to promote and increase involvement by and engagement of parents and family members in the development and education of their children? What works well about these initiatives? What could be better? Include information about the degree of availability of these initiatives and the extent they are culturally and linguistically sensitive. • What specific initiatives are in place to address the needs of parents/families that meet their cultural and/or linguistic needs? Are there specific populations of parents/families with cultural/linguistic differences that do not have easily-accessible services available? • <i>What do you see as your biggest need and opportunity in improving the quality and availability of care particularly for vulnerable or underserved children and those in rural areas? This should include a discussion of needs and opportunities related to strengthening the early care and education workforce in terms of training and the retention of high-quality staff and spaces across the early care and education system, including both center-based and family child care providers.</i>
<p>5. Gaps in Data or Research to Support Collaboration Between Programs/Services and Maximize Parental Choice (answer at least one)</p>	<ul style="list-style-type: none"> • <i>What do you know about the service use of families with children (both children and family members) in the ECCE system?</i> • What are the most important gaps in data or research about the programs and supports available to families and children? What challenges do these gaps present? What existing initiatives are being undertaken in your state/territory to address these gaps? • What are the most important gaps in data or research regarding collaboration across programs and services? What initiatives are currently underway in your state/territory to address these gaps? • What are the most important gaps in data or research related to maximizing parental choice? What initiatives are currently underway in your state/territory to address these gaps?

Domain	Key Questions
<p>6. Quality and Availability of Programs and Supports (answer at least one)</p>	<ul style="list-style-type: none"> • <i>What programs or supports do you have available that help connect children to appropriate, high-quality care and education? What works well about these programs or supports? What could work better? What else do you need to know about these programs and the populations they serve? What specific initiatives are in place to address the needs of parents/families that meet their cultural and/or linguistic needs? Are there specific populations of parents/families with cultural/linguistic differences that are not being connected to appropriate high-quality care and education?</i> • What programs or supports do you have in place to make sure that children of parents who are employed, looking for work, or in training are able to access child care that is compatible with their employment or training situation? What works well about these programs or supports? What could work better? What else do you need to know about these programs and the populations they serve? • <i>What programs and supports do you have available to identify children who are developmentally delayed and connect them to services? How effective is the connection between these programs and supports and your early care and education system? Are these programs reaching children from vulnerable and underserved populations? Are they reaching rural children? What else do you need to know about these programs and the populations they serve? What specific initiatives are in place to address the needs of parents/families that meet their cultural and/or linguistic needs? Are there specific populations of parents/families with cultural/linguistic differences that are not being connected to these services?</i> • What programs or supports do you have available that help ensure that early care and education settings are helping vulnerable or underserved children access needed support services such as health care, food assistance, housing support, and economic assistance? What works well about these programs or supports? What could work better? What else do you need to know about these programs and the populations they serve? • What programs and supports do you have available to support children who are non-English speaking or reflect different cultures that connect them to services? How effective is the connection between these programs and supports and your early care and education system? Are these programs reaching children from vulnerable and underserved populations? Are they reaching rural children? What else do you need to know about these programs and the populations they serve? • What programs or supports do you have available that help ensure that early care and education settings are able to connect families in crisis to needed programs or services (e.g., family violence programs, emergency economic assistance, mental health care, substance abuse treatment)? What works well about these programs or supports? What could work better? What else do you need to know about these programs and the populations they serve?
<p>7. Measurable Indicators of Progress that Align with the State/Territory’s Vision and Desired Outcomes for the Project (answer at least one)</p> <p>ANSWER AT LEAST ONE</p>	<ul style="list-style-type: none"> • <i>What measurable indicators currently exist that can be used to track progress in achieving the goals of this grant and your strategic plan? What are the strengths and the weaknesses of these indicators? Include the extent to which they can be used to describe the current conditions experienced by vulnerable, underserved and rural populations?</i> • What opportunities are currently under way involving developing additional measurable indicators to track progress in achieving the goals of this grant and your strategic plan?

Domain	Key Questions
<p>8. Issues Involving ECCE Facilities (answer at least one)</p>	<ul style="list-style-type: none"> • What issues have been identified involving ECCE facilities? • What innovative efforts have taken place to improve ECCE facilities? Have these efforts targeted vulnerable or underserved children and those who live in rural areas? • What current plans are in place to address ECCE facility issues? • What opportunities exist for different ECCE and/or other early childhood programs and systems to work together collaboratively on ECCE facility improvement (e.g., through co-location of key early childhood services) • <i>What are the strengths and the weaknesses of the data you have available on ECCE facilities? Are there any initiatives under way to improve the data?</i>
<p>9. Barriers to the Funding and Provision of High-Quality Early Childhood Care and Education Services and Supports and Opportunities for More Efficient Use of Resources (answer at least one)</p>	<ul style="list-style-type: none"> • <i>What barriers currently exist to the funding and provision of high-quality early childhood care and education supports? Are there characteristics of the current governance or financing of the system that present barriers to funding and provision of high-quality ECCE services and supports? Are there policies that operate as barriers? Are there regulatory barriers that could be eliminated without compromising quality? For this question, you should be sure to include a discussion of supports in the broader early childhood system not just the ECCE system.</i> • Are there opportunities for a more efficient allocation of resources across the system? Have there been successful efforts in the state at implementing strategies that have improved the efficient use of resources? Why and how were they successful and what needs to be done to replicate them? Have there been efforts that were undertaken, but did not show positive results? What can be learned from these experiences?
<p>10. Transition Supports and Gaps (answer at least one)</p>	<ul style="list-style-type: none"> • <i>What are the strengths and weaknesses of the transition supports for children moving from the early care and education system to school entry?</i> • <i>Are there targeted supports for vulnerable or underserved children and children in rural areas? What is effective about these? What could be better?</i> • Are there transition supports across the age spans or are they for specific age populations? Are there transition policies/practices that support children in all types of care and education settings? • What is effective about the supports for children with developmental delays or other special needs? What could be more effective about them? For this question you should look at both transition to kindergarten and transition between early intervention and preschool special education programs. • How are parents currently provided with information about transitions? Is the information provided in a culturally and linguistically sensitive manner? What is effective about the information provided? What could be improved? • Have there been any innovative efforts to improve transitions? How effective were they? • How do the supports differ based on the type of early care and education provider (e.g., Head Start, state/territory Pre-K, home care provider, private or religious-based provider)? • How effective is the communication between early care and education providers and school systems? What could be done to improve that communication?

Domain	Key Questions
<p>11. System Integration and Interagency Collaboration (answer at least one)</p>	<ul style="list-style-type: none"> • <i>What policies and practices are in place that either support or hinder interagency collaboration?</i> • Are there specific funding policies and practices that support or hinder interagency collaboration? • What practices are in place that reflect effective and supportive interagency collaboration supporting young children and families? How were they developed? What would need to happen for them to spread to other areas, agencies, or sectors?

Appendix B: Crosswalk

The following crosswalk shows where each required needs assessment element or domain can be found in the report, including appendices.

Table 1. Needs Assessment Crosswalk: PDG B-5 Needs Assessment Requirements

Needs Assessment Domain	Corresponding Report Section and Page Number	Supplemental Information (Appendices and Page Number)
<p>1. Definitions: Quality Early Childhood Care and Education (ECCE), ECCE Availability, Vulnerable or Underserved Children, Children in Rural Areas, ECCE System as a Whole</p>	<p><i>Assessment Overview & Methodology: Definitions</i> pages 12-13</p> <p><i>Alaska's Mixed-Delivery Early Care & Education System</i> pages 23-25</p>	<p>All information in main report</p>
<p>2. Focal Populations for the Grant: Vulnerable or underserved children in your state/territory, and children who live in rural areas in your state/territory</p>	<p><i>Young Children in Alaska</i> pages 14-22</p>	<p><i>Appendix D: Demographics & Socio-Economic Indicators</i> pages 32-45</p> <p><i>Appendix E: Health Indicators</i> pages 46-68</p>
<p>3. Children Being Served and Awaiting Service: Data available and/or plan for identifying the unduplicated number of children being served in existing programs and unduplicated number of children awaiting services in existing programs</p>	<p><i>Accessibility, Affordability, and Quality: Accessibility</i> pages 29-31</p>	<p><i>Appendix F: Home Visiting & Early Intervention</i> pages 72-77</p>
<p>4. Quality and Availability: Current quality and availability of ECCE, including availability for vulnerable or underserved children and children in rural areas</p>	<p><i>Accessibility, Affordability, and Quality: Family Choice, Affordability and Quality</i> pages 28-29, 31-37</p> <p><i>Workforce</i> pages 48-51</p>	<p><i>Appendix H: Parent Perspectives & Preferences</i> pages 84-89</p> <p><i>Appendix K: Workforce</i> pages 96-121</p>
<p>5. Gaps in data on quality and availability of programming and supports for children and families</p>	<p><i>Accessibility, Affordability, and Quality: Needs and Challenges</i></p>	<p>All information in main report</p>

	page 36	
	<i>Research & Data</i> pages 61-63	
6. Gaps in data or research to support collaboration between programs/services and maximize parental choice	<i>Governance & Collaboration</i> pages 45-47	<i>Appendix J: System & Governance</i> pages 91-95
	<i>Research & Data</i> pages 61-63	<i>Appendix E: Health Indicators/Health Data Gaps for Service Providers</i> pages 66-68
7. Measurable indicators of progress that align with the State/Territory's vision and desired outcomes for the project	<i>Alaska's Mixed-Delivery Early Care & Education System: Measurable Indicators of Progress</i> pages 26-27	<i>Appendix G: Assessment</i> pages 78-83
8. Issues involving Early Childhood Care and Education facilities	<i>Facilities</i> pages 58-60	<i>Appendix L: Facilities & Licensing</i> pages 125-128
9. Barriers to the funding and provision of high-quality early Childhood Care and Education Services and supports and opportunities for more efficient use of resources	<i>Funding</i> pages 38-44	<i>Appendix I: Funding</i> Page 90
10. Transition supports and gaps	<i>Transition Supports</i> pages 52-57	<i>Appendix F: Home Visiting & Early Intervention/ILP Transition Planning</i> page 77
11. System integration and interagency collaboration	<i>Feasibility of an Early Childhood Integrated Data System</i> pages 64-66	<i>Appendix M: Data Systems & Integration</i> pages 129-133
	Corresponding Report Section and Page Number	Supporting Appendices and Page Number
Stakeholder Input		
Parents/family members or guardians		

Child care providers from different settings (e.g., center-based, Head Start, home-based)

Child care providers from different parts of the state including rural areas and areas with diverse populations

Other early childhood service providers

State/Local Early Childhood Advisory Council(s) or other collaborative governance entity

Key partner agencies

*Assessment
Overview &
Methodology:
Methodology
pages 2-3*

*Appendix C:
Sources/Stakeholder
Input
pages 17-26*

Stakeholder Input

The PDG B-5 needs assessment process solicited and incorporated input from a variety of stakeholders. These include parents and family members, child care providers from different settings and geographic areas (including rural areas and areas with diverse populations), early education providers, other early child care service providers, the state’s early childhood advisory body, regulatory agencies, and key partner agencies.

Organizational Sources

ALASKA

Alaska Dept. of Education & Early Learning (DEED)
Alaska Dept. of Health & Social Services (DHSS)
Alaska Dept. of Labor & Workforce Development (DLWD)
Alaska Early Childhood Coordinating Council (AECCC)
Alaska Early Childhood Joint Task Force (JTF)
Alaska Office of the Governor, Office of Management & Budget (OMB)
Alaska State Legislature, House Finance Education Budget Subcommittee
Alaska State Legislature, Legislative Finance Division
Association for the Education of Young Children – Southeast Alaska (SEA-AEYC)
Association of Alaska School Boards (AASB)
Best Beginnings
Cook Inlet Tribal Council
Governor’s Council on Disabilities & Special Education
Kawerak, Inc.
Kids’ Corps, Inc.
Learn & Grow
Parents As Teachers
RuralCAP
thread
University of Alaska

NATIONAL

Child Care Aware of America
Close Gaps By 5
Connecticut Office of Early Childhood
Maryland-based Early Childhood Data Collaborative
National Association for the Education of Young Children (NAEYC)

U.S. Census Bureau
U.S. Dept. of Education
U.S. Dept. of Health & Human Services
United Nations Educational, Scientific, and Cultural Organization (UNESCO)

Individual Sources

Abbe Hensley, Executive Director, Best Beginnings
Almita Reed, Program Manager, Alaska Native Education Program, Office of Elementary and Secondary Education, U.S. Dept. of Education
Ann-Marie Martin, Program Coordinator I, Child Nutrition Programs, DEED
April Blevins, Migrant Education Coordinator, Lower Kuskokwim School District
Brittany Suralta, Senior Manager, Employment and Training, Cook Inlet Tribal Council
Chelsea Mauro, Director, Anchorage School District Preschool
Chris Madsen, Administrative Operations Manager II, Division of Public Assistance, DHSS
Christie Reinhardt, Program Coordinator, Governor's Council on Disabilities and Special Education
Christina Hulquist, Program Coordinator II, Child Care Assistance, Division of Public Assistance, DHSS
Dana Caudell, Nurse Manager, Nurse-Family Partnership, Providence Health & Services
Deb Trowbridge, Head Start/Early Head Start Director, Kawerak, Inc.
Ethan Petticrew, Director, Cook Inlet Native Head Start
Greg Kaplan, Legislative Aide, Sen. Lisa Murkowski
Holly Morales, Senior Director for Employment and Training, Cook Inlet Tribal Council
Iris Matthews, Principal, Stellar Group
Jared Parrish, Senior Epidemiologist, Women's, Children's & Family Health, DHSS
Jo Dawson, Child Nutrition Program Manager, DEED
Kristen Henke, Early Childhood Coordinator, Lower Kuskokwim School District
Maggie Norton, Research Manager, Child Care Aware of America
Mandy Evans, STEPS Coordinator, Sitka School District
Margaret Young, MCH-Epidemiology Unit Manager, Women's, Children's & Family Health, DHSS
Marian Sweet, Deputy Director, DSS-Assistant Commissioner's Office, DHSS
Maureen Harwood, Part C Coordinator, Alaska Infant Learning Program
Meghan Johnson, Learn & Grow Director, thread
Samantha Ray, Project Assistant, Division of Public Assistance Child Care Administrative Support, DHSS
Stephanie Berglund, Executive Director, thread
Supanika Ackerman, Early Learning Specialist, DEED
Susan Nunn, ILP Program Manager, Bristol Bay Health Corporation
Theresa Nedrow, Family Advocacy Program Assistant, Joint Base Elmendorf-Richardson

Alaska Early Childhood Joint Leadership Task Force (JTF)

The JTF helped guide and review the needs assessment process and served as a collector and synthesizer for stakeholder input. The JTF describes its purpose as follows:

To better meet the needs of young children and families in Alaska, three new early childhood initiatives have decided to join efforts to align action on two shared goals:

- A Needs Assessment; and
- A Unified Strategic Plan.

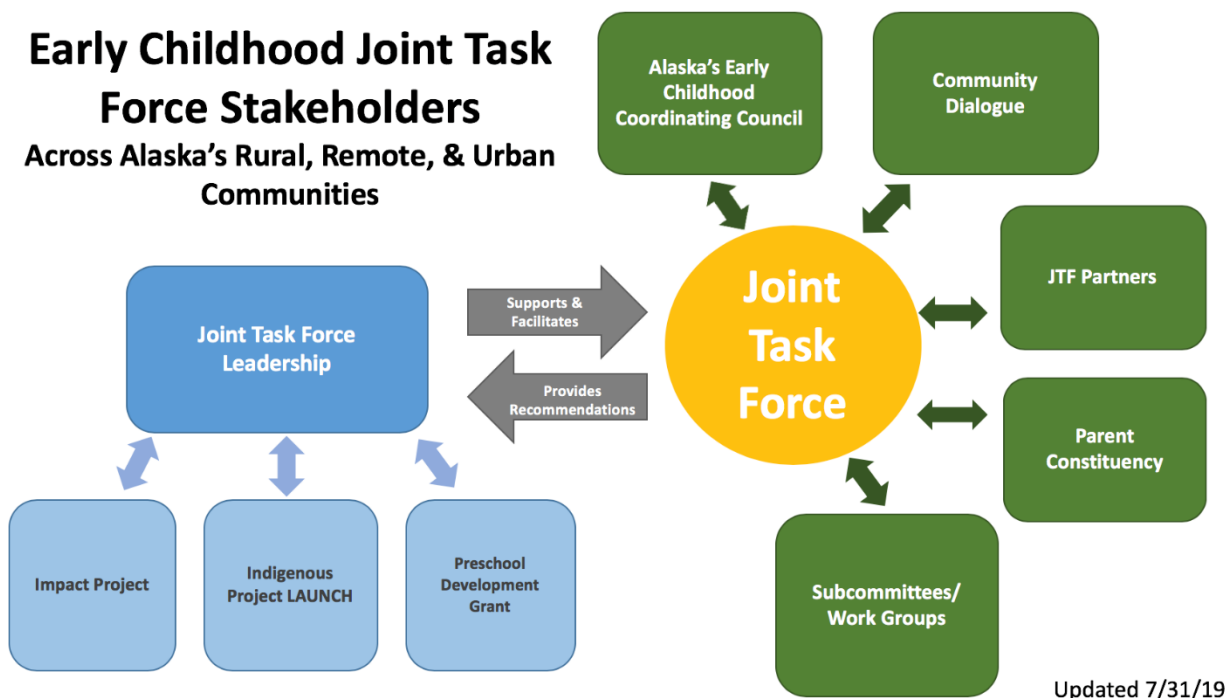
In support of this, the three initiatives 1) the Impact Project, 2) the Preschool Development Grant, and 3) the Southcentral Foundation Indigenous People Project LAUNCH, established a short-term JTF to guide and advise these shared goals to strengthen and align Alaska's early childhood system that supports children and families. Creating the Joint Task Force was essential to the early stages of implementing these new initiatives. The JTF's hope is that this strong coalition of task force members will guide strategic direction and commit to shared action toward these two goals. The JTF intends its work will take place from January 1 to December 31, 2019.

JTF members and their affiliations, as of June 2019, are as follows:

Abbe Hensley	Best Beginnings
Alison Gaines	Parent Representative/Public Health Nursing
Arland Anderson	Southcentral Foundation
Ashley Christopherson	Alaska Dept. of Health & Social Services, Commissioner's Office
Barrett Banks	Southcentral Foundation
Becky Bitzer	Agnew Beck
Betsy Breneman	Association of Alaska School Boards
Brian McCutcheon	Southcentral Foundation
Chelsa Dorman	Southcentral Foundation
Chelsea Burke	Child Care Program Office (Alaska Dept. of Health & Social Services)
Christian Mortenson	Southcentral Foundation
Christie Reinhardt	Women's, Children's and Family Health (Alaska Dept. of Health & Social Services)
Christina Hulquist	Child Care Program Office (Alaska Dept. of Health & Social Services)
Connie Wirz	Clare Swan Early Learning Center
DeAnne Chanar	Parent Representative
Devin Cress	Clare Swan Early Learning Center
Ethan Petticrew	Cook Inlet Native Head Start
Ira Slomski-Pritz	Anchorage Municipality
Iris Matthews	Stellar Group
Jennifer Hayes	Alaska Dept. of Education & Early Development
Jessica Davis	Southcentral Foundation
Jimael Johnson	Alaska Mental Health Trust Authority
Karli Lopez	Parent Representative/Hope Community Resources
Katie Reilly	Agnew Beck

Kristina Clark	Southcentral Foundation
Kristen Spencer	Alaska Dept. of Education & Early Development
Maureen Harwood	Senior and Disability Services
Marcey Bish	Child Care Program Office (Alaska Dept. of Health & Social Services)
Meghan Johnson	Learn & Grow (thread)
Merrick Brown	Southcentral Foundation
Panu Lucier	System for Early Education Development
Patrick Sidmore	Association of Alaska School Boards
Phillip Charette	Cook Inlet Native Head Start
Rebekah LeMahieu	Education Northwest
Robert Alsbury	Southcentral Foundation
Sangree Froelicher	State Capacity Building Center
Scott West	Southcentral Foundation
Stephanie Berglund	thread
Supanika Ackerman	Alaska Dept. of Education & Early Development
Tamar Ben-Yosef	All Alaska Pediatric Partnership (AAPP) & Help Me Grow
Tim Speth	Education Northwest

The following flow chart from the JTF illustrates stakeholder interaction with the JTF.



The Association of Alaska School Boards convened a conversation about early childhood during its April 2019 fly-in to Juneau. The following document from AASB provided additional stakeholder input and validation for this study.

Early Childhood Conversation

Association of Alaska School Boards Fly-In

April 6, 2019 • Baranof Hotel, Juneau, Alaska

Sponsored by the Association of Alaska School Boards (AASB) with funding from the Preschool Development Grant B-5 from the AK Dept of Education and Early Development (DEED)

This was an opportunity for school board members and superintendents from around the state to collaborate to identify early childhood care and learning needs to help AASB put together the picture of early childhood from birth to five in Alaska. AASB is coordinating the creation of a statewide needs assessment and strategic plan for DEED in order to streamline early care and learning systems and improve access to high quality affordable programs especially for low income and disadvantaged families.

Feedback from participants will help shape AASB's work, fill in gaps, provide a context and an understanding for how well it is going for young children in school districts around the state, and point to what is needed.

Our Agreements

In every chair, a leader.

Speak to be understood,
listen to understand.

Be present, be engaged.

Value our time together.

Challenges → Solutions

Takest thou hats off.

We are responsible for our
experiences.

This is a safe space for
meaningful conversation.



Facilitators:

Betsy Brenneman, AASB PDG Coordinator

Konrad Frank, AASB Community
Engagement Educator

Lori Grassgreen, AASB Director of the
Initiative for Community Engagement

Overarching question:

What kinds of early care and learning will best prepare young children for school and life?

Current early care and learning programs in Alaska are:

Licensed child care centers Learning	Early	Intervention/Infant
Licensed family child care centers	In-home visiting	
Private preschools	Library story time	
Homeschools	Imagination Library	
School district pre-elementary	Participants said we should add:	
Military child care	FIT (Family Infant Toddler Prg)	
Tribal child care	Stand-alone SpED programs	
Early Head Start	Sunday schools	
Head Start		

Question #1 What early care and learning programs or initiatives are working/not working well for families wanting services?

Working well:

Effective high-quality teachers with ability to build relationships
Programs of good quality
Infant learning/early learning preschools
Parents as Teachers. Love + logic/PAT
Head Start, but it's limited due to income guidelines
Partnering with private care provider for equality
Cultural relevance
Identification of special needs (Child Find)
Book bags/Imagination Library with a home visitor
Funding/if available
Infant learning/early learning preschools
All day kindergarten (Northstar)
Immersion pre-school (Hydaburg)
Community-based story times
Nice mix of school and non-school based programs (Cordova)
Baby Raven Reads
Cuba model. Shared responsibility (wrap around)
Home visits
Playgroups

Not working well/challenge

Income threshold for Head Start

Accessibility, not enough slots, not affordable
Transportation
Inconsistent funding
Defining high quality programs (need criteria)
Fragmented programs, definitions
70% have not achieved 8 ADP
Partnering with private care provider for equality
Cultural relevance
Lack of home visits
Mentor networks peer-to-peer
Identification of special needs (Child Find)
Child care for parents before preschool (for infants and toddlers)
State requirements for child care
Limitations separating haves and have nots (IEP, tribe, income)
Huge needs – more programs needed
Domestic violence, child abuse, opioids, addiction
Support and knowledge for families
Finding volunteers for Baby Raven reads/storytelling
Having activities during working hours
Foster care, too much movement
Settings that are comfortable where there are people
Professional development for child care workers

Question #2 What is needed for children to move from early care to preschool to school?

Parent presence in schools
Transitions
"Practicing" school
Wholistic – whole child
Medical – parent packets at birth.
Child development courses
Parenting – family & me events, workplace supports
Coordination, alignment
Smooth transitions, connections
Need open, universal preschool
Preschool for everyone
Don't label kids to get them into programs
Funding
Monthly events at school
Toddler play groups
Look at education as preK-12 not K-12.
Monthly events at school
Early education for parents

Documentation of milestones
Activities with parents – school and parent engagement
Clear expectations, learning objectives
Educate public about importance of early education
Reading material print and learning tools in homes. Enrichment resources.
Communication – bridges, alignment of skills.
More time for Head Start for coordination.
Develop – philosophies of providers, programs, understanding (finding compatibility, overlap)
Stakeholder coordination, community conversation
Parents and organizations understand ADP
Alignment of standards
Time to play – develop skills through play
Who they are – EC programs linked to culture, identity, connection
More time – Head Start and parents, school and early childhood coordinators
Creativity, soft skills, life skills
Supplies, so we don't have to fundraise, dedicate more time to priority activities
Crosswalk of standards – development of child and brain development

Question #3 What are the most serious barriers in your district to young children's care and learning from birth to age five?

Facilities
Teachers
Supplies
Money for teachers
Living wages for EC professionals, \$3.50 child care per hour
Income level requirements for child care, Head Start
Training for informal child care providers
Family networks – change how we reach and provide
Wrap-around services – coordination
Grant funding inconsistency
Safety, physical, emotional, cultural safety
Training for providers
Tools for families
Lack of consistency of policy, practice, philosophy
Changes with administration – Alaska values
Barriers for families to be here so they can participate, kids are kept away, need sense of belonging
Languages – family connection
Knowing what is available – communications, EL app
How are we inviting stakeholders/people into conversation?
Lack of awareness/importance for 0-5 education with stakeholders
Substance abuse and social issues
Lack of accessibility
Lack of consistency

Family structure
 Costs of high-quality program
 Lack of quality teachers, home providers (wage)
 License requirements
 Lack of training for teachers
 Substance abuse – opioids/meth/alcohol
 Lack of education for prospective mothers
 Lack of supports
 Over-emphasis on academics vs life skills
 Lack of appropriate facilities
 Child care
 Lack of connection between elders and young children
 Funding – parents need affordable child care
 Transportation
 Trust in caregivers
 Unresolved generational trauma
 Racism

23 Participants

School District	School member(s)	Board
Anchorage	Deena Mitchell	
Bristol Bay	Rebecca Hamon Bill Hill	
Cordova City	Barbara Jewell Sheryl Glasen Alex Russin	
Denali Borough	Nikki DeMers	
Dillingham City	Emily Hulett	
Fairbanks North Star	Chrya Sanderson	
Juneau	Brian Holst	
Ketchikan Gateway	Diane Gubatayao	
Klawock City	Janelle Friday Lisa R. George	
Lake & Peninsula	Shannon Johnson- Nanalook Stacy Hill	
Lower Kuskokwim	R. Thor Williams	
North Slope Borough	Kathy Ahgeak	
Southeast Region	Kay Andrews	
Southwest Region	Marie Paul	
Yukon Koyukuk	Wilma David Shirley Kruger Kerry Boyd	

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Appendix D: Demographics & Socio-Economic Indicators

Population of Children Ages 0 through 5 Years of Age

- Children ages 0 through 5 years of age make up approximately 8% of the statewide population as of 2018.¹
- The population ages 0 through 5 years decreased 4% statewide since 2010. Rural populations of children ages 0 through 5 decreased by 5%, while urban populations decreased by 4%.
- Despite overall declines, eight areas saw growth in the population of children ages 0 through 5 years of age.
- There were 11% fewer births in 2018 than in 2010 statewide. Four areas had increased birth rates:
 - Aleutians West Census Area
 - Lake and Peninsula Borough
 - Matanuska-Susitna Borough
 - Skagway Borough (Municipality)

¹ Alaska Dept. of Labor & Workforce Development.

Table 2. Children in Alaska Under 6 Years of Age – Rural, Urban and Statewide, 2018

Borough or Census Areas	Number of Children	Percent of Population Under 6	Percent Change in Population Under 6 Since 2010
Rural			
Aleutians East Borough	90	3%	-37%
Aleutians West Census Area	239	4%	-4%
Bethel Census Area	2,127	12%	-1%
Bristol Bay Borough	58	7%	-2%
Denali Borough	115	6%	-16%
Dillingham Census Area	553	11%	4%
Haines Borough	145	6%	-7%
Hoonah-Angoon Census Area	149	7%	1%
Kodiak Island Borough	1,162	9%	-14%
Kusilvak Census Area	1,085	13%	2%
Lake and Peninsula Borough	198	12%	22%
Nome Census Area	1,120	11%	-6%
North Slope Borough	853	9%	-2%
Northwest Arctic Borough	875	11%	-14%
Petersburg Borough	244	8%	9%
Prince of Wales-Hyder Census Area	474	8%	-12%
Skagway Borough, Municipality of	73	7%	31%
Southeast Fairbanks Census Area	552	8%	-7%
Valdez-Cordova Census Area	786	8%	5%
Wrangell City and Borough	156	6%	0%
Yakutat City and Borough	39	8%	-19%
Yukon-Koyukuk Census Area	469	9%	-9%
Total Rural	11,472	9%	-5%
Urban			
Anchorage Municipality	24,458	8%	-6%
Fairbanks North Star Borough	8,270	9%	-11%
Juneau, City and Borough	2,298	7%	-3%
Kenai Peninsula Borough	4,286	7%	3%
Ketchikan Gateway Borough	942	7%	-12%
Matanuska-Susitna Borough	9,508	9%	14%
Sitka City, and Borough	550	6%	-25%
Total Urban	50,312	8%	-3%
Statewide Total Children Under 6	61,874	8%	-4%

Source: AKDOLWD.

Race and Ethnicity

- Statewide, Alaska Native/American Indian children make up 28% of the population under age 6
- Children identifying as White make up over two-thirds of the population of children under 6 (68%).
- The number of children of Hispanic origin has increased 25% since the 2010 census.
- Decreasing numbers of children identify as White, Alaska Native or American Indian, or Native Hawaiian or other Pacific Islander since the 2010 census.

- The state has seen a slight increase in the number of children identifying as Black or African American and as Asian since the 2010 census.

Table 3. Children Under 6 Years of Age by Race/Ethnicity Statewide, 2018

Race or Ethnicity (can select multiple)	Number of Children	Percent of Children Under 6	Percent Change in Number of Children Under 6 Since 2010
White	41,941	68%	-7%
Alaska Native or American Indian	17,325	28%	-3%
Black or African American	4,956	8%	1%
Asian	5,738	9%	2%
Native Hawaiian or other Pacific Islander	1,772	3%	-5%
Hispanic Origin (of any race)	6,871	11%	25%

Source: AKDOLWD.
Race is alone or in combination, therefore columns will not add to 100%.

Languages Spoken at Home

Data is not collected on language spoken at home for children under 5 years of age. The following data reflects languages spoken at home by children ages 5-17, broken into five language groups: Spanish, Indo-European languages other than Spanish (including Russian), Asian and Pacific Island languages (including Tagalog and Filipino, and Hawaiian) and All Other Languages (including Alaska Native and Native North American languages, languages from Africa, and Arabic), and English.

- A majority of children (87%) in the state speak English at home.
- Of the children who speak languages other than English at home, almost 80% speak English very well, with 6% speaking English "not at all" or "not well."
- Fewer than 1% of children ages 5-17 speak English "not at all."

Table 4. Children 5-17 Years of Age and Languages Spoken at Home (%) Statewide 2013-2017

Language Group	Language Spoken at Home	Speak English "very well"	Speak English "well"	Speak English "not well"	Speak English "not at all"
Speak Only English	87%	-	-	-	-
Languages other than English	13%	79%	14%	6%	<1%
Speak Spanish	3	85	9	6	<1
Speak Other Indo-European Languages	2	84	14	2	<1
Speak Asian and Pacific Island Languages	4	3	1	<1	<1
Speak Other Languages	4	4	1	<1	<1

Source: American Community Survey, 5-year estimates.

Race and Ethnicity

- Alaska Native or American Indian children comprise about two-thirds of the rural population of children under 6, while children identifying as white are about one-third.
- Children identifying as white make up three-quarters (75%) of the urban population, with 29% of children identifying as Alaska Native or American Indian in urban areas.

Table 5. Percent of Children Under 6 Years of Age by Race/Ethnicity for Rural and Urban Areas, 2018

Borough or Census Area	White (%)	Alaska Native or American Indian (%)	Black or African American (%)	Asian (%)	Native Hawaiian or other Pacific Islander (%)	Hispanic Origin (of any Race) (%)
Rural						
Aleutians East Borough	32	56	9	19	3	11
Aleutians West Census Area	41	31	7	35	3	6
Bethel Census Area	12	89	2	2	1	6
Bristol Bay Borough	57	55	11	10	0	35
Denali Borough	90	12	5	4	0	1
Dillingham Census Area	21	86	2	2	2	10
Haines Borough	81	32	1	4	0	8
Hoonah-Angoon Census Area	60	57	1	2	0	8
Kodiak Island Borough	65	25	3	19	3	12
Kusilvak Census Area	7	95	2	1	<1	7
Lake and Peninsula Borough	32	79	3	1	0	8
Nome Census Area	20	85	2	2	1	7
North Slope Borough	19	80	4	7	3	11
Northwest Arctic Borough	13	91	3	2	1	9
Petersburg Borough	78	23	11	4	2	11
Prince of Wales-Hyder Census Area	47	59	4	4	2	10
Skagway Borough, Municipality of	86	20	4	8	1	9
Southeast Fairbanks Census Area	80	20	5	3	1	12
Valdez-Cordova Census Area	74	24	3	9	1	11
Wrangell City and Borough	72	33	5	8	0	5
Yakutat City and Borough	39	70	10	5	0	7
Yukon-Koyukuk Census Area	22	81	3	1	<1	8
Total Rural	34%	67%	3%	6%	1%	9%
Urban						
Anchorage Municipality	68	20	13	14	5	14
Fairbanks North Star Borough	79	17	10	7	2	11
Juneau City and Borough	72	31	3	12	2	13
Kenai Peninsula Borough	87	18	2	4	1	6
Ketchikan Gateway Borough	72	32	4	10	2	9
Matanuska-Susitna Borough	88	16	4	4	1	7
Sitka City and Borough	70	29	5	10	2	13
Total Urban	75%	19%	9%	10%	3%	12%
Statewide Children under 6	68%	28%	8%	9%	3%	11%

Source: AKDOLWD

Immigration

- A very small number of children under 5 years of age in the state of Alaska are foreign-born. The 2013-2017 5-year estimates from the American Community Survey suggest the number of children under 5

years of age not born in the U.S. is between 163 and 577 based on a rolling average, or about 0.3-1.0% of children under 5 statewide.

Languages Spoken at Home

- The majority of children in all boroughs and census areas speak English at home only, with the exception of the Bethel census area, where less than half of student speak only English at home (47%).
 - Close to 90% of urban children ages 5-17 speak only English at home. This number is closer to 75% for rural areas.
- About one-fifth of children in the Dillingham (18%), Kusilvak (24%), and Nome census areas (17%), and the North Slope (19%) and Northwest Arctic Borough (21%) speak other languages at home, which include Alaska Native languages.
- About a quarter of children in the Southeast Fairbanks census area between 5 and 17 years of age speak an Indo-European language that is most likely Russian, Polish or other Slavic language. About 14% of the overall population over 5 years old in this area² speak a Slavic language.
- Over one-quarter (26%) of the population over 5 years of age in the Aleutians West census area speak Tagalog (and/or Filipino) and 17% of children ages 5-17 who speak Asian and Pacific Island Languages likely speak Tagalog. The same percentage of children in the Aleutians West census area (17%) speak Spanish at home.

Table 6. Children ages 5-17 Languages Spoken at Home

Borough or Census Areas	Speak Only English	Speak Spanish	Speak Other Indo-European Languages	Speak Asian and Pacific Island Languages	Speak Other Languages
Rural					
Aleutians East Borough	95	2	1	1	1
Aleutians West Census Area	64	17	1	17	1
Bethel Census Area	47	<1	<1	1	52
Bristol Bay Borough	93	2	0	3	1
Denali Borough	85	3	0	11	0
Dillingham Census Area	81	<1	<1	<1	18
Haines Borough	98	0	0	2	0
Hoonah-Angoon Census Area	96	0	0	0	4
Kodiak Island Borough	88	3	0	8	1
Kusilvak Census Area	76	0	0	0	24
Lake and Peninsula Borough	95	0	2	0	3
Nome Census Area	83	0	0	0	17
North Slope Borough	76	<1	<1	5	19
Northwest Arctic Borough	78	0	0	1	21
Petersburg Borough	93	2	0	5	0
Prince of Wales-Hyder Census Area	96	1	0	1	2
Skagway Borough, Municipality of	94	0	4	2	0

² American Community Survey 5-year estimate, 2013-2017.

Southeast Fairbanks Census Area	71	2	25	1	1
Valdez-Cordova Census Area	91	6	1	1	1
Wrangell City and Borough	94	2	0	2	1
Yakutat City and Borough	83	5	0	0	12
Yukon-Koyukuk Census Area	94	1	<1	0	5
Total Rural	77	2	2	2	17
Urban					
Anchorage Municipality	84	4	2	8	2
Fairbanks North Star Borough	93	2	2	2	1
Juneau, City and Borough	90	4	3	3	1
Kenai Peninsula Borough	93	3	3	1	1
Ketchikan Gateway Borough	95	1	<1	3	1
Matanuska-Susitna Borough	93	2	3	1	1
Sitka City, and Borough	93	1	1	3	2
Total Urban	89	3	2	4	1

Vulnerable or Underserved Children in Alaska

Poverty and Low-Income Children

- Statewide, 15% of children under 6 live at or below the federal poverty level.
- More than a quarter (29%) of rural children under age 5 live below 100% of the federal poverty level.
- Half of children in the Kusilvak census area under the age of 5 live below the poverty line. In the Yukon-Koyukuk and Hoonah-Angoon census areas, 43% of children live below the federal poverty level.
- About one-third of children under 5 in the Northwest Arctic Borough, and Bethel, Nome, and Prince of Wales-Hyder census areas live below the poverty level (37%, 34%, 34%, and 35% respectively).

Table 7. Alaska children under 5 years of age living below 100% of the Federal Poverty Level

Community	Number of Children	Percent of Community Population
Rural		
Aleutians East Borough	27	29%
Aleutians West Census Area	33	13%
Bethel Census Area	625	34%
Bristol Bay Borough	8	17%
Denali Borough	4	6%
Dillingham Census Area	123	26%
Haines Borough	9	7%
Hoonah-Angoon Census Area	48	43%
Kodiak Island Borough	218	20%
Kusilvak Census Area	497	50%
Lake and Peninsula Borough	20	23%
Nome Census Area	318	34%
North Slope Borough	121	17%
Northwest Arctic Borough	284	37%
Petersburg Borough	26	12%

Prince of Wales-Hyder Census Area	131	35%
Skagway Borough, Municipality	1	3%
Southeast Fairbanks Census Area	128	26%
Valdez-Cordova Census Area	39	7%
Wrangell City and Borough	28	25%
Yakutat City and Borough	7	15%
Yukon-Koyukuk Census Area	180	43%
Rural	2,875	29%
Urban		
Anchorage Municipality	2,116	10%
Fairbanks North Star Borough	864	11%
Juneau City and Borough	407	23%
Kenai Peninsula Borough	556	15%
Ketchikan Gateway Borough	160	20%
Matanuska-Susitna Borough	838	12%
Sitka City and Borough	47	11%
Urban	4,988	12%
Statewide Total Children Below Poverty Level	7,863	15%

Source: U.S. Census, American Community Survey, 5-year estimate, 2013-2017

The rate of children, living between 100% and 200% of the federal poverty is higher in rural areas than urban. Statewide, 19% of children under 18 years of age live in the 100% to 200% range.

Table 8. Children Under 18 Living Between 100% and 200% Federal Poverty Level, 2013-2017

Community	Number of Children	Percent of Community Population
Rural		
Aleutians East Borough	66	16%
Aleutians West Census Area	156	17%
Bethel Census Area	2,039	35%
Bristol Bay Borough	37	20%
Denali Borough	36	12%
Dillingham Census Area	420	30%
Haines Borough	30	7%
Hoonah-Angoon Census Area	95	29%
Kodiak Island Borough	877	25%
Kusilvak Census Area	1,019	34%
Lake and Peninsula Borough	96	30%
Nome Census Area	816	27%
North Slope Borough	468	21%
Northwest Arctic Borough	632	25%
Petersburg Borough	159	23%
Prince of Wales-Hyder Census Area	267	20%
Skagway Borough, Municipality	12	10%
Southeast Fairbanks Census Area	510	29%
Valdez-Cordova Census Area	278	13%
Wrangell City and Borough	101	23%

Yakutat City and Borough	50	34%
Yukon-Koyukuk Census Area	336	25%
Rural	8,500	26%
Urban		
Anchorage Municipality	11,023	16%
Fairbanks North Star Borough	4,709	21%
Juneau City and Borough	657	10%
Kenai Peninsula Borough	3,033	24%
Ketchikan Gateway Borough	418	14%
Matanuska-Susitna Borough	4,652	18%
Sitka City and Borough	398	22%
Urban	24,890	17%
Statewide Total Children Between 100% and 200% of Poverty Level	33,390	19%

Source: U.S. Census, American Community Survey, 5-year estimate, 2013-2017.

Table 9. Children Under 18 living between 100% and 200% Federal Poverty Level, 2013-2017

Community	Number of Children	Percent of Community Population
Rural		
Aleutians East Borough	31	34%
Aleutians West Census Area	33	14%
Bethel Census Area	761	36%
Bristol Bay Borough	11	19%
Denali Borough	4	3%
Dillingham Census Area	147	27%
Haines Borough	9	6%
Hoonah-Angoon Census Area	55	37%
Kodiak Island Borough	241	21%
Kusilvak Census Area	593	55%
Lake and Peninsula Borough	21	11%
Nome Census Area	370	33%
North Slope Borough	146	17%
Northwest Arctic Borough	346	40%
Petersburg Borough	28	11%
Prince of Wales-Hyder Census Area	155	33%
Skagway Borough, Municipality	1	1%
Southeast Fairbanks Census Area	134	24%
Valdez-Cordova Census Area	49	6%
Wrangell City and Borough	44	28%
Yakutat City and Borough	7	18%
Yukon-Koyukuk Census Area	217	46%
Total Rural	3,403	29%
Urban		
Anchorage Municipality	2,896	12%
Fairbanks North Star Borough	934	11%
Juneau City and Borough	481	21%
Kenai Peninsula Borough	637	15%
Ketchikan Gateway Borough	192	20%
Matanuska-Susitna Borough	986	10%
Sitka City and Borough	57	10%
Total Urban	6,183	12%
Statewide Total Children in Poverty Status	9,586	15%

Source: U.S. Census, American Community Survey, 5-year estimate, 2013-2017

UNEMPLOYMENT

- The area with the greatest unemployment rate in the state is in the Kusilvak census area; at 19.9% compared to the statewide rate of 6.6%.
- The average rural unemployment rate is close to 10% while the urban rate is closer to 6% (and lower than the statewide unemployment rate).

- Bethel census area, Hoonah-Angoon census area, Northwest Arctic Borough, and the Yukon Koyukuk census area had rates nearly double the statewide rate (12.8%, 12.6%, 14.2%, and 15.3%, respectively).
- Four rural areas had rates lower than the statewide rate (Aleutians East, Aleutians West, Bristol Bay, and Kodiak) while Kenai and Mat-Su were the only urban areas with rates above the statewide rate.

Table 10. Unemployment Rate by Area, 2018

Community	Unemployment Rate (%)	Difference from Statewide Rate
Rural		
Aleutians East Borough	3.0	-3.6
Aleutians West Census Area	3.5	-3.1
Bethel Census Area	12.8	6.2
Bristol Bay Borough	6.3	-0.3
Denali Borough	7.2	1.2
Dillingham Census Area	8.2	1.6
Haines Borough	9.5	2.9
Hoonah-Angoon Census Area	12.6	6.0
Kodiak Island Borough	5.8	-0.8
Kusilvak Census Area	19.9	13.3
Lake and Peninsula Borough	11.6	5.0
Nome Census Area	11.6	5.0
North Slope Borough	7.0	0.4
Northwest Arctic Borough	14.2	7.6
Petersburg Borough	8.7	2.1
Prince of Wales-Hyder Census Area	10.9	4.3
Skagway Borough, Municipality	9.8	3.2
Southeast Fairbanks Census Area	9.6	3.0
Valdez-Cordova Census Area	7.4	0.8
Wrangell, City and Borough	7.0	0.4
Yakutat, City and Borough	8.2	1.6
Yukon-Koyukuk Census Area	15.3	8.7
Rural Average	9.6	3.6
Urban		
Municipality of Anchorage	5.5	-1.1
Fairbanks North Star Borough	5.8	-0.8
Juneau, City and Borough	4.4	-2.2
Kenai Peninsula Borough	7.7	1.1
Ketchikan Gateway Borough	6.0	-0.6
Matanuska-Susitna Borough	7.6	1.0
Sitka City and Borough	4.2	-2.4
Urban Average	5.9	-0.7
Statewide Unemployment Rate	6.6	

Source: AKDOLWD

IMMIGRATION

A very small number of children under 5 years of age in the state of Alaska are foreign-born. The 2013-2017 5-year estimates from the American Community Survey suggest the number of children under 5 years of age not born in the U.S. to be between 163 and 577 based on a rolling average, or about 0.3-1.0% of children under 5 statewide.

FREE OR REDUCED-PRICE LUNCH ELIGIBLE STUDENTS

- Statewide, 44% of all students qualify for free or reduced lunch programs in public schools.
- In urban areas is about one-quarter to half of all students qualify for free or reduced-price lunches.
- In rural communities, five areas have 80% of students or more qualifying for free and reduced-price lunches (Bethel, Dillingham, Kusilvak, and Nome census areas, and Northwest Arctic Borough).
 - Five rural areas have 5% or fewer students qualifying for free or reduced-price lunches.

Table 11. Special Lunch Programs in Public Schools, 2016-2017 (%)

	Free Lunch Eligible	Reduced-price Lunch Eligible Students	Direct Certification	Free and Reduced Lunch Students
Rural				
Aleutians East Borough	*	*	5	5
Aleutians West Census Area	*	*	6	18
Bethel Census Area	89	0	60	89
Bristol Bay Borough	*	*	*	*
Denali Borough	*	*	*	1
Dillingham Census Area	95	0	42	95
Haines Borough	*	*	15	42
Hoonah-Angoon Census Area	*	*	39	57
Kodiak Island Borough	40	9	14	49
Kusilvak Census Area	97	0	75	97
Lake and Peninsula Borough	64	5	40	69
Nome Census Area	88	0	54	88
North Slope Borough	45	6	22	51
Northwest Arctic Borough	99	0	50	99
Petersburg Borough	45	7	13	52
Prince of Wales-Hyder Census Area	60	6	30	66
Skagway Borough, Municipality	*	*	2	2
Southeast Fairbanks Census Area	*	*	24	50
Valdez-Cordova Census Area	*	*	16	36
Wrangell, City and Borough	*	*	3	3
Yakutat, City and Borough	*	*	7	7
Yukon-Koyukuk Census Area	40	1	27	42
Urban				
Municipality of Anchorage	42	3	23	45
Fairbanks North Star Borough	18	5	14	24
Juneau, City and Borough	23	5	18	27
Kenai Peninsula Borough	29	8	20	37
Ketchikan Gateway Borough	35	5	27	40
Matanuska-Susitna Borough	31	5	21	36
Sitka City and Borough	42	6	18	48
Statewide	-	-	24%	44%

Source: U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "Public Elementary/Secondary School Universe Survey", 2016-17 v.2a; "Public Elementary/Secondary School Universe Survey Geographic Data (EDGE)," 2016-17 v.1a.

*Unreliable/Suppressed

Free Lunch Eligible: Unduplicated number of students who are eligible to participate in the Free Lunch Program under the National School Lunch Act of 1946.

Reduced-price Lunch Eligible Students: Unduplicated number of students who are eligible to participate in the Reduced-price Lunch Program under the National School Lunch Act of 1946.

Direct Certification: Unduplicated count of students whose National School Lunch Program eligibility was determined through direct certification.

Free and Reduced Lunch Students: Total of Free Lunch Eligible students and Reduced-price Lunch Eligible students.

Total Students, All Grades (Excludes AE): Total number of students reported by each school. A student is an individual for whom instruction is provided in an elementary or secondary educational program under the jurisdiction of a school, school system, or other educational institution. This count excludes adult education students, those enrolled in adult education courses provided by the public elementary/secondary school system.

HOMELESS CHILDREN

Of students enrolled in Head Start/Early Head Start programs 2017 -2018 (n= 3876), 9.8% were identified as homeless.³ Data on Pre-K and K-3rd grade homeless students is suppressed and/or unavailable for most students statewide. Urban areas, because of the larger populations in general, tend to have higher numbers of homeless people, including students.

Table 12. Urban Homeless Students, 2016-2017 School Year

	Pre-K	K-3 rd Grade	Total Homeless Students
Municipality of Anchorage	88*	846	2,471
Fairbanks North Star Borough	*	93*	434
Juneau, City and Borough	5	51*	184
Kenai Peninsula Borough	5*	44*	251
Ketchikan Gateway Borough	*	*	*
Matanuska-Susitna Borough	*	104*	514
Sitka City and Borough	-	*	*
Statewide	119	1,266	4,123

Source: Alaska DEED, Title X-C Elementary and Secondary Education Act (ESEA) Statewide Homeless Data

*Suppressed or excluding suppressed numbers

Table 13. Head Start/Early Head Start, Children Experiencing Homelessness 2017-2018

Head Start/Early Head Start Grantee (HS/EHS)	Total Cumulative Child Enrollment	Number of homeless children served	Percentage of children
Association of Village Council Presidents (HS)	234	76	32.5
Aleutian Pribilof Islands Association, Inc. (HS)	65	0	0
Bristol Bay Native Association (HS)	89	1	1.1
CCS Early Learning (HS)	307	58	18.9
CCS Early Learning (EHS)	124	21	16.9
Cook Inlet Native Head Start (HS)	253	12	4.7
Cook Inlet Native Head Start (EHS)	61	3	4.9
Chugachmiut Head Start (HS)	26	4	15.4
Cook Inlet Tribal Council Clare Swan Early Learning Center (EHS)	103	16	15.5
Council of Athabascan Tribal Governments (EHS)	26	0	0
Fairbanks Native Association Head Start (HS)	219	4	1.8
Fairbanks Native Association Head Start (EHS)	177	11	6.2
Kawerak, Inc. (HS)	181	29	16.0
Kawerak, Inc. (EHS)	31	4	12.9
Kenaitze Indian Tribe (HS)	65	2	3.1
Kids' Corps, Inc. (HS)	266	78	29.3
Kids' Corps, Inc. (EHS)	30	9	30.0

³ U.S. Department of Health & Human Services, Administration for Children & Families Head Start Early Childhood Learning & Knowledge Center (ECLKC), *Head Start Services Snapshots 2018*.

Metlakatla Indian Community (HS)	33	4	12.1
Metlakatla Indian Community (EHS)	40	3	7.5
Rural Alaska Community Action Program, Inc. (HS)	651	5	0.8
Rural Alaska Community Action Program, Inc. (EHS)	151	4	2.6
Tanana Chiefs Conference (HS)	255	1	0.4
Thrivalaska Head Start Birth to Five (HS)	175	19	10.9
Thrivalaska Head Start Birth to Five (EHS)	26	4	15.4
Tlingit & Haida Head Start (HS)	288	12	4.2
Total:	3876	380	9.8

Source: U.S. Department of Health & Human Services, Administration for Children & Families Head Start Early Childhood Learning & Knowledge Center (ECLKC), *Head Start Services Snapshots 2018*.

Notes: Total number of children experiencing homelessness that were served during the enrollment year 2017-2018

CHILDREN IN OUT-OF-HOME PLACEMENT

Children who experience trauma, maltreatment, and those in out-of-home-placements present unique needs. Alaskans report relatively high rates of childhood substance abuse in the home, incarcerated family member, and sexual and physical abuse.⁴ Sometimes for their safety children are placed in the care of an adult outside the child's home. In 2018, 4,116 children were in out-of-home placement, including 2,558 Alaska Native children (62%) and 1,558 non-Native children (38%).⁵

Table 14. Children in Out-of-Home Placement, 2016-2018

Office of Children's Services Region	2016	2017	2018
Anchorage	1,711	1,714	1,686
Northern	759	828	811
Southcentral	1,105	1,079	1,075
Southeast	267	273	261
Western	285	299	286
Total, unique count	4,119	4,191	4,116
Alaska Native Children*	2,369	2,516	2,558
Non-Native Children	1,750	1,675	1,558

Source: Alaska Dept. of Health & Social Services, Office of Children's Services

Notes: Out-of-Home Placement: Placing the child in the physical care of someone other than the child's caregiver

*Alaska Native Children: Any mention of Alaska Native or American Indian race (as per Alaska Office of Children's Services Web Report Field Definitions)

⁴Alaska Dept. of Health & Social Services, 2015. *Adverse Childhood Experiences: Overcoming ACEs in Alaska*.

⁵ Alaska Dept. of Health & Social Services, Office of Children's Services.

Appendix E: Health Indicators

Child Health and Well-being

Key indicators associated with child health, well-being, and service provision related to early care and learning are described in the tables below. Supporting data and information are further described in following sections.

Table 15. Child Health and Well-Being Ages 0-3, Alaska Statewide and Rural

Indicators	Statewide	Rural
Routine medical care		
Well-child check-up conducted in past 12 months.	89%	81%
Developmental screening		
Child development questionnaire completed with healthcare provider in past 12 months	75%	47%
Expanded medical service needs		
Child needs more services than is usual due to medical condition	6%	3%
Expanded medical, mental health or education service needs		
3-year old child uses more services than others of same age	8%	5%
Special needs and care		
Ever enrolled in Early Intervention	8%	15%
Ever enrolled in School District special education	4%	3%
Difficult behaviors		
Removed from childcare placement due to child's difficult behaviors	2%	2%
Food security		
Child ever enrolled in WIC	55%	79%
Foundation for learning		
Someone in household read a book or a story to the child zero days in past week	3%	5%
Ever enrolled in Head Start or Early Head Start	9%	20%

Source: Alaska Childhood Understanding Behaviors Survey

Table 16. Child Health and Well-Being Ages 0-5, Alaska vs. United States

Indicators	Alaska	United States
Access to health care		
Significant difficulty receiving referrals to see any doctor or receive services for child	0.9%	0.8%
Families needed help arranging or coordinating care with different providers and systems	7.7%	7.8%
Received help arranging or coordinating care with different providers and systems	26.8%	17.8%
Child received services in well-functioning system of care within the last year	32.7%	42.7%
Special needs and care		
Children with special healthcare needs, as identified per screening criteria	6.0%	10.4%
Children without special health care needs living in a medical home	53.5%	51.8%
Children with special health care needs living in a medical home	32.7%	42.7%
Children receiving special services for developmental needs	7.8%	6.8%
Children with ongoing mental health needs	2.1%	3.3%
Healthcare provider communication		
Child healthcare provider communicated with school, childcare provider, special education	6.8%	6.9%

Source: National Children's Health Survey, Child & Family Health Measures, 2016-2017

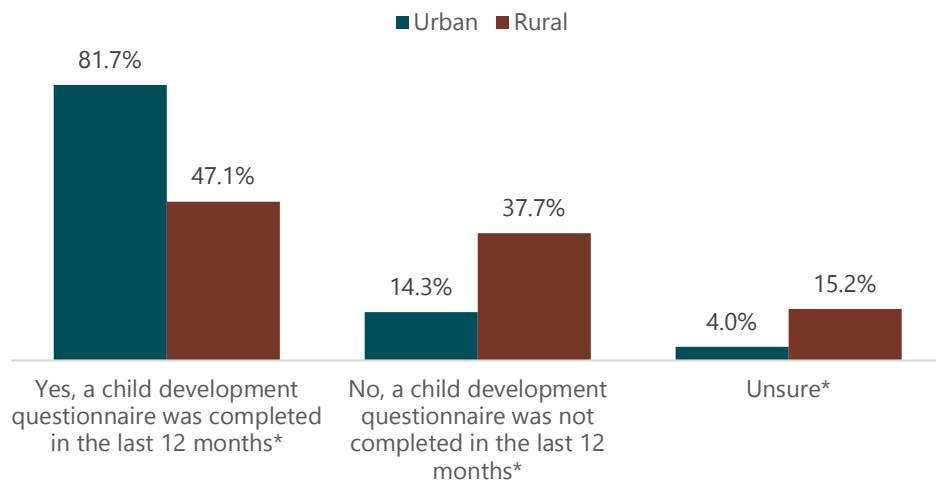
Medical Care, Developmental Screening, & Mental Health Needs

Well-Child Checks & Developmental Screening

Most Alaskan three-year-old children whose mothers responded to CUBS between 2015 and 2017 had received a routine exam or well-child checkup within the last 12 months. There was a potentially statistically significant difference in access to these exams between children in Anchorage, Fairbanks, Juneau, the Mat-Su Borough and the Kenai Peninsula (considered urban here) and those in other communities (rural), 10% fewer of whom had gotten a routine exam or check.

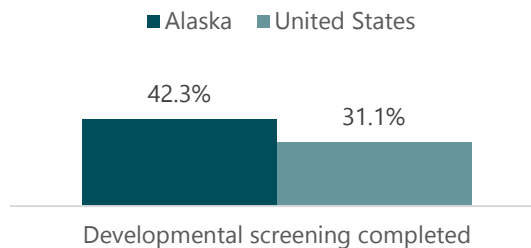
Among mothers of Alaska three-year-old children surveyed by CUBS in 2017 alone, 82% of urban mothers reported that they or their health care provider had completed a developmental screening for their child within the last 12 months, compared with 47% among rural families. In 2016-2017, the National Children’s Health Survey asked families of children *of any age* whether they had gotten a developmental screening between 9 and 35 months old. According to that survey, 42% of Alaska children received screening, compared to 31% nationally.

Figure 1. Developmental Screening This Year, Mothers of Three-Year-Olds, Urban vs. Rural, 2015-2017



Source: Alaska Childhood Understanding Behaviors Survey, 2017
*Confidence intervals do not overlap

Figure 2. Completed Development Screening, Age 9-25 Months, Alaska vs. United States, 2016-2017

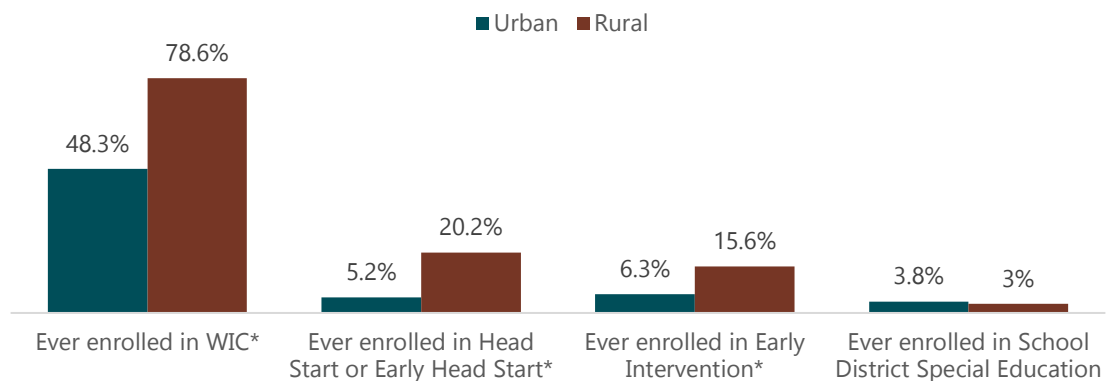


Source: National Children’s Health Survey, National Performance Measure 6, 2016-2017

Specialized Needs & Care

Alaska mothers of three-year-old children from rural areas of the state who were surveyed by CUBS in 2012-2014 reported a higher rate of accessing assistance from WIC, Early Head Start and Head Start, and Early Intervention programs than families in urban areas. Among rural mothers, 79% had ever enrolled in WIC (compared with 48% of urban families), 20% had ever enrolled in Early Head Start/Head Start (compared with 5%), and 16% had ever enrolled in Early Intervention (compared with 6%). Three-year-olds participated at slightly higher rates in urban than rural Alaska in school district special education programming (4% of urban families and 3% of rural).

Figure 3. Child Ever Received Assistance Services, Three-Year-Olds, Urban vs. Rural, 2012-2014

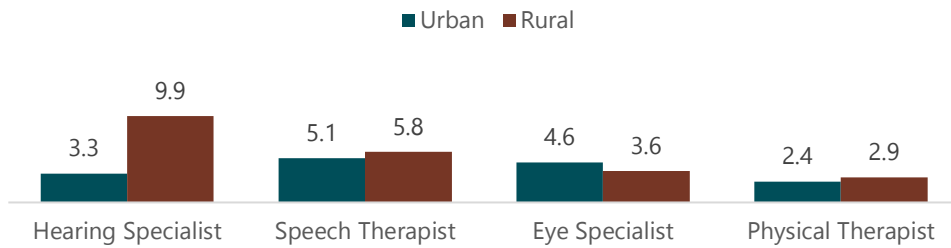


Source: Alaska Childhood Understanding Behaviors Survey, 2012-2014

The rates of Alaska mothers who reported needing or using more medical, mental health, and education services for their three-year-old children than they believe other same-age children use – and the types of specialist care they use – are statistically similar in rural and urban areas. Among families from rural communities, 5% believed their children needed or used more services (9% among urban families), and 3% needed them for a medical or behavioral condition ongoing for more than 12 months (7% among urban families). Types of specialist care used by families in rural areas, in descending order were hearing specialists (seen by 10% of responding families), speech therapists (6%), eye specialists (4%), and physical therapists (3%). Urban families saw speech therapists (5%), eye specialists (5%), hearing specialists (3%), and physical therapists (2%).

Data from the National Children’s Health Survey Child & Family Health Measures also indicate that, among Alaska children age 0-5, 8% were receiving special services for developmental needs, which was on par with national rates. Among families receiving these services, 72% of children had begun using them before age three, and 28% began between three and five years old.

Figure 4. My Child Received Ongoing Specialist Care in the Last Year, Mothers of Three-Year-Old Children, Urban vs. Rural, 2012-2014



Source: Alaska Childhood Understanding Behaviors Survey, 2012-2014

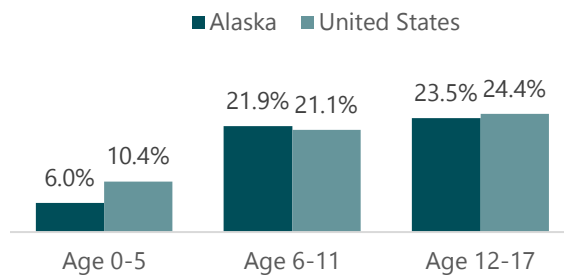
Table 17. Children Receiving Special Services for Developmental Needs, Age 0-5, Alaska vs. U.S., 2016-2017

Geography	Currently Receiving Services	Services Began Before Age 3	Services Began Age 3-5
Receiving special services such as speech, occupational, or behavioral therapy.			
Alaska	7.8%	71.8%	28.2%
United States	6.8%	66.6%	33.4%

Source: National Children’s Health Survey, Child & Family Health Measure 4.11 and 4.11a, 2016-2017

Alaska children up to age five have a lower rate of meeting Children with Special Health Care Needs (CSHCN) screening criteria than the U.S. average (6% compared with 10% nationally), although Alaskan children ages six through 17 experience special health care needs at comparable rates with the rest of the country.

Figure 5. Children with Special Health Care Needs, Alaska vs. United States, 2016-2017



Source: National Children’s Health Survey, National Outcome Measure 17.1, 2016-2017
 *Confidence intervals do not overlap for ages 0-5

Alaska children up to age five are comparable to their same-age peers nationally in the types of special health care needs. In descending order, these are functional limitations (3% of Alaskan children), use of prescription medication only (2%), above-routine use of specialized services (1%), and a combination of both prescription medication and above-routine use of specialized services (1%). The proportion of Alaska children who qualified as having ongoing emotional, developmental, or behavioral conditions in CSHCN screening was in alignment with national rates, at 2%.

Table 18. Type of Special Health Care Needs Among Children Age 0-5, Alaska vs. United States, 2016-2017

	Non-CSHCN	Functional Limitations	Prescription Medication	Specialized Services	Prescription AND Services
Alaska	94.0%*	2.9%	1.5%	1.0%	0.7%
United States	89.6%*	3.4%	2.9%	2.2%	2.0%

Source: National Children’s Health Survey, Child & Family Health Measure 1.11, 2016-2017

*Confidence intervals do not overlap

Table 19. Children Age 0-5 With Ongoing Mental Health Needs, Alaska vs. United States, 2016-2017

Qualified on CSHCN screener for ongoing emotional, developmental, or behavioral conditions.	
Alaska	2.1%
United States	3.3%

Source: National Children’s Health Survey, Child & Family Health Measure 1.11, 2016-2017

Alaska children are about the same as U.S. children in both the complexity of their special health care needs, and the extent of their need. Of the 6% of Alaska children five and under who meet the screening criteria, two-thirds have more complex needs and one-third have less; and 29% of the Alaska children who meet CSHCN screening criteria meeting four to five criteria, while 28% meeting one criterion. Among Alaskan children (age 0-5) with special health care needs who live in a medical home, 33% live in a home that meets medical health care criteria, while 67% live in a home that does not meet those criteria – proportions which are also similar to the United States population overall.

Table 20. Complexity of Special Health Care Needs Among Children Age 0-5, Alaska vs. United States, 2016-2017

	Non-CSHCN	CSHCN, More Complex Needs	CSHCN, Less Complex Needs
Alaska	94.0%*	4.5%	1.5%
United States	89.6%*	7.5%	2.9%

Source: National Children’s Health Survey, Child & Family Health Measure 1.11, 2016-2017

*Confidence intervals do not overlap

Table 21. Extent of Need for Children with Special Health Care Needs, Age 0-5, Alaska vs. United States, 2016-2017

	One	Two	Three	Four to Five
Number of criteria met on Child with Special Health Care Needs (CSHCN) screener.				
Alaska	27.6%	14.3%	28.7%	29.4%
United States	41.4%	22.7%	15.6%	20.3%

Source: National Children’s Health Survey, Child & Family Health Measure 1.11, 2016-2017

Table 22. Children Age 0-5 in Medical Homes, Alaska vs. United States, 2016-2017

	Care Meets Medical Home Criteria	Care Does Not Meet Criteria
Children with special health care needs (CSHCN), living in a medical home		
Alaska	32.7%	67.3%
United States	42.7%	57.3%
Children without special health care needs (non-CSHCN), living in a medical home		
Alaska	53.5%	46.5%
United States	51.8%	48.2%

Source: National Children's Health Survey, National Performance Measure 11, 2016-2017

Of Alaskan children up to age five with special health care needs, 32.7% received services within a system of care determined to be well-functioning, which was similar to the nationwide rate. The rate at which Alaskan children of any age under 18 experienced problems obtaining specialist care, whether or not they ultimately received that care, was also similar to the nationwide rate. No problems obtaining specialist care were reported by 72.2% of families of these Alaskan minors, while 23.9% reported experiencing small problems and 5.8% experienced big problems.

Table 23. Systems of Care for Children with Special Health Needs Age 0-5, Alaska vs. United States, 2016-2017

Received services in a well-functioning system of care in the last year.	
Alaska	32.7%
United States	42.7%

Source: National Children's Health Survey, National Outcome Measure 17.2, 2016-2017

Table 24. Problems Obtaining Specialist Care Among Children Age 0-17, Alaska vs. United States, 2016-2017

	No Problem	Small Problem	Big Problem
Difficulty obtaining services for children who needed or received specialist care.			
Alaska	70.4%	23.9%	5.8%
United States	72.2%	21%	6.7%

Source: National Children's Health Survey, Child & Family Health Measure 4.5a, 2016-2017

Access to Health Care & Satisfaction with Providers

The proportion of Alaskan families with children of any age who were unable to obtain health care they needed within the last year was similar to United States as a whole, according to the National Children's Health Survey's National Outcome Measures for 2016-2017. A majority of both Alaskan and U.S. families reported that they did not need a referral for their child, age five or younger, to see a doctor or receive other services within the past year (83.8% and 82.0%, respectively). Most of those who did need such a referral reported no problem in getting one (12.5% among Alaskan families and 14.4% across the U.S.), while 2.8% of Alaskan families had experienced what they described as a small problem, and 0.9% had experienced a big problem receiving referrals.

More Alaskan families got the help they needed to coordinate health care for their children between birth and five years old – 26.8% compared with 17.8% of U.S. families. A similar rate of families in Alaska (7.7%) identified as needing help coordinating their children's health care as those in the rest of the country, and as having gotten

the level of help they needed. Among Alaskan families, 15.8% reported that they usually got as much help as they needed, while 50.6% said they sometimes did, and 33.7% reported they never got as much help coordinating children’s health care as they needed. Alaskan parents were also similar to other U.S. parents in their experiences of their children’s health care providers’ communication with other providers.

Table 25. Children Age 0-17 Who Didn’t Get Needed Health Care, Alaska vs. United States, 2016-2017

Unable to obtain needed health care in the last year.	
Alaska	4.0%
United States	3.0%

Source: National Children’s Health Survey, National Outcome Measure 25, 2016-2017

Table 26. Difficulty Getting Referrals for Children Age 0-5, Alaska vs. United States, 2016-2017

	Did Not Need	No Problem	Small Problem	Big Problem
Difficulty receiving referrals to see any doctor or receive any services.				
Alaska	83.8%	12.5%	2.8%	0.9%
United States	82.0%	14.4%	2.7%	0.8%

Source: National Children’s Health Survey, Child & Family Health Measure 4.12d, 2016-2017

Table 27. Families’ Need for Help Coordinating Health Care for Children Age 0-5, Alaska vs. United States, 2016-2017

	Needed Help	Got Help (Families Needing Help Only)
Needed help arranging or coordinating care with different providers and systems		
Alaska	7.7%	26.8%*
United States	7.8%	17.8%*

Source: National Children’s Health Survey, Child & Family Health Measure 4.12e, 2016-2017

*Confidence intervals do not overlap

Table 28. Families Getting Help Coordinating Health Care for Children Age 0-17, Alaska vs. United States, 2016-2017

	Usually	Sometimes	Never
Got as much help as wanted with arranging or coordinating child’s health care.			
Alaska	15.8%	50.6%	33.7%
United States	25.1%	45.1%	29.8%

Source: National Children’s Health Survey, Child & Family Health Measure 4.12e, 2016-2017

Table 29. Child’s Health Care Provider Communicated with School This Year, Age 0-5, Alaska vs. United States, 2016-2017

Doctor communicated with school, child care provider, or special education program.	
Alaska	6.8%
United States	6.9%

Source: National Children’s Health Survey, Child & Family Health Measure 4.12e, 2016-2017

Table 30. Satisfaction with Communication by Child’s Health Care Provider, Age 0-17, Alaska vs. United States, 2016-2017

	Very Satisfied	Somewhat Satisfied	Somewhat/Very Dissatisfied	Very Satisfied	Less Satisfied
	Communication among doctors & other health care providers			Communication between doctors & school or child care	
Alaska	75.0%	22.5%	2.5%	78.2%	21.8%
United States	74.4%	21.9%	3.7%	75.4%	24.6%

Source: National Children’s Health Survey, Child & Family Health Measure 4.12e, 2016-2017

Family Well-Being, Resilience, and Trauma

The National Survey of Children's Health Child and Family Health Measures provide a limited look at some ways that Alaskan families of children between birth and five years old experience resilience, difficulty, and trauma, compared to families throughout the United States. In most areas, including self-reported difficulty covering the costs of food and housing on the family’s income since the birth of their child, Alaskan families were on par with the national averages (though it is notable that approximately half of all families responding to the survey had experienced at least some level of hardship getting by during the first five years of their child’s life).

The majority of Alaskan families responding to the survey between 2016-2017 reported that, when faced with problems, they talk together, work things out, draw on their family’s strengths, and stay hopeful even in difficult times. There appear to be two areas of potentially statistically significant difference between the families of young children in Alaska and the U.S. population as a whole. Just 3.3% of Alaskans (compared with 8.0% nationwide) said they only worked together to solve problems some to none of the time, and 3.9% (compared with 8.2%) responded “Some or none of the time” to feeling like they have strengths to draw on when facing problems.

Table 31. Difficulty Getting by on Family Income, Children Age 0-5, Alaska vs. United States, 2016-2017

	Never	Rarely	Somewhat Often	Very Often
Since this child was born, it’s been hard to cover basics like food or housing on our family’s income.				
Alaska	49.1%	32.2%	13.0%	5.7%
United States	45.3%	31.6%	17.4%	5.6%

Source: National Children’s Health Survey, Child & Family Health Measure 6.13, 2016-2017

Table 32. Resilience Among Families with Children Age 0-5, Alaska vs. United States, 2016-2017

	All of the Time	Most of the Time	Some / None of the Time
When we face problems, we talk together about what to do.			
Alaska	61.7%	31.9%	6.5%
United States	58.3%	32.2%	9.4%
When we face problems, we work together to solve them.			
Alaska	62.3%	34.5%	3.3%*
United States	59.0%	33.0%	8.0%*
When we face problems, we have strengths to draw on.			
Alaska	66.8%	29.3%	3.9%*
United States	60.1%	31.8%	8.2%*
When we face problems, we stay hopeful even in difficult times.			
Alaska	63.7%	32.4%	3.9%
United States	60.1%	34.7%	5.2%

Source: National Children's Health Survey, Child & Family Health Measure 6.12, 2016-2017

*Confidence intervals do not overlap

The National Survey of Children's Health Child and Family Health Measures data regarding children's experience of Adverse Childhood Experiences (ACEs) in the first five years of their lives shows no likelihood of clear statistical difference between Alaskan children and their same-age peers in other states.

Table 33. Adverse Childhood Experience (ACEs) Among Children Age 0-5, Alaska vs. United States, 2016-2017

	Alaska	United States
Parent or guardian got divorced or separated.	9.3%	12.3%
Parent or guardian died.	0.7%	1.5%
Parent or guardian served time in jail.	5.4%	4.1%
Child saw or heard physical violence between parents or other adults in the home.	1.8%	2.7%
Child witnessed or was a victim of violence in the neighborhood.	1.4%	1.3%
Child lived with someone who was mentally ill, suicidal, or severely depressed.	5.2%	4.6%
Child lived with someone who had a problem with alcohol or drugs.	7.3%	4.5%
Child was treated or judged unfairly because of their race or ethnicity.	0.5%	1.3%

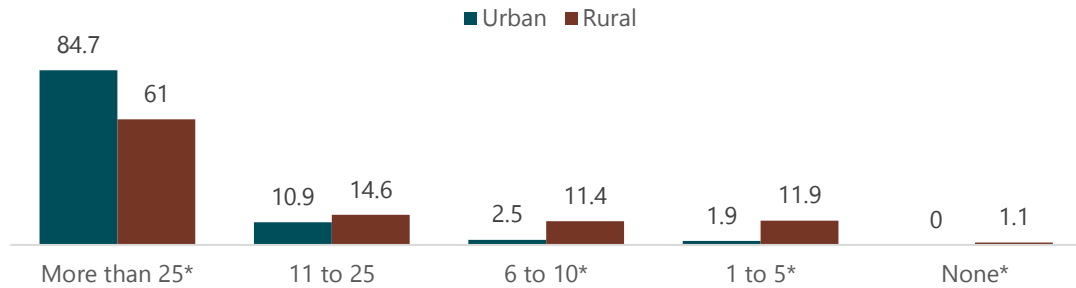
Source: National Children's Health Survey, Child & Family Health Measure 6.13, 2016-2017.

Note: In three cases (racialized mistreatment, exposure to neighborhood violence, and death of a parent), the sample of Alaskan children was three individuals or fewer, and the largest sample (parents divorced or separated) was 38.

Foundational Learning

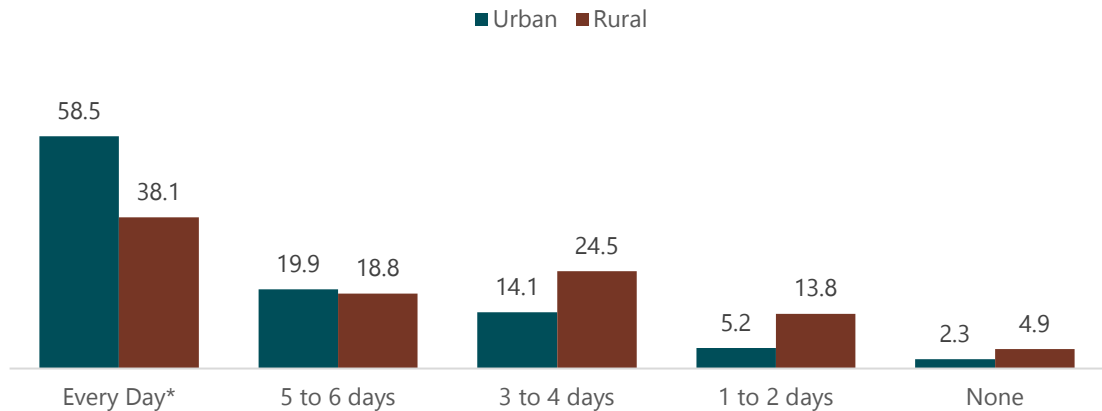
The majority of mothers of Alaska three-year-old children surveyed by CUBS in 2017 report that they have children's books with pictures (including library books) in their homes and read regularly together. Most urban (84.7%) and rural homes (61%) have more than 25 children's books. In urban areas, 58.5% of mothers of three-year-old children reported reading every day whereas 38.1% reported reading every day in rural areas.

Figure 6. Children’s Books in the Home, Three-Year-Old Children, Urban vs. Rural,



Source: Alaska Childhood Understanding Behaviors Survey, 2017
 *Confidence intervals do not overlap

Figure 7. Number of Days Read to My Child, Mothers of Three-Year-Old Children, Urban vs. Rural, 2017



Source: Alaska Childhood Understanding Behaviors Survey, 2017
 *Confidence intervals do not overlap

CUBS Survey Results

Alaska’s Childhood Understanding Behaviors Survey (CUBS) is designed to find out more about the health and early childhood experiences of children in Alaska.⁶ CUBS collects information by conducting a follow-up survey to the Alaska Pregnancy Risk Assessment Monitoring System (PRAMS). PRAMS sends a survey to approximately one of every six mothers of newborns in Alaska, and CUBS sends a follow-up survey three years later to all mothers who completed PRAMS and are still living in Alaska. CUBS asks questions about both the mother and her child. About 90 Alaska mothers are sent a CUBS survey every month.

The CUBS program began sending out surveys in 2006. Although 37 states have a PRAMS program, currently only three other states conduct an on-going follow-up survey with PRAMS respondents.

⁶ This explanation of CUBS is excerpted and lightly edited from the Alaska Childhood Understanding Behaviors Survey (CUBS) page of the Alaska Dept. of Health & Social Services Division of Public Assistance website.

Purpose: In Alaska, health-related data for mothers and infants are collected from PRAMS, for older children and teenagers from Youth Risk Behavior Survey, and for adults from the Behavioral Risk Factor Surveillance System. However, very little is known about the health, behavior and early childhood experiences of young children before they enter school. CUBS seeks to fill that gap by collecting information related to toddler behavior, health, health care access, parenting, and school readiness. By using the methodology of re-interviewing mothers who completed a PRAMS survey, CUBS is able to evaluate those factors present at birth or early life that increase risk for later adverse childhood outcomes.

Goals and Objectives: The goal of CUBS is to provide data related to the health and well-being of Alaskan toddlers. These data are provided to public health, health-care and education professionals across Alaska to assist them in improving child health. This goal is accomplished through the following objectives:

- Collect high quality data about the health status and care of Alaskan children at three years of age.
- Perform data analyses to advance the understanding of how health systems, individual behaviors and family practices contribute to health outcomes during early childhood.
- Translate analytic results into practical information for planning and evaluating public health interventions and policies and promoting standards for early childhood healthcare.
- Share findings with stakeholders, including health care providers, educators, and parents.

The table below shows results CUBS results and with 95% confidence intervals (CI) at the lower limit (LL) and upper limit (UL), along with the response rates and sample sizes for each question. Data are shown for rural, urban, and statewide respondents.

Table 34. Alaska Childhood Understanding Behaviors Survey Results

Short Title	Region	Years	% Yes	95% CI - LL	95% CI - UL	Responses	Sample Size
Question: Would you prefer to use a type or place of childcare for your child other than what you are doing now? Please answer even if you do not have childcare arrangements at this time.							
Childcare preferred - Different form	State	2015-2017	17.7%	15.3%	20.4%	257	1,517
Childcare preferred - Different form	Urban	2015-2017	18.7%	15.9%	21.9%	204	1,126
Childcare preferred - Different form	Rural	2015-2017	13.7%	10.1%	18.4%	51	388
Question: I am not using my preferred type or place of childcare for my child now because:							
It isn't available in my community.	State	2015-2017	2.4%	1.7%	3.45	43	1,520
It isn't available in my community.	Urban	2015-2017	1.2%	0.7%	2.1%	17	1,130
It isn't available in my community.	Rural	2015-2017	6.9%	4.5%	10.4%	26	387
I can't afford to stay home.	State	2015-2017	5.8%	4.4%	7.6%	81	1,519
I can't afford to stay home.	Urban	2015-2017	6.3%	4.7%	8.5%	68	1,129
I can't afford to stay home.	Rural	2015-2017	4.1%	2.1%	7.9%	13	387
The cost is too high.	State	2015-2017	9.2%	7.4%	11.4%	123	1,520
The cost is too high.	Urban	2015-2017	10.8%	8.6%	13.5%	112	1,131
The cost is too high.	Rural	2015-2017	3.4%	1.7%	7.0%	11	386
It doesn't fit in my schedule.	State	2015-2017	5.8%	4.4%	7.7%	67	1,521
It doesn't fit in my schedule.	Urban	2015-2017	6.2%	4.6%	8.5%	53	1,131
It doesn't fit in my schedule.	Rural	2015-2017	4.2%	2.2%	8.0%	14	387

It can't accommodate children with special needs.	State	2015-2017	0.7%	0.3%	1.4%	11	1,519
It can't accommodate children with special needs.	Urban	2015-2017	0.5%	0.2%	1.5%	7	1,130
It can't accommodate children with special needs.	Rural	2015-2017	1.1%	0.4%	3.4%	4	387
The waiting list is too long.	State	2015-2017	3.7%	2.7%	5.0%	60	1,520
The waiting list is too long.	Urban	2015-2017	3.9%	2.8%	5.6%	49	1,130
The waiting list is too long.	Rural	2015-2017	2.6%	1.3%	5.2%	11	387
For another reason.	State	2015-2017	3.7%	2.6%	5.1%	60	1,520
For another reason.	Urban	2015-2017	3.8%	2.6%	5.5%	46	1,129
For another reason.	Rural	2015-2017	3.2%	1.7%	6.0%	13	386
Question: Have you ever been asked to remove your child from childcare or needed to seek another childcare place due to your child's difficult behaviors?							
Removed from childcare.	State	2015-2017	1.6%	0.9%	2.6%	28	1,522
Removed from childcare.	Urban	2015-2017	1.5%	0.8%	2.7%	23	1,129
Removed from childcare.	Rural	2015-2017	1.8%	0.7%	4.8%	5	390
Question: How many children's picture books are in your home now, including library books? Please only include picture books that are for young children.							
More than 25 books.	State	2017	79.9%	75.2%	83.9%	408	539
More than 25 books.	Urban	2017	84.7%	79.2%	89.0%	337	408
More than 25 books.	Rural	2017	61.0%	50.9%	70.3%	71	131
11 to 25 books.	State	2017	11.6%	8.4%	15.9%	70	539
11 to 25 books.	Urban	2017	10.9%	7.2%	16.0%	47	408
11 to 25 books.	Rural	2017	14.6%	9.3%	22.2%	23	131
6 to 10 books.	State	2017	4.4%	2.9%	6.5%	33	539
6 to 10 books.	Urban	2017	2.5%	1.4%	4.7%	16	408
6 to 10 books.	Rural	2017	11.4%	6.7%	18.5%	17	131
1 to 5 books.	State	2017	3.9%	2.3%	6.6%	26	539
1 to 5 books.	Urban	2017	1.9%	0.6%	5.7%	8	408
1 to 5 books.	Rural	2017	11.9%	7.0%	19.4%	18	131
No books.	State	2017	0.2%	0.0%	1.2%	2	539
No books.	Urban	2017	-	-	-	-	-
No books.	Rural	2017	1.1%	0.2%	5.8%	2	131
Question: During the past week, how many days did you or someone else in your household read a book or a story to your child. Circle the number of days.							
Every day.	State	2017	54.3%	48.7%	59.7%	287	539
Every day.	Urban	2017	58.5%	51.9%	64.7%	237	407
Every day.	Rural	2017	38.1%	28.2%	49.2%	50	132
5 to 6 days.	State	2017	19.7%	15.6%	24.6%	103	539
5 to 6 days.	Urban	2017	19.9%	15.2%	25.7%	79	407
5 to 6 days.	Rural	2017	18.8%	11.7%	28.7%	24	132
3 to 4 days.	State	2017	16.2%	12.6%	20.7%	99	539
3 to 4 days.	Urban	2017	14.1%	10.0%	19.4%	67	407
3 to 4 days.	Rural	2017	24.5%	17.1%	33.8%	32	132
1 to 2 days.	State	2017	6.9%	4.5%	10.6%	34	539
1 to 2 days.	Urban	2017	5.2%	2.7%	9.5%	16	407
1 to 2 days.	Rural	2017	13.8%	7.8%	23.2%	18	132

No days.	State	2017	2.9%	1.5%	5.3%	16	539
No days.	Urban	2017	2.3%	1.0%	5.5%	8	407
No days.	Rural	2017	4.9%	2.2%	10.5%	8	132
Question: Indicate Yes or No for whether your child received ongoing care during the past 12 months from:							
A hearing specialist (audiologist).	State	2012-2014	4.7%	3.6%	6.2%	92	1,630
A hearing specialist (audiologist).	Urban	2012-2014	3.3%	2.1%	5.0%	49	1,194
A hearing specialist (audiologist).	Rural	2012-2014	9.9%	7.2%	13.4%	43	428
A speech or language therapist.	State	2012-2014	5.2%	4.0%	6.7%	112	1,633
A speech or language therapist.	Urban	2012-2014	5.1%	3.7%	6.9%	85	1,197
A speech or language therapist.	Rural	2012-2014	5.8%	3.8%	8.7%	27	428
Eye specialist (ophthalmologist or optometrist)	State	2012-2014	4.4%	3.2%	6.0%	90	1,630
Eye specialist (ophthalmologist or optometrist)	Urban	2012-2014	4.6%	3.2%	6.6%	70	1,196
Eye specialist (ophthalmologist or optometrist)	Rural	2012-2014	3.6%	2.1%	6.0%	20	426
Physical or occupational therapist	State	2012-2014	2.6%	1.8%	3.7%	65	1,634
Physical or occupational therapist	Urban	2012-2014	2.4%	1.5%	3.7%	48	1,198
Physical or occupational therapist	Rural	2012-2014	2.9%	1.6%	5.2%	15	402
Question: Indicate Yes or No for whether your child has ever been enrolled in or received services from:							
Ever enrolled in WIC.	State	2012-2014	55.1%	51.9%	58.3%	943	1,642
Ever enrolled in WIC.	Urban	2012-2014	48.3%	44.5%	52.2%	585	1,201
Ever enrolled in WIC.	Rural	2012-2014	78.6%	73.3%	83.1%	353	433
Ever enrolled in Head Start or Early Head Start.	State	2012-2014	8.5%	7.0%	10.2%	174	1,624
Ever enrolled in Head Start or Early Head Start.	Urban	2012-2014	5.2%	3.8%	7.2%	75	1,192
Ever enrolled in Head Start or Early Head Start.	Rural	2012-2014	20.2%	16.4%	24.7%	99	424
Ever enrolled in Early Intervention.	State	2012-2014	8.2%	6.7%	10.1%	195	1,629
Ever enrolled in Early Intervention.	Urban	2012-2014	6.3%	4.7%	8.2%	119	1,196
Ever enrolled in Early Intervention.	Rural	2012-2014	15.6%	11.7%	20.4%	76	425
Ever enrolled in School District special education.	State	2012-2014	3.6%	2.6%	4.9%	80	1,633
Ever enrolled in School District special education.	Urban	2012-2014	3.8%	2.6%	5.4%	64	1,199
Ever enrolled in School District special education.	Rural	2012-2014	3.0%	1.7%	5.4%	16	426
Question: Does your 3-year-old child need or use more medical care, mental health or education services than is usual for most children of the same age?							
Child uses more services.	State	2015-2017	8.4%	6.7%	10.3%	151	1,538
Child uses more services.	Urban	2015-2017	9.4%	7.4%	11.8%	125	1,138
Child uses more services.	Rural	2015-2017	4.7%	2.8%	7.7%	26	397
Question: Does your child need or use more medical care, mental health or educational services than is usual for most children of the same age because of a medical or behavioral condition that has lasted or is expected to last for at least 12 months?							
More services due to medical condition.	State	2015-2017	6.2%	4.8%	8.0%	112	1,527
More services due to medical condition.	Urban	2015-2017	7.1%	5.4%	9.3%	93	1,129

More services due to medical condition.	Rural	2015-2017	3.1%	1.6%	5.7%	19	395
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Question: During the past 12 months, has your child seen a health care worker for routine medical care such as a well-child check-up or physical exam?

Well-child check-up (12 months).	State	2015-2017	89.3%	87.1%	91.1%	1,376	1,538
Well-child check-up (12 months).	Urban	2015-2017	91.0%	88.9%	93.3%	1,057	1,144
Well-child check-up (12 months).	Rural	2015-2017	81.4%	76.3%	85.7%	316	391

Question: During the past 12 months, did you complete a questionnaire or did a doctor, nurse or other health care provider go through a checklist of questions with you about your child's development?

Yes.	State	2017	75.4%	70.3%	80.0%	418	538
Yes.	Urban	2017	81.7%	75.8%	86.4%	348	407
Yes.	Rural	2017	47.1%	36.7%	57.8%	65	124
No.	State	2017	18.6%	14.5%	23.4%	90	5
No.	Urban	2017	14.3%	10.1%	19.8%	46	407
No.	Rural	2017	37.7%	27.6%	48.9%	42	124
Not sure.	State	2017	6.0%	3.9%	9.1%	30	538
Not sure.	Urban	2017	4.0%	2.1%	7.7%	13	407
Not sure.	Rural	2017	15.2%	9.2%	24.1%	17	124

Source: Alaska Childhood Understanding Behaviors Survey

National Children's Health Survey Results

The table on the following pages presents results of the 2016-2017 National Children's Health Survey for Alaska and the U.S. Confidence intervals (CI) are also shown with their lower limits (LL) and upper limits (UL). The National Children's Health Survey is sponsored by the Maternal and Child Health Bureau of the Health Resources and Services Administration, an Agency in the U.S. Department of Health and Human Services. The NSCH examines the physical and emotional health of children ages 0-17 years of age.

Table 35. National Children’s Health Survey, 2016-2017

Short Title	Measure	AK %	AK – CI LL	AK – CI UL	AK Sample	AK Pop. Estimate	US %	US – CI LL	US – CI UL	Sub Query	Response Category
Long Title: Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year											
Developmental screening, age 9-35 months	NPM 6	42.3%	33.1%	52.0%	70	9,801	31.1%	28.9%	33.4%	NONE	Parent completed screening
Long Title: Percent of children with special health care needs, ages 0 through 17, who have a medical home											
Medical home, children with special health care needs (CSHCN) Meets criteria	NPM 11	32.7%*	18.0%*	51.7%*	14*	1,250	42.7%	38.6%	46.9%	0-5 years old	Care MEETS medical home criteria
Medical home, children with special health care needs (CSHCN) Does not meet criteria	NPM 11	67.3%*	48.3%*	82.0%*	23*	2,579	57.3%	53.1%	61.4%	0-5 years old	Care does NOT meet medical home criteria
Long Title: Percent of children without special health care needs, ages 0 through 17, who have a medical home											
Medical home, children without special health care needs (CSHCN) Meets criteria	NPM 11	53.5%	46.9%	60.1%	227	31,979	51.8%	50.1%	53.6%	0-5 years old	Care MEETS medical home criteria
Medical home, children without special health care needs (CSHCN) Does not meet criteria	NPM 11	46.5%	39.9%	53.1%	167	27,750	48.2%	46.4%	49.9%	0-5 years old	Care does NOT meet medical home criteria
Long Title: Percent of children with special health care needs (CSHCN), ages 0 through 17											
Children with special health care needs: 0-5 years	NOM 17.1	6.0%	4.0%	9.0%	37	3,830	10.4%	9.6%	11.3%	0-5 years old	CSHCN
Children with special health care needs: 6-11 years	NOM 17.1	21.9%	17.0%	27.7%	95	13,726	21.1%	19.9%	22.3%	6-11 years old	CSHCN
Children with special health care needs: 12-17 years	NOM 17.1	23.5%	18.1%	30.1%	105	14,066	24.4%	23.2%	25.5%	12-17 years old	CSHCN
Long Title: Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system											
Systems of care, children with special health care needs	NOM 17.2	22.4%*	10.7%*	41.0%*	9*	858	21.6%	18.4%	25.2%	0-5 years old	Receive care in a well-functioning system
Long Title: Percent of children, ages 0 through 17, who were not able to obtain needed health care in the last year											

Forgone health care	NOM 25	4.0%	2.8%	5.8%	45	7,425	3.0%	2.7%	3.4%	NONE	Did NOT receive needed health care
Long Title: Does this child have special health care needs based on the CSHCN Screener?											
Children with special health care needs	CFHM 1.11	6.0%	4.0%	9.0%	37	3,830	10.4%	9.6%	11.3%	0-5 years old	Children with special health needs CSHCN
Long Title: Does this child qualify on the CSHCN Screener criteria for having ongoing emotional, developmental, or behavioral conditions that require treatment or counseling?											
Ongoing emotional, development or behavioral conditions criteria	CFHM 1.11	2.1%*	1.0%*	4.6%*	12*	1,347*	3.3%	2.9%	3.9%	0-5 years old	CSHCN qualifying on mental health criteria
Long Title: How many of the five CSHCN Screener criteria did children with special health care needs meet?											
Number of CSHCN Screener criteria CSHCN met: 1	CFHM 1.11	27.6%*	13.5%*	48.3%*	11*	1,057*	41.4%	37.5%	45.5%	0-5 years old	Qualified on 1 screener criteria
Number of CSHCN Screener criteria CSHCN met: 2	CFHM 1.11	14.3%*	5.7%*	31.6%*	6*	548*	22.7%	19.1%	26.7%	0-5 years old	Qualified on 2 screener criteria
Number of CSHCN Screener criteria CSHCN met: 3	CFHM 1.11	28.7%*	12.4%*	53.3%*	9*	1,098*	15.6%	12.9%	18.9%	0-5 years old	Qualified on 3 screener criteria
Number of CSHCN Screener criteria CSHCN met: 4-5	CFHM 1.11	29.4%*	15.5%*	48.7%*	11*	1,127*	20.3%	16.8%	24.3%	0-5 years old	Qualified on 4-5 screener criteria
Long Title: What are the specific types of special health care needs based on CSHCN screener qualifying criteria?											
Types of special health care needs: Non-CSHCN	CFHM 1.11	94.0%	91.0%	96%	394	59,729	89.6%	88.7%	90.4%	0-5 years old	Types of special health care needs Non-CSHCN
Types of special health care needs: CSHCN Functional limitations	CFHM 1.11	2.9%	1.7%	4.7%	19	1,831	3.4%	2.9%	4.0%	0-5 years old	Types of special health care needs CSHCN Functional limitations (alone or in combination)

Types of special health care needs: CSHCN Prescription medication only	CFHM 1.11	1.5%	0.7%	3.3%	10	955	2.9%	2.5%	3.3%	0-5 years old	with other qualifying needs) Types of special health care needs CSHCN Prescription medication only (no other qualifying needs on CSHCN Screener)
Types of special health care needs: CSHCN Above-routine use of specialized services	CFHM 1.11	1.0%	0.2%	4.4%	3	606	2.2%	1.8%	2.6%	0-5 years old	Types of special health care needs CSHCN Above-routine use of specialized services (no other qualifying needs on CSHCN Screener)
Types of special health care needs: CSHCN Both prescription medication AND above-routine use of specialized services	CFHM 1.11	0.7%	0.3%	1.8%	5	438	2.0%	1.6%	2.4%	0-5 years old	Types of special health care needs CSHCN Prescription medication AND above-routine use of specialized services
Long Title: What is the level of complexity of special health care needs?											
Complexity of special health care needs: Non-CSHCN	CFHM 1.11	94%	91.0%	96.0%	394	59,729	89.6%	88.7%	90.4%	0-5 years old	Complexity of special health care needs Non-CSHCN

Complexity of special health care needs: CSHCN with more complex health needs	CFHM 1.11	4.5%	2.8%	7.2%	27	2,875	7.5%	6.8%	8.3%	0-5 years old	Complexity of special health care needs CSHCN with more complex health needs
Complexity of special health care needs: CSHCN with less complex health needs	CFHM 1.11	1.5%	0.7%	3.3%	10	955	2.9%	2.5%	3.3%	0-5 years old	Complexity of special health care needs CSHCN with less complex health needs
Long Title: Did the child receive a developmental screening using a parent-completed screening tool in the past 12 months, age 9-35 months?											
Developmental screening, age 9-35 months	CFHM 4.10	42.3%	33.1%	52.0%	70	9,801	31.1%	28.9%	33.4%	NONE	Parent completed screening
Long Title: How much of a problem was it to get the specialist care that this child needed?											
Problems obtaining specialist care: No problem	CFHM 4.5a	70.4%	61.2%	78.2%	126	15,953	72.2%	70.4%	74.0%	NONE	Received (or needed) specialist care and did not have problem getting it
Problems obtaining specialist care: Small problem	CFHM 4.5a	23.9%	17.0%	32.3%	49	5,409	21.0%	19.5%	22.7%	NONE	Received (or needed) specialist care but had a small problem getting it
Problems obtaining specialist care: Big problem	CFHM 4.5a	5.8%*	2.4%*	13.1%*	9*	1,309*	6.7%	5.8%	7.8%	NONE	Received (or needed) specialist care had a big problem getting it
Long Title: Is this child currently receiving special services to meet his or her developmental needs such as speech, occupational, or behavioral therapy?											
Special services for developmental needs	CFHM 4.11	7.8%	5.0%	11.9%	34	4,920	6.8%	6.0%	7.7%	0-5 years old	Currently receive services
Long Title: How old was this child when he or she began receiving special services?											

(Less than 3) Age started receiving special services for developmental needs	CFHM 4.11a	71.8%*	51.0%*	86.1%*	30*	4,475*	66.6%	61.3%	71.5%	0-5 years old	At age less than 3 years old
(3-5 years) Age started receiving special services for developmental needs	CFHM 4.11a	28.2%*	13.9%*	49.0%*	13*	1,761*	33.4%	28.5%	38.7%	0-5 years old	At age 3-5 years old
Long Title: During the past 12 months, did this child have problems getting referrals to see any doctors or receive any services?											
Problems getting referrals: Did not need referrals last 12 months	CFHM 4.12d	83.8%	79.0%	87.7%	357	53,279	82.0%	80.8%	83.1%	0-5 years old	Did not need referrals during the past 12 months
Problems getting referrals: No problem	CFHM 4.12d	12.5%	9.2%	16.8%	59	7,954	14.4%	13.4%	15.5%	0-5 years old	No problems getting referral, when needed
Problems getting referrals: Small problem	CFHM 4.12d	2.8%*	1.5%*	5.2%*	13*	1,784*	2.7%	2.2%	3.3%	0-5 years old	Had a small problem getting referrals, when needed
Problems getting referrals: Big problem	CFHM 4.12d	0.9%*	0.2%*	4.6%*	2*	542*	0.8%	0.6%	1.3%	0-5 years old	Had a big problem getting referrals, when needed
Long Title: Does anyone help you arrange or coordinate this child's care among the different doctors or services that this child uses, among who needed?											
Family gets help with coordinating child's health care among those who needed	CFHM 4.12e	26.8%	19.7%	35.3%	55	8,723	17.8%	16.2%	19.5%	0-5 years old	Family DOES get help with coordinating child's health care among those who needed
Long Title: During the past 12 months, have you felt that you could have used extra help arranging or coordinating this child's care among the different health care providers or services?											
Needed extra help to coordinate health care	CFHM 4.12e	7.7%*	3.1%*	18.2%*	15*	2,534*	7.8%	6.6%	9.1%	0-5 years old	Family DOES get help with coordinating child's health care among

those who
needed

Long Title: During the past 12 months, how often did you get as much help as you wanted with arranging or coordinating this child's health care?											
Got all needed extra help with care coordination: Usually	CFHM 4.12e	15.8%*	6.1%*	35.1%*	9*	1,480*	25.1%	21.4%	29.3%	NONE	Usually got help that was needed
Got all needed extra help with care coordination: Sometimes	CFHM 4.12e	50.6%*	30.2%*	70.8%*	21*	4,747*	45.1%	40.9%	49.4%	NONE	Sometimes got help that was needed
Got all needed extra help with care coordination: Never	CFHM 4.12e	33.7%*	17.5%*	54.8%*	16*	3,160*	29.8%	26.3%	33.5%	NONE	Never got help that was needed
Long Title: During the past 12 months, did this child's health care provider communicate with the child's school, child care provider, or special education program?											
Health care provider communicated with child's school, child care provider, or special education program	CFHM 4.12e	6.8%	4.5%	10.3%	32	4,001	6.9%	6.2%	7.7%	0-5 years old	Doctors DID communicate with child's school, etc.
Long Title: Overall, how satisfied are you with the communication among this child's doctors and other health care providers?											
Satisfaction (Very) with communication among child's doctor and other health care providers	CFHM 4.12e	75.0%	70.0%	79.4%	477	71,139	74.4%	73.3%	75.4%	NONE	Very satisfied
Satisfaction (Somewhat) with communication among child's doctor and other health care providers	CFHM 4.12e	22.5%	18.3%	27.4%	156	21,356	21.9%	20.9%	22.9%	NONE	Somewhat satisfied
Satisfaction (Somewhat/Very dissatisfied) with communication among child's doctor and other health care providers	CFHM 4.12e	2.5%*	1.3%*	4.9%*	18*	2,415*	3.7%	3.2%	4.2%	NONE	Somewhat or very dissatisfied
Long Title: Overall, how satisfied are you with the health care provider's communication with the school, child care provider, or special education program?											
Satisfaction (Very) with communication among child's doctors and school, child care provider, or special education program	CFHM 4.12e	78.2%	67.3%	86.2%	74	11,205	75.4%	72.5%	78.0%	NONE	Very satisfied
Satisfaction (Less) with communication among child's doctors and school, child care	CFHM 4.12e	21.8%	13.8%	32.7%	26	3,128	24.6%	22.0%	27.5%	NONE	Less than very satisfied

provider, or special education program

Long Title: When your family faces problems, how often are you likely to talk together about what to do?											
Talk together about what to do (All) when the family faces problems	CFHM 6.12	61.7%	55.2%	67.7%	253	38,818	58.3%	56.7%	59.9%	0-5 years old	All of the time
Talk together about what to do (Most) when the family faces problems	CFHM 6.12	31.9%	26.3%	38.0%	144	20,050	32.2%	30.8%	33.7%	0-5 years old	Most of the time
Talk together about what to do (Some or none) when the family faces problems	CFHM 6.12	6.5%*	3.4%*	11.9%*	27*	4,069*	9.4%	8.4%	10.6%	0-5 years old	Some or none of the time
Long Title: When your family faces problems, how often are you likely to work together to solve your problems?											
Work together to solve the problem (All) when the family faces problems	CFHM 6.12	62.3%	56.1%	68.1%	244	39,263	59.0%	57.4%	60.6%	0-5 years old	All of the time
Work together to solve the problem (Most) when the family faces problems	CFHM 6.12	34.5%	28.8%	40.6%	157	21,742	33.0%	31.5%	34.5%	0-5 years old	Most of the time
Work together to solve the problem (Some or none) when the family faces problems	CFHM 6.12	3.3%	2.0%	5.2%	24	2,058	8.0%	7.1%	9.0%	0-5 years old	Some or none of the time
Long Title: When your family faces problems, how often are you likely to know your family has strengths to draw on?											
Know we have strengths to draw on (All) when the family faces problems	CFHM 6.12	66.8%	60.7%	72.4%	265	42,126	60.1%	58.4%	61.7%	0-5 years old	All of the time
Know we have strengths to draw on (Most) when the family faces problems	CFHM 6.12	29.3%	23.9%	35.3%	137	18,467	31.8%	30.3%	33.3%	0-5 years old	Most of the time
Know we have strengths to draw on (Some or none) when the family faces problems	CFHM 6.12	3.9%	2.4%	6.3%	23	2,469	8.2%	7.2%	9.3%	0-5 years old	Some or none of the time
Long Title: When your family faces problems, how often are you likely to stay hopeful even in difficult times?											
Stay hopeful (All) even in difficult times when the family faces problems	CFHM 6.12	63.7%	57.5%	69.5%	251	40,003	60.1%	58.5%	61.6%	0-5 years old	All of the time

Stay hopeful (Most) even in difficult times when the family faces problems	CFHM 6.12	32.4%	26.8%	38.5%	149	20,335	34.7%	33.2%	36.2%	0-5 years old	Most of the time
Stay hopeful (Some or none) even in difficult times when the family faces problems	CFHM 6.12	3.9%	2.4%	6.3%	23	2,449	5.2%	4.5%	6.0%	0-5 years old	Some or none of the time
Long Title: Since this child was born, how often has it been very hard to get by on your family's income – hard to cover the basics like food or housing?											
Hard to get by on family's income (Never) - cannot afford basics	CFHM 6.13	49.1%	42.8%	55.5%	233	30,632	45.3%	43.7%	46.9%	0-5 years old	Never hard to get by on family income
Hard to get by on family's income (Rarely) - cannot afford basics	CFHM 6.13	32.2%	26.5%	38.4%	126	20,068	31.6%	30.2%	33.1%	0-5 years old	Rarely hard to get by on family income
Hard to get by on family's income (Somewhat) - cannot afford basics	CFHM 6.13	13.0%	9.3%	17.9%	50	8,117	17.4%	16.1%	18.8%	0-5 years old	Somewhat often hard to get by on family income
Hard to get by on family's income (Very often) - cannot afford basics	CFHM 6.13	5.7%*	2.7%*	11.8%*	13*	3,550*	5.6%	5.0%	6.4%	0-5 years old	Very often hard to get by on family income
Long Title: To the best of your knowledge, has this child ever experienced the following: parent or guardian who got divorced or separated?											
Parent or guardian divorced or separated	CFHM 6.13	9.3%	6.3%	13.7%	38	5,772	12.3%	11.2%	13.5%	0-5 years old	Child has EVER had this adverse childhood experience
Long Title: To the best of your knowledge, has this child ever experienced the following: parent or guardian died?											
Parent or guardian died	CFHM 6.13	0.7%*	0.2%*	2.6%*	3*	448*	1.5%	1.0%	2.0%	0-5 years old	Child has EVER had this adverse childhood experience
Long Title: To the best of your knowledge, has this child ever experienced the following: parent or guardian served time in jail?											
Parent or guardian served time in jail	CFHM 6.13	5.4%*	3.0%*	9.6%*	16*	3,320*	4.1%	3.5%	4.7%	0-5 years old	Child has EVER had this adverse childhood experience

Long Title: To the best of your knowledge, has this child ever experienced the following: saw or heard parents or adults slap, hit, kick, punch one another in the home?

Witnessed domestic violence	CFHM 6.13	1.8%*	0.7%*	4.6%*	9*	1,125*	2.7%	2.3%	3.2%	0-5 years old	Child has EVER had this adverse childhood experience
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Long Title: To the best of your knowledge, has this child ever experienced the following: was a victim of violence or witnessed violence in his or her neighborhood?

Victim or witness of neighborhood violence	CFHM 6.13	1.4%*	0.4%*	5.0%*	3*	884*	1.3%	1.0%	1.8%	0-5 years old	Child has EVER had this adverse childhood experience
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Long Title: To the best of your knowledge, has this child ever experienced the following: live with anyone who was mentally ill, suicidal, or severely depressed?

Lived with anyone who was mentally ill, suicidal, or severely depressed	CFHM 6.13	5.2%	2.9%	5.3%	20	3,201	4.6%	4.0%	5.3%	0-5 years old	Child has EVER had this adverse childhood experience
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Long Title: To the best of your knowledge, has this child ever experienced the following: lived with anyone who had a problem with alcohol or drugs?

Lived with anyone who had a problem with alcohol or drugs	CFHM 6.13	7.3%	4.6%	11.2%	28	4,463	4.5%	3.8%	5.4%	0-5 years old	Child has EVER had this adverse childhood experience
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Long Title: To the best of your knowledge, has this child ever experienced the following: treated or judged unfairly because of his or her race or ethnic group?

Treated or judged unfairly because of his/her race or ethnic group	CFHM 6.13	0.5%*	0.1%*	3.7%*	1*	335*	1.3%	1.0%	1.7%	0-5 years old	Child has EVER had this adverse childhood experience
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** Estimate has a 95% confidence interval width exceeding 20 percentage points or 1.2 times the estimate and may not be reliable.*
Indicates no overlap in confidence intervals.

Source: National Children’s Health Survey 2016-2017

Health Data Gaps for Service Providers

Issues Identified from the Field

The Childhood Understanding Behaviors Survey (CUBS) surveys mothers of three-year-old children. Alaska is one of three other states who collects public health data between the Pregnancy Risk Assessment Monitoring System (a federal funded survey of mothers after birth of child) and the age of entering a school system. On one hand, Alaska leads the country in the public health surveillance of three-year-old children. However, gaps exist between birth and entering school for health data, early childhood system indicators data, and educational data. Nationally, the Centers for Disease Control and Prevention does not fund a systemic public health surveillance system for children between birth and entering school making it difficult to compare the CUBS data.

Alaska early childhood service providers and other stakeholders have identified through the Childhood Understanding Behaviors Survey (CUBS) advisory process that they need more reliable, comprehensive data that maps accurately against counterparts from other locations, age groups, and collection methods. Significant priorities that providers have shared through this process include factors related to early childhood nutrition, whether mothers are exclusively breastfeeding the first six months of their children's lives; which children are receiving developmental screenings, where those are happening, and what measures are being used; and where exactly children under five are having their early care and learning experiences.

Alaska providers and policy makers note that as the primary statewide data collection system for early childhood, CUBS targets only parents of three-year-olds, as does the Individuals with Disabilities Education Act. Part C data connected with the State Systemic Improvement Plan. Our full population of children up to age five isn't captured, and neither are the experiences of their parents as they move through the developmentally critical first three years of their child's life. The resulting data falls short as a resource for providers seeking help in targeting family interventions like health, depression, and child development screenings.

In the past, little data were available for children zero to five in Alaska. While surveyed sporadically in the past, the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA) and the Maternal and Child Health Bureau (MCHB) began surveying Alaska annually in 2016. While an improvement, the totaled survey remains small and challenging to use at a regional level for planning.

Other gaps in our current understanding center on children with special health needs. The National Survey of Children's Health's National Outcomes Measures tell us that, according to its sample of Alaskan children from birth to age five, an estimated 6.0% have special health care needs, compared with 10.4% of children that age in the U.S. as a whole. This appears to be a statistically significant difference, but by the time Alaskan children are in the six to eleven-year-old category, their rate of having special health care needs is (and remains until adulthood) the same as other children throughout the country. Some Alaskan experts believe this means the definition used for national data collection is too broad. One solution could be the development of a statewide definition created by experts in multiple intersecting fields that does a better job of capturing what's happening for children under five. In order to identify special health needs at such an early age, however, families need access to medical providers who perform screenings regularly at well child check-ups, in some cases, a

diagnostic infrastructure able to identify more complex neurodevelopmental and behavioral issues, and a clinical and behavioral workforce prepared to act on those diagnoses for responsive treatment or interventions.

Potential Policy Recommendations

- Expand statewide data collection efforts to cover each year of early childhood.
- Create a multidisciplinary working group to establish statewide definitions of special health needs during different periods of life.
- Continue to support efforts to expand, coordinate, and centralize early childhood developmental screenings and the referrals they generate.
- Continue to advocate for a national federal public health surveillance system capturing the breadth of a child's life.
- Advocate to maintain and enhance sampling of the National Survey of Children's Health in Alaska to increase the sample and allow for additional analysis by geographic and other social determinant of health indicators.

Data Gaps for Researchers

Challenges with Administrative Datasets

Those who research public health and family wellbeing point out that Alaska mostly collects data having to do with children's participation in service systems. These administrative datasets are useful for the purposes they were created to serve, such as learning more about who is using services the most and who has less access. They aren't sufficient to answer more nuanced and targeted questions about early childhood as a whole – questions about which policies and investments lead to a skilled and stable early care and education workforce, how prepared that workforce is to provide effective education and care for all children's needs, which children have access to high-quality programs and whether programs overall are improving. The data sets we currently have also don't offer us a clear look at Alaska's full population, since they are usually based within families interacting with services. An annual survey built around the goal of learning about the state's full population, with questions designed by cross-sector experts, might be able to do a better job of this.

Another challenge is presented when the data exists but is fragmented or out of context and not yet telling a comprehensive story about something as complicated and full of variables as early childhood. For instance, Alaskan providers, policymakers, and families have access to the ongoing KIDS COUNT data collected by the Annie E. Casey Foundation. This information includes a wide variety of indicators important to understanding the families of infants and young children, such as employment, housing, disability, family structure, dental health, and more. To tell a comprehensive story about those families, though, that data needs to be integrated with other sources from throughout the state and examined by people who have access to *all* of it together.

Research into the early childhood experience of all Alaskan families, regardless of whether they engage with service systems, would be strengthened by the ability to ask targeted questions through an annual statewide survey with consistent sampling and data collection methodology. This would also offer researchers the opportunity to create a survey tool that looks at children between birth and age five not as standalone

individuals the way existing childhood assessment systems do, but as *family members*. Children exist in the context of families, and they experience intersecting impacts and outcomes with their siblings and parents. Data that looked at them in this way would be more useful for both population-based research and targeting services.

Potential Policy Recommendations

- Create a statewide survey of Alaska's full population using targeted questions designed to offer a greater representation of early childhood experiences in the state.
- Establish a formal point of responsibility in the state for both collecting and reviewing data and determining a research agenda based on early childhood as a whole, rather than any one agency's role in serving that age group.
- Develop or adapt an assessment tool that acknowledges the interrelated context of early childhood outcomes within families and use it statewide.

Appendix F: Home Visiting & Early Intervention

Alaska has several programs that target vulnerable populations. This appendix provides additional information about home visiting programs and Alaska's Infant Learning Program.

Home Visiting

Early childhood home visiting connects new and expectant parents with a designated support person—a trained nurse, social worker, or early childhood specialist—who meets with them in their home or another preferred location. Services generally consist of four components: screening, case management, family support or counseling, and caregiver skills training. Alaska has multiple home visiting programs, described below: state and tribally run Maternal Infant & Early Childhood Home Visiting; Head Start/Early Head Start; military-based programs; and Parent as Teachers. The map below shows locations of home visiting programs in Alaska.

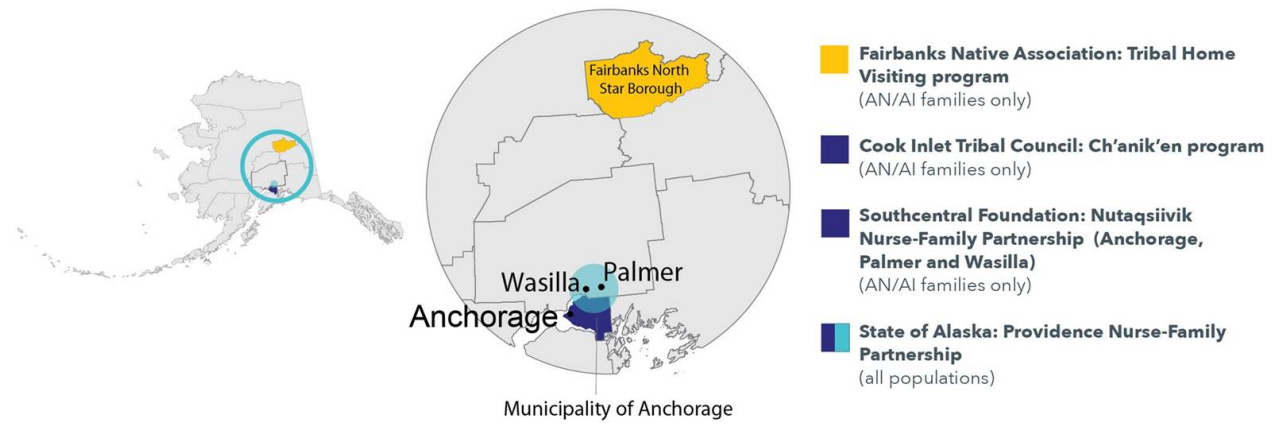
The federal government establishes standards for evidence-based practice in its Home Visiting Evidence of Effectiveness (HomVEE) review. The HomVEE review includes models that use home visiting as the primary mode of service delivery and aim to improve outcomes in at least one of the following domains: (1) maternal health; (2) child health; (3) positive parenting practices; (4) child development and school readiness; (5) reductions in child maltreatment; (6) family economic self-sufficiency; (7) linkages and referrals to community resources and supports; and (8) reductions in juvenile delinquency, family violence, and crime.⁷

Maternal, Infant, & Early Childhood Home Visiting

Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programs are funded by the federal government to offer pregnant women and families, especially those who may need extra support, the resources and skills they need to raise children who are physically, socially, and emotionally healthy and ready to learn. MIECHV programs serve families of children from birth to kindergarten entry to improve maternal and child health, prevent child abuse and neglect, encourage positive parenting, and promote children's development and readiness for school. By federal design, MIECHV programs serve eligible first-time mothers. In some instances, tribal grantees have obtained an eligibility waiver of this requirement based on cultural concerns. Grantees choose evidence-based curricula to develop and implement a voluntary program that meets the unique needs of their communities. In 2019, four awardees received these funds: Cook Inlet Tribal Council, Fairbanks Native Association, Southcentral Foundation, and the State of Alaska. The following map shows the service areas of current MIECHV grantees.

⁷U.S. Dept. of Health & Human Services, Administration for Children & Families Office of Planning, Research & Evaluation, 2019. *Home Visiting Programs: Reviewing Evidence of Effectiveness*. OPRE Report #2019-92

Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programs



Grants awarded brought in over \$30.3 million in federal funds since 2010, including funding that will continue through 2023. The following table summarizes the grantees, total dollar amount awarded, and the years implementing the home visiting program.

Table 36. Federal MIECHV Funding in Alaska

MIECHV Program	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Cook Inlet Tribal Council, Inc.							Development & Implementation Grant \$1,750,000							
Fairbanks Native Association			Cohort 1 Grant \$2,790,000						Implementation & Expansion Cohort 2 \$2,000,000					
Kodiak Area Native Association			Cohort 1 Grant \$2,485,000											
Southcentral Foundation			Cohort 1 Grant \$4,020,000					Implementation & Expansion Cohort 2 \$3,875,000						
State of Alaska			State Grant \$7,935,350					Formula Funding \$5,412,531						

Source: Administration for Children & Families; Health Resources & Services Administration, Office of Maternal & Child Health

STATE OF ALASKA MIECHV PROGRAM

The State of Alaska Department of Health and Social Services received its first five-year MIECHV grant in 2012, using it to create a Nurse-Family Partnership program at Providence Hospital. That program, continued through annual formula funding awards since 2016, supports eight nurses, a nurse supervisor, and a program assistant in serving families who are eligible for WIC, expecting their first baby, and who enroll within 28 weeks of becoming pregnant. The program enrollment is open to all qualifying individuals regardless of race or ethnicity. Parents work directly with a nurse in their homes every few weeks until their child is two years old, receiving personalized information about pregnancy, parenting, child safety, and their own education and employment. In FY 2018, the Providence MIECHV provided over 2,000 home visits to participants in 244 Anchorage and Mat-Su households. The program has stated capacity to serve more families but is challenged

by the program model itself – serving only first-time mothers. Varied eligibility structures are currently being explored through federal pilot programs.

TRIBAL MIECHV PROGRAMS

The Tribal MIECHV program awards grants to tribes and tribal organizations to develop, implement, and evaluate home visiting programs in Alaska Native and American Indian communities. Three percent of the annual funding for the larger MIECHV program is set aside specifically for this purpose. Four Alaska Native providers received MIECHV grants since funding began in 2010, and three remain funded now: Fairbanks Native Association, and Cook Inlet Tribal Council, Inc. and Southcentral Foundation, both based in Anchorage.

Cook Inlet Tribal Council, Inc.'s Ch'anik'en ("Little One" in Dena'ina) MIECHV program uses the Parents as Teachers model to serve income-eligible Alaska Native and American Indian people in Anchorage who are parenting children from birth until they start kindergarten. Southcentral Foundation's Nutaqsiivik Nurse-Family Partnership program is open to Alaska Native and American Indian people in Anchorage and Mat-Su living at up to 300% of the poverty level, and who enroll within the first 28 weeks of pregnancy. Kodiak Area Native Association and Fairbanks Native Association were each funded through 2016 as part of Cohort 1 to operate Parents as Teachers models for Alaska Native and American Indian families in their communities with children up to age five. In 2018, Fairbanks Native Association received a new five-year grant to re-establish their program.

Other Home Visiting Programs

HOME-BASED HEAD START

Alaska is home to 17 Head Start and Early Head Start programs, most of them serving multiple communities and locations. Head Start is a federal program promoting the cognitive, social, and emotional development and school readiness of children from birth to age five within income-eligible families. Head Start programs emphasize the role of parents as their child's first and most important teachers, and nine Alaskan providers offer home-based options for families with weekly visits to help with planning ways for their child to learn through parent-child interactions, daily routines, and household materials. In FY 2018, Alaska's 3,315 funded Head Start and Early Head Start slots included 583 for home-based services only, and another 28 for a combination of home- and center-based services.

JOINT BASE ELMENDORF-RICHARDSON

The Joint Base Elmendorf-Richardson Hospital's New Parent Support Program serves families stationed in Southcentral Alaska with the Army and Air Force. Military families with children under age three can receive supports tailored to their families' needs from a nurse who will provide up to two home or office visits per month, teaching about fetal and child development, preparing for labor and birth, challenges with communication, parenting, and child behavior, and infant and child safety – as well as a visiting library.

PARENTS AS TEACHERS

The State of Alaska's Department of Health of Health & Social Services (DHSS) and Department of Education & Early Development (DEED) have partnered to contract with three Parents as Teachers home visiting

providers serving families with children up to age five in an array of Alaskan communities. Two of these providers for FY 2019 – Kids' Corps, Inc. and Rural Alaska Community Action Program, Inc. – also offer home-based Head Start and Early Head Start services. The third, Southeast Alaska Association for the Education of Young Children, supports families, providers, and other early childhood education partners in Southeast Alaska.

Early Intervention/Infant Learning Program (IDEA Part C)

The mission of Alaska's Early Intervention/Infant Learning Program (EI/ILP) is "to build upon natural supports and provide resources that assist family members and caregivers to enhance children's learning and development through every day learning opportunities."

EI/ILP is governed by federal law under Part C of the Individuals with Disabilities Education Improvement Act (IDEA) for children birth through 3 years of age. EI/ILP services include developmental screening and evaluation; individualized family service plans (IFSP); home visits; physical, occupational, and speech therapies; and children's mental health services. Alaska does not provide Part C services under 34 CFR §303.204 for at-risk infants and toddlers. *At-risk infant or toddler* means an individual under three years of age who would be at risk of experiencing a substantial developmental delay if early intervention services were not provided to the individual.

In 2017, 16 EI/ILP grantees delivered service through 17 community agencies across the state. Alaska grantees typically include school districts, mental health associations, Tribal health organizations, parent associations, and other nonprofit organizations. The U.S. Department of Education Office of Special Education Programs (OSEP) requires State agencies to develop and implement outcome measures to evaluate infant and toddler programs operated under IDEA Part C. Alaska's Part C State Performance Plan (SPP) describes these measures for assessing progress and planning strategies for program improvement. A sample of those outcome measures follows:

- 1.7% of Alaska infants and toddlers birth to 1 have an IFSP, compared to the national average of 1.3% for FFY 2017.
- 2.7% of Alaska infants and toddlers birth to 3 have an IFSP, compared to the national average of 3.3% for FFY 2017.
- 99.9% of eligible infants and toddlers with IFSPs had an initial evaluation, assessment, and IFSP meeting within the required 45-day time frame in FFY 2017.
- 100% of infants and toddlers in Alaska EI/ILP received early intervention services in a timely manner in FFY 2017.
- Of 636 infants and toddlers who received timely evaluation, assessment, and individualized plans, there were 298 delays attributable to "exceptional family circumstances" in FFY 2017.
- Of 1015 infants and toddlers who received timely services, there were 119 delays attributable to "exceptional family circumstances" in FFY 2017. Alaska's criteria for "timely receipt of early intervention services" is "all IFSP services are started on or before the IFSP service start date."

Table 37. Percentage Infants & Toddlers Birth to Age 1 with IFSPs, Alaska & U.S.

Alaska number of infants/toddlers with IFSPs	Alaska population of infants/toddlers birth to age 1	Alaska percentage FY 2016	Alaska Percentage FY 2017	National Percentage (Average)
190	11,099	1.88	1.71	1.25

Source: U.S. Department of Education: Office of Special Education Programs (OSEP) GRADS 360°
 Notes: EI/ILP fiscal year 2017 is July 1, 2017 through June 30, 2018.

Table 38. Percentage of Infants & Toddlers Birth to 3 With IFSPs, Alaska & U.S.

Number of infants/toddlers with IFSPs	Population of infants and toddlers birth to 3	Alaska Percentage FY 2016	Alaska Percentage FY 2017	National Percentage (Average)
860	32,361	2.64	2.66	3.26

Source: U.S. Department of Education: Office of Special Education Programs (OSEP) GRADS 360°
 Notes: EI/ILP fiscal year 2017 is July 1, 2017 through June 30, 2018.

Table 39. Percentage Infants & Toddlers with Timely Evaluation, Assessment, & IFSP Meeting

Number of infants/toddlers with IFSPs who received evaluation, assessment and IFP meeting in a timely manner	Number of eligible infants/toddlers evaluated & assessed for whom and initial IFSP meeting was required to be conducted	Percentage FY 2016	Percentage FY 2017	Slippage
636	935	99.68	99.89	
Number of documented delays attributable to exceptional family circumstances				298

Source: U.S. Department of Education: Office of Special Education Programs (OSEP) GRADS 360°
 Notes: Percent of eligible infants and toddlers with IFSPs for whom an initial evaluation and initial assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline. EI/ILP fiscal year 2017 is July 1, 2017 through June 30, 2018.

Table 40. Percentage Infants & Toddlers with Timely Provision of EI/ILP Services

Number of infants/toddlers with IFSPs who received services in a timely manner	Total number of infants/ toddlers with IFSPs	Percentage FY 2016	Percentage FY 2017	Slippage
1015	1134	99.72	100	
Number of documented delays attributable to exceptional family circumstances				119

Source: U.S. Department of Education: Office of Special Education Programs (OSEP) GRADS 360
 Notes: Percent of infants and toddlers with Individual Family Service Plans (IFSPs) who receive the early intervention services on their IFSPs in a timely manner. Alaska's criteria for "timely receipt of early intervention services" is "all IFSP services are started on or before the IFSP service start date." EI/ILP fiscal year 2017 is July 1, 2017 through June 30, 2018.

Although Alaska does not provide IDEA Part C services under 34 CFR §303.204 for at-risk infants and toddlers, the Alaska EI/ILP uses Part C funds to strengthen the statewide system by initiating, expanding, or improving collaborative efforts related to at-risk infants and toddlers, including establishing links with appropriate public and private community-based organizations, services, and personnel for the purposes of:

- a. Identifying and evaluating at-risk infants and toddlers;
- b. Making referrals for the infants and toddlers identified and evaluated; and

- c. Conducting periodic follow-up on each referral to determine whether the recipient's eligibility status has changed.

Program challenges: Part C federal and state funds have not kept pace with rising service-delivery costs. Cost increases, including competitive salaries to hire and retain qualified speech, physical and occupational therapists, qualified administrative personnel, and rising costs associated with travel to rural villages statewide, present notable challenges. Although programs may bill for therapeutic services and targeted case management through public and private insurance, therapy rates are reimbursed at the same amount whether services are clinic or home-based. In many EI/ILP service delivery scenarios, a therapist may travel several hours to complete a single billable home visit and yet receive the same reimbursement as a therapist with back-to-back billable appointments in a clinic setting.

ILP TRANSITION PLANNING

Federal regulation governing IDEA Part B requires states to have in effect policies and procedures to ensure that children receiving services under IDEA Part C who are eligible for Part B services experience a smooth and effective transition to preschool programs provided under IDEA Part B. By their third birthday, children receiving Part C services are required to have an Individualized Education Plan (IEP) or an Individualized Family Service Plan (IFSP), if applicable, and local education agencies (i.e., school districts) are required to participate in this transition planning.⁸

Alaska ILP reports the following transition results:⁹

- Of the 966 toddlers with disabilities exiting IDEA Part C services in FFY 2017, 58% (n=539) were potentially eligible for Part B preschool services.
- 100% of toddlers with disabilities exiting Part C had timely transition planning – including transition steps and services, in FFY 2019. In 362 cases, there were documented delays attributable to exceptional family circumstances.
- ILP programs effectively notify the state educational agency (SEA) and local educational agencies (LEA) of toddler's potentially eligibility for Part B preschool services and conducts transition conference FFY 2017 compliance rate 100% and 99.81% respectively.

⁸ See IDEA Part B regulations, section 300.124. Transition of children from the Part C program to preschool programs.

⁹U.S. Department of Education: Office of Special Education Programs (OSEP) GRADS 360°

Measurable Indicators of Progress

In Alaska, there is no standard set of assessment tools across all programs but most programs that receive state or federal funding have some tools in place to evaluate both the program or setting and student outcomes. Several entities offer guidance and tools for program evaluation.

Programs that receive federal Head Start or state pre-kindergarten grants are required to assess and report measurable indicators of progress. Alaska's Pre-Kindergarten Grant Program offers options for tools programs can use to measure progress. Learn & Grow encourages ECE programs to opt in to a quality improvement system that includes measurement, and that offers support and resources to improve quality. In general, there are two types of indicators or assessments: those that measure an individual child's progress, and those that evaluate a classroom or setting. This section describes some of the major assessment tools in use in Alaska for individuals and for classrooms or settings; and measures specific to certain programs.

Researchers note there is no simple way to measure quality, or to predict children's outcomes. A recent peer-reviewed study of a leading classroom evaluation tool found that, "As with past research using ECERS-R and CLASS Pre-K, the associations between ECERS-3 and children's outcomes are either nonsignificant or small, raising general questions about the field's tools for measuring quality."¹⁰ The authors recommend early childhood providers think carefully about their goals when selecting measurement tools. If the goal is to promote specific learning outcomes, classroom setting assessment should be paired with valid assessment of student outcomes.

Individual Assessment Tools

Alaska Developmental Profile

The Alaska Developmental Profile (ADP) is a student evaluation tool required since 2009 for all incoming kindergarten students as part of the state's assessment system. The purpose of the instrument is to identify, record, and summarize the skills and behaviors students demonstrate upon entry to school, based on teacher observations. It must be completed by November 1 of a student's kindergarten year. Students who consistently demonstrate 11 of the 13 skills and behaviors in five domains are deemed kindergarten ready.¹¹ The skills assessed fall under the following domains:

- Physical well-being, health and motor development,
- Social and emotional development,
- Approaches to learning,
- Cognition and general knowledge, and

¹⁰ Early, D.M. et al., 2018. *Factor Structure and Validity of the Early Childhood Environment Rating Scale – Third Edition (ECERS-3)*. *Early Childhood Research Quarterly*, v. 44, 3rd Q 2018 (242-256).

¹¹ Alaska Dept. of Education & Early Development. Alaska Developmental Profile.

- Communication, language, and literacy.

Uses: The Alaska Department of Education and Early Development collects data from the ADP at the student level using the Alaska State Identification System. According to the department, the instrument is not intended to be used for evaluation of individual students to determine their eligibility for any programs, or for evaluation of specific learning programs. The department states that results are used to inform policy decisions made by the department, other state agencies, and state lawmakers. Results are disaggregated by demographic variables to evaluate how different subgroups are progressing.^[3]

Snapshot of results: In 2019, 32 percent of Alaska kindergarteners were deemed kindergarten-ready, i.e., they consistently demonstrated 11 of the 13 skills and behaviors on the Alaska Developmental Profile, a slight increase from 30 percent in 2018.¹² The averages mask significant regional differences; 2018 results range from 77 percent kindergarten-ready in Haines to 6 percent in Lower Yukon.

Teaching Strategies GOLD (TSG)/ Child Learning Instruction Measure for Bridging Success (CLIMBS)

Teaching Strategies GOLD, licensed by Teaching Strategies LLC, is described as an authentic observational early childhood assessment system for children from birth through kindergarten. It is designed to inform educators and caregivers about the children they work with – what they know and can do, as well as their strengths, needs, and interests across all areas of development and learning.

In Alaska, TSG has been folded into an assessment system called Child Learning Instruction Measure for Bridging Success, or CLIMBS.

Uses: Teaching Strategies GOLD is the required child outcome tool for programs funded by the state's Pre-Kindergarten Grant program, currently operating in 11 school districts. It is also used by Alaska's Head Start programs. The state encourages all state or federally funded programs to use the assessment tool under the state's license and offers the option to school district-funded pre-kindergarten programs. Users are encouraged to focus their efforts on assessing 4-year-olds.

The Alaska Department of Education and Early Development says completing the assessment under the department's license allows the department to report statewide pre-elementary results, increase alignment with the Alaska Early Learning Guidelines, and support strong outcomes. Conversations are ongoing with the Alaska Department of Health and Social Services Child Care Program Office and others on building a system that allows other early care and learning programs to use this assessment under the department's license.

Peabody Picture Vocabulary Test (PPVT)

The PPVT is a norm-referenced test designed to assess the receptive language ability of children ages 2 and up. It has been in use in large numbers of early childhood settings for many years.¹³ Examinees are asked to

¹² Alaska Dept. of Education & Early Development. 2019 Assessment Results.

¹³ Pearson's Clinical Assessments. Peabody Picture Vocabulary Test.

look at a page with four pictures. The examiner might ask, "Which picture shows laughing?" The examinee may answer by pointing to the correct picture or by saying which number is the right picture.

Uses: The PPVT is one of the assessments used to measure outcomes in the state's Pre-Kindergarten Grant Program. Special education groups say it can be used to help diagnose learning disabilities and designing interventions.

Classroom Assessment Tools

Classroom Assessment Scoring System (CLASS)

CLASS is an observation instrument that assesses the quality of teacher-child interactions in center-based preschool classrooms.¹⁴ CLASS includes three domains or categories of teacher-child interactions that support children's learning and development: Emotional Support, Classroom Organization, and Instructional Support. Within each domain are dimensions that capture more specific details about teachers' interactions with children. The assessment is completed by a trained and certified reviewer observing classroom interactions.

Uses: The federal Office of Head Start (OHS) uses CLASS to assess classroom quality in Head Start programs. OHS uses a randomly selected sample of Head Start classes, where reviewers complete two 20-minute observations. Scores from each classroom observation are averaged across the grantee to result in grantee-level scores. According to Head Start, CLASS scores can be used to inform professional development, program improvement, policy, goal-setting, and monitoring.

Head Start also uses it to make funding decisions. Programs that score in the lowest 10 percent go into the Designation Renewal System, which means those programs are not eligible for automatic renewal when their five-year grant term is up and must compete for renewed funding.¹⁵

Early Childhood Environment Rating Scale – Revised (ECERS-R)

The Early Childhood Environment Rating Scale-Revised Edition (ECERS-R) is a 43-item scale designed for use in classroom-based early childhood care and education programs serving children aged two to six years.¹⁶ It is organized into seven scales: Space and Furnishings, Personal Care Routines, Language-Reasoning, Activities, Interaction, Program Structure, and Parents and Staff. Outside raters are used.

Uses: It is one of two classroom rating tools Alaska Pre-Kindergarten Grant Program recipients may use for program evaluation. It is used in fall and spring.

¹⁴U.S. Dept. of Health & Human Services, Administration for Children & Families, Early Childhood Learning & Knowledge Center. *Use of Classroom System Assessment System in Head Start: About CLASS.*

¹⁵U.S. Dept. of Health & Human Services, Administration for Children & Families, Early Childhood Learning & Knowledge Center. *Use of Classroom System Assessment System in Head Start: Why Does OHS Use Class as Part of the Designation Renewal System?*

¹⁶Teachers College Press, Columbia University. *Environment Rating Scale Family of Products.*

Assessment Requirements for Specific Programs

IDEA Part C (Infant Learning Program, birth to age 3)

Child Outcomes Summary Measures: Alaska's Infant Learning Program (ILP) measures and summarizes family outcomes through an annual statewide parent survey conducted by an independent contractor. This tool was developed in 2007 by Alaska ILP and the Early Childhood Outcomes Center. Among other questions, the survey includes items meant to assess the program's success in helping families in the following areas:

1. Knowing their rights
2. Effectively communicating their child's needs
3. Helping their child develop and learn

For individual child outcomes, states are required to report on the percent of infants and toddlers with Individualized Family Service Plans (IFSPs) who demonstrate improvement in the following three areas:

1. Positive social relationships
2. Acquiring and using knowledge and skills
3. Taking appropriate action to meet their needs

Alaska uses the *Child Outcome Rating Process* to assess individual child outcomes.

Uses: Children are assessed when they enter the Infant Learning Program as part of their eligibility determination. Exit data are collected following a child's transition out of the Infant Learning Program in collaboration with the program into which the child is moving. ILP protocol calls for child outcomes data to be maintained in the ILP database, and to be used to measure a child's progress while enrolled in the program.

The child outcomes rating data provided to the state by individual programs, when combined with all child outcome data collected statewide, can be used by stakeholders and legislators to measure the impact and efficacy of early intervention services. Child Outcomes Summary ratings are also used to measure Alaska's progress in improving infants and toddlers' social-emotional outcomes in Alaska's federally-mandated State-Systemic Improvement Plan.

According to the Infant Learning Program operations manual, outcomes reflect several beliefs about young children:

- It is important that all children be successful participants in a variety of settings both now and in the future. Achieving the three outcomes is key to being successful participants in life.
- Programs for young children and their families are working to ensure that all children will have the best possible chance of succeeding in kindergarten and later in school – even though school might be several years off for some children. Children who have achieved the outcomes at a level comparable to their same age peers prior to kindergarten entry have a higher probability of being successful in kindergarten.

Pre-Kindergarten Program

Alaska law requires state Pre-Kindergarten Grant Program recipients to report quarterly on the standard outcomes described below. Eleven school districts currently receive those grants.

- Standard 1: Research-Based Programs with Qualified Staff
 - All programs have a certificated lead teacher with bachelor's degree or higher.
 - Program aides and assistants have received training and support hours in early childhood development.
- Standard 2: Class Size and Staff-Child Ratio Programs maintain a 1/10 teacher child ratio.
- Standard 3: Child Outcome Measurement Teaching Strategies Gold
 - Teaching Strategies GOLD: see above for details.
 - Peabody Picture Vocabulary Test: Each fall and spring, program participants' receptive English vocabulary is measured using the Peabody Picture Vocabulary Test, Fourth Edition (PPVT-4). The PPVT-4 measures the amount of vocabulary words a child can accurately identify.
- Standard 4: Program Evaluations
 - The Early Childhood Environmental Rating Scale (ECERS), and the Classroom Assessment Scoring System (CLASS). Classrooms and teachers are evaluated in the fall and in the spring of each program year.

Child Care & Development Fund

The Child Care Assistance Program, administered by the Alaska Department of Health and Social Services, provides grants to community-based organizations and to the state's child care resource and referral network. DHSS's Child Care Program Office monitors grantees through monthly file reviews, regular meetings, quarterly reporting, and annual on-site evaluation. Grantees are monitored for timeliness and accuracy of family and provider eligibility determinations, documentation, and provider payments. Targets are set at 95 percent for each category.

DHSS also monitors the state's child care resource & referral network. Program goals and targets focus on increasing family knowledge of the characteristics of high-quality childcare; providing child care referrals; advancing knowledge of early care and learning staff; educating and advocating about the importance of high-quality childcare; and increasing the quality of childcare and child care providers in Alaska.

Goals, performance measures, and targets follow:

- Families:
 - Goal 1: Increased family knowledge of the characteristics of high-quality child care.
Performance measure: family survey results indicate an increased knowledge of characteristics of high-quality child care.
Target: 1-2% increase each year until 65% or more of family survey respondents indicate increased knowledge of the characteristics of quality. After 65% reassess maximum threshold.
 - Goal 2: Market and provide child care referral services statewide.
Performance measure: as measured by the number of child care referrals. Target: Provide a minimum of 10,000 referrals each year.

- Child Care Providers:
 - Goal 1: Advance the knowledge in early care and learning of staff working in licensed and regulated child care facilities.
Performance measure: Number and percent of early educators who reported an increase in their knowledge after receiving training.
Target: 1-2% increase each year until 75% of survey respondents indicate an increase in their knowledge. After 75% is achieved, reassess maximum threshold possible.
- Communities:
 - Goal 1: Engaging, educating, and advocating with entities and organizations about the importance of high-quality child care, its impact on the economy, and how they can make a difference.
Performance measure: Measured by collaboration and outreach efforts.
Target: a minimum of 5 collaboration and outreach efforts per year.
- Early Care and Learning System:
 - Goal 1: Increase the quality of child care facilities in Alaska.
Performance measure: Number and percent of child care facilities advancing annually to the next level of Learn & Grow.
Target: 5% or more of child care facilities participating in Learn & Grow advance to the next level annually.
 - Goal 2: Advance the professional development of staff working in licensed and regulated child care facilities.
Performance measure: Number and percent of staff working in a licensed or regulated child care facility advance on the SEED Career Ladder.
Target: 10% or more of participants advance on the SEED Career Ladder annually.

Appendix H: Parent Perspectives & Preferences

Child Care Decision-Making

Broadly, parents identify similar preferences and considerations when selecting child care for their child or children, regardless of income or minority status. Quality of care is the most common preference expressed by parents, including low-income working parents.¹⁷ Some subsets of this population also reference cultural components of care (such as language spoken, cultural foods offered, etc.). In a three-year study of low-income working parents, 17 parental preferences were identified, grouped below into four broad categories:¹⁸

CHARACTERISTICS OF CARE SETTING

- Activities and learning opportunities
- Nutritious meals/ethnic foods
- Health and cleanliness
- Socialization with peers
- Small group size and individualized attention
- Separation of age groups
- Serving multiple age groups
- Support services for children and families

CAREGIVER CHARACTERISTICS

- Sensitive caregiving and positive relationships
- Safe and trustworthy provider
- Bilingual or native speaker
- Relatives as caregivers
- Experienced/educated caregiver
- Licensed provider

PROVIDER AVAILABILITY AND ACCESSIBILITY

- Convenient or flexible schedule
- Proximity or transportation provided

AFFORDABILITY OF CARE

- Cost of care
- Childcare subsidies

¹⁷ Sandstrom, H. & Chaudry, A., 2012. 'You have to choose your childcare to fit your work': Childcare decision-making among low-income working families. *Journal of Children and Poverty*, 18:2, 89-119, DOI: 10.1080/10796126.2012.710480

¹⁸ *Ibid.*

Complexity of Child Care Decisions

Parents consider many factors—aspects of care that matter most for their child, type of provider, particular needs of the child, location of care, cost, availability, flexibility of hours etc. Parental considerations are informed by a variety of interacting influences. Sandstrom and Chaudry describe how “[p]arental preferences [for childcare] are informed by both the *family context* as well as the *community context*. The family context includes parent and child characteristics and parent values and beliefs; the *community context* consists of the quantity and quality of the supply of childcare, parental employment characteristics, family social networks, and the availability of consumer information.”

Available choices may not, and often do not, align with parents’ preferences and needs. As a result, selection of childcare is a series of trade-offs between aspects of care that parents’ value — such as quality versus hours offered — rather than an opportunity to select the ideal choice for their child.¹⁹

Selection of childcare is an emotional decision that involves a “complex negotiation of family, social, and gender identities.”²⁰ As Meyers and Jordan describe, “[p]arents’ assessments of care alternatives involve an individual calculus of costs and benefits, and a social process through which they reconcile their decisions with cultural norms of what it means to be a good provider and a good parent.” Parents often make decisions about childcare with little or no prior experience selecting care, limited knowledge about what is available and matters most developmentally, and under time pressure, Meyers and Johnson found. Childcare selection is also not a one-time decision, but a decision that is routinely revisited and re-assessed when employment needs change, a child ages, another is born, etc.

Selection of child care may be more accurately understood as an accommodation of “family and employment demands, social and cultural expectations, available information, and financial, social and other resources” rather than as a decision, Sandstrom and Chaudry found. Characteristics that parents valued most in child care — learning opportunities and activities, sensitive caregiving, safe and trustworthy providers — often take a back seat out of necessity when selecting an arrangement that met work schedule needs and was affordable.²¹

The complexity of selecting a child care arrangement is exacerbated for families with limited financial and/or social resources.²² Low-income families are more likely to work nontraditional hours, have fluctuating work, and inflexible work schedules which constrain their options for care. Child care options are also more limited for low-income and rural families, such that parents may not even be able to choose among care that address their preferences or needs. While the use of non-parental care has increased across all socio-demographic groups, “the type, quality, and cost burden for parents remain highly stratified along socio-demographic lines.”²³

¹⁹ Meyers, M.K. & Jordan, L.P., 2006. *Choice and Accommodation in Parental Child Care Decisions*. Community Development, 37:2, 53-70, DOI: 10.1080/15575330609490207.

²⁰ *Ibid.*

²¹ Sandstrom, H. & Chaudry, A., 2012. ‘You have to choose your childcare to fit your work’: *Childcare decision-making among low-income working families*. Journal of Children and Poverty, 18:2, 89-119, DOI: 10.1080/10796126.2012.710480

²² *Ibid.*

²³ Meyers, M.K. & Jordan, L.P., 2006. *Choice and Accommodation in Parental Child Care Decisions*, Community Development, 37:2, 53-70, DOI: 10.1080/15575330609490207.

Child Care Preferences and Influencing Factors

Among mothers of three-year-old children surveyed by CUBS between 2015-2017, 18% statewide would prefer to use a form of child care other than what they currently have. Influencing factors include cost/affordability, scheduling, lengthy wait lists, other reasons, and lack of availability of preferred form of care. Statewide, urban and rural comparatives are described in the table below.

Table 38. Child Care Preferences and Influencing Factors, Mothers of Three-Year Old Children, State, Urban and Rural, 2015-2017

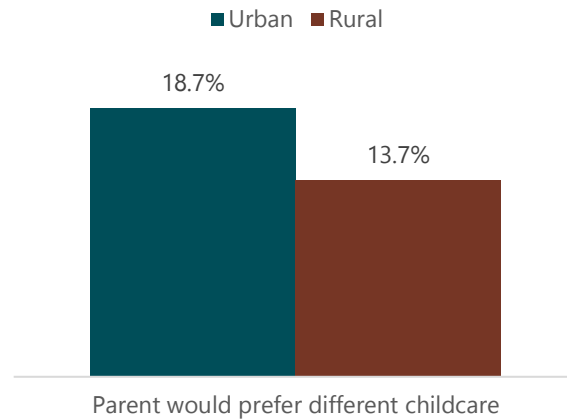
	Statewide	Urban	Rural
Would prefer to use a form of child care other than currently using (including those not using care)	18%	19%	14%
Cost is too high	9%	11%	3%
They can't afford to stay home with their children	6%	6%	4%
It doesn't fit in their schedule	6%	6%	4%
Wait list is too long	4%	4%	3%
Other reasons	4%	4%	3%
Preferred form not available	2%	1%	7%

Source: CUBS, 2015-2017.

The reasons urban Alaskan mothers give for not using a preferred form of child care, in descending order, are that the cost is too high (10.8%), they can't afford to stay home with their children (6.3%), it doesn't fit in their schedule (6.2%), the waiting list is too long (3.9%), a reason not included in the survey (3.8%), their preferred form isn't available in their community (1.2%), or their preferred form of child care cannot accommodate children with special needs (0.5%). Rural families say the greatest barriers to their preferred form of child care are that it isn't available in their community (6.9%), it doesn't fit in their schedule (4.2%), they can't afford to stay home with their children (4.1%), the cost is too high (3.4%), a reason not included in the survey (3.2%), the waiting list is too long (2.6%), or their preferred form of child care cannot accommodate children with special needs (1.1%). A small number, 1.8% among rural families and 1.5% among urban, also report that they have been asked to remove their child, age three or younger, from child care or had to seek another child care provider because of the child's "difficult behaviors."

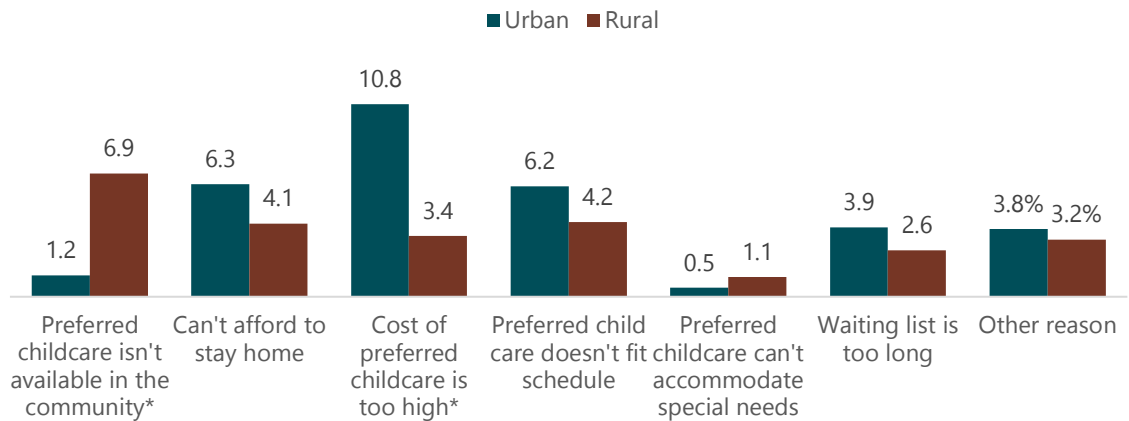
There appear to be statistically significant differences between urban and rural families in two areas. Those areas constitute the biggest barriers each group faces in accessing their preferred form of child care: cost and availability.

Figure 8. Would Prefer a Different Form of Childcare, Mothers of Three-Year Old Children, Urban vs. Rural, 2015-2017



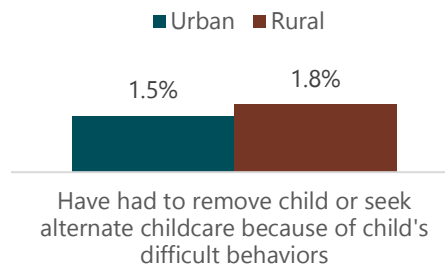
Source: Alaska Childhood Understanding Behaviors Survey, 2015-2017

Figure 9. Among Mothers of Three-Year-Old Children Preferring a Different Form of Childcare, Reason for Not Using Preferred Form of Childcare, Urban vs. Rural, 2015-2017



Source: Alaska Childhood Understanding Behaviors Survey, 2015-2017
 *Confidence intervals do not overlap

Figure 10. Removed from Childcare Due to Difficult Behaviors, Three-Year-Old Children, Urban vs. Rural, 2015-2017



Source: Alaska Childhood Understanding Behaviors Survey, 2015-2017

Perspectives of Parents of Children with Special Needs

Alaska Early Intervention/Infant Learning Program 2018 Family Outcomes Survey includes questions on access to excellent childcare and related issues.²⁴ Infant Learning Program (ILP) providers can make a meaningful difference in the quality of local childcare by working with childcare providers to help them understand and address the special needs of young children in their care. Guiding childcare providers contributes to the quality of childcare for young children with special needs.

ALASKA EARLY INTERVENTION/INFANT LEARNING PROGRAM 2018 FAMILY OUTCOMES SURVEY CHILD CARE SURVEY ITEMS

We have excellent childcare for our child.

The majority (55%) of respondents indicated this was not applicable to their circumstances. Of the remaining respondents, about 89% indicated they had excellent childcare all (68%) or most (22%) of the time. About 11% indicated less access. Families with Alaska Native children indicated less access to excellent childcare than families with White children.

Our ILP provider works closely with our childcare provider.

About 43% of responding families indicated this was applicable to them; well over half of these families (58%) indicated interaction occurred all or most of the time. Approximately 20% indicated interaction occurred some of the time; 22% none of the time.

There is childcare where we live that is able to care for children with special needs.

About 42% of respondents indicated that they did not know if there were local childcare providers able to care for children with special needs. Of the remaining 58% who responded, just over half (52%) indicated this resource was available all (35%) or most (17%) of the time. Just under half (48%) indicated this resource was sometimes (21%) or never (27%) available.

Childcare seems to be important to our whole community.

About 21% of respondents indicated they did not know about the perception of the importance of childcare in their communities. Of the remaining respondents (79%), most (80%) indicated childcare was important all (52%) or most (29%) of the time. About 20% indicated this was sometimes (18%) or never (2%) true.

There is a childcare provider we can use who can follow our child's plan (IFSP).

About 34% of respondents indicated they didn't know if there were local childcare providers who could follow their children's plans. Of the remaining respondents (66%), about 75% indicated this resource was

²⁴ University of Alaska Anchorage, UAA Center for Human Development, 2018. *2018 Family Outcomes Survey*. Prepared for Alaska Early Intervention/Infant Learning Program, Senior & Disabilities Services, Alaska Dept. of Health & Social Services.

available all (53%) or most (22%) of the time. About 25% indicated this resource was sometimes (16%) or never (9%) available.

Appendix I: Funding

Funding for Alaska's early child care and education system comes from a mix of sources. Household spending is estimated at \$214 million annually.²⁵ Federal funds, excluding military, total about \$133 million, and state funds supporting ECE total about \$22 million.

The largest components of federal dollars are Child Care and Development Funds (CCDF) and Head Start funds. Other federal fund sources include the Child & Adult Care Food Program; the Maternal, Infant & Early Childhood Home Visiting program; federal IDEA grants targeting children with disabilities; afterschool programs; and programs supporting Alaska Native education. Federal child care tax credits flowing directly to taxpayers also support the system, although some of this spending may be double-counted as household spending.

State aid comes in the form of grants to the state's 16 Head Start programs; grants to 11 school districts for Pre-K programs; early learning grants to underperforming schools under a settlement agreement; and grants to nonprofits including Parents as Teachers and Best Beginnings. The state also provides a 20 percent match for CCDF dollars.

The military supports early childhood services in Alaska in two broad ways: through income-based subsidies, and through direct services including center-based child care and early learning programs, referral resources, and family support programs. Program information and numbers of children served are available; requests for military child care spending in Alaska are pending under the federal Freedom of Information Act.

Funding Information Gaps

A full accounting of Alaska spending on early care and education would include local government and school district spending, tribal spending, nonprofit spending including religious entities, and corporate spending. The value of in-kind supports such as provision of facilities is also not currently known. Obtaining this information would provide policy makers a broader view of ECE investment in Alaska but would require significant effort and time. Military funding is an information need this study is still working to fill.²⁶

Alaska spending on care and education of children ages 6 to 8 is also unknown and difficult to estimate as most programs do not break out spending along those lines.

Also unknown is the portion of certain flexible fund sources used to support early care and education. For example, the Alaska Native Education Program and Johnson O'Malley Program provide funds that can be used for a broad array of services targeting ages 3 to 21 that meet program goals. It is difficult to track the specific allocations of some of these funds; this study uses available information to estimate the portion of funds directed toward the study's target age group.

²⁵ McDowell Group, 2019. *Statewide Early Care and Learning Parent Survey, 2019*. Prepared for thread.

²⁶ Freedom of Information Act requests have been filed for military child care subsidy data.

Appendix J: System & Governance

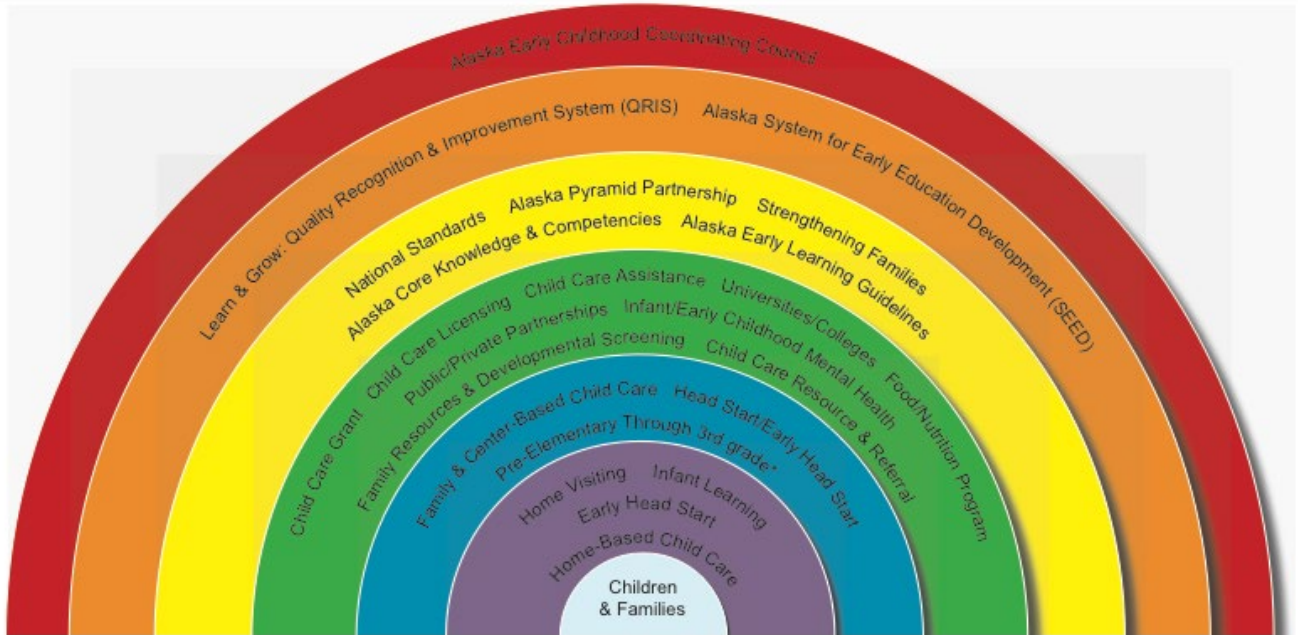
Early Care and Education System

The Alaska Early Childhood Coordinating Council's rainbow document below and on the following page illustrates the interconnected elements of Alaska's early care and education system.



Alaska's Early Childhood System Birth through age 8*

- Red** = State EC Advisory Council
- Yellow** = National & State Best Practices
- Blue** = Out-of-home EC programs
- Orange** = EC Standards for programs & professionals
- Green** = Alaska's supports & funding resources
- Violet** = EC supports & programs in the child's home
- Light Blue** = Children & families



*Includes licensed programs serving children through age 12

Updated 3/29/2018

Alaska's Early Childhood System

This document describes Alaska's Early Care and Learning System, a subcommittee of the Alaska's Early Childhood Coordinating Council (AECCC).

The rainbow visually represents the various layers of the Alaska early care and learning programs, supports, and resources. The chart identifies oversight agency, funding sources, service type, and includes a to-date approximation of children served by each program.

All of Alaska's early care and learning partners work to ensure the following common goals:

1. Communities have healthy and sustainable early care and learning programs and workforce.
2. Children and families are safe, healthy, and resilient.
3. Early childhood partners identify and can provide support for Alaska's children who are most in need of support.
4. Children are more prepared to enter and succeed in the P-12 educational system.

Alaska's Early Childhood Rainbow



The purpose of Alaska's Early Childhood Coordinating Council (AECCC) is to promote positive development, improved health outcomes, and school readiness for children prenatal through age eight by creating a culturally responsive, comprehensive, and accessible service delivery system that links service providers, empowers families, and engages communities.

AECCC shall support the creation of a unified, sustainable system of early care, health, education, and family support.



Two statewide systems are designed to set standards of practice for early care and learning programs.

1. Alaska System for Early Education Development (SEED) identifies, supports, and develops standards for individuals working in the early care and learning profession.
2. Learn & Grow (L&G), Alaska's Quality Recognition and Improvement System (QRIS), identifies and supports quality standards for early care and learning programs.



National standards, state standards, and best practices that provide direction on how to improve the quality of early care and learning.



Programs that provide fiscal support, federal and state regulatory guidance, training and education, technical assistance to early care and learning (ECL) programs, monitor ECL data, education to families and facilitate public private partnerships to increase investment in ECL.



Early childhood center-based learning and care services: licensed child care centers and group homes, Head Start, Early Head Start, pre-elementary, and afterschool programs serving children through age 12.



Early childhood home and community-based services: licensed and approved child care homes and group homes, approved child care homes, Parents as Teachers, Infant Learning/Early Intervention, Nurse Family Partnership, and Early Head Start Home Visiting.

JTF Governance Recommendations

The Alaska Early Childhood Joint Task Force held a daylong meeting in April 2019. The JTF Leadership Team summarized findings and recommendations in the report below.

History of Governance in Alaska’s Early Childhood System

Alaska has a large array of programs that serve young children and their families. Included in this range are early care and education services; nutrition; early intervention; family support; as well as health and mental health services. These programs work to support families as well as children’s healthy development and learning. Each program has an essential public funding stream(s) that guides the purpose, design, policy and implementation efforts. The purposes and policies vary across each of the program and funding goals which has resulted in a fragmented approach to serving families and children. Since 2006, public and private partners in Alaska have been working to remedy the fragmentation.

An Early Childhood Comprehensive Systems (ECCS) Plan was developed and published in 2006 to align services and build a coherent system. Included in the ECCS Plan was a recommendation for a “governance approach” that could help to bring together Alaska’s Early Childhood Comprehensive System. Simultaneously at the national level, the *Improving Head Start for School Readiness Act of 2007, Sec. 642 B*, required that “The Governor of each State designate or establish a council to serve as the State Advisory Council.” During Alaska’s Governor’s Summit on Early Learning in 2007, key policymakers and stakeholders called for the development of a public-private entity to oversee and coordinate early learning activities. As a result, the Interdepartmental Early Childhood Coordinating Council (IECCC) was formed. In 2010, Alaska Governor Sean Parnell issued an Administrative Order designating the Interdepartmental Early Childhood Coordinating Council (IECCC) as the Advisory Council on Early Childhood Education and Care. Shortly after, the council was renamed the Alaska Early Childhood Coordinating Council (AECCC).

Alaska’s Governance Strategy

The purpose of the AECCC is to facilitate the integration and alignment of services, planning efforts, resources, data, policy development, and funding as well as establish connections between health, mental health, early intervention, education, and family support systems, and between public and private partners. The AECCC’s mission is to promote a unified, sustainable system of early care, health, education, and family support for young children, prenatal through age eight, and their families. The council is co-chaired by the Commissioners of the Department of Education and Early Development (DEED) and the Department of Health and Social Services (DHSS). The AECCC consists of public and private members and representatives of the early childhood system and act under a *Memorandum of Agreement* signed by all council members. In 2012 the council produced a statewide strategic report which identified eight priorities. In 2017, the AECCC updated the statewide priorities, adding one more, and formed committees as a structure to move the priorities forward. The following committees have been created: Healthy Start and Strong Families; High Quality Early Care and Learning; Innovation and Long-Term Investment; Data and Systems Alignment; and Public Engagement & Community Partnerships.

To support the AECCC, and to better meet the needs of families with young children in Alaska, three new early childhood initiatives joined leadership efforts in 2019 to accomplish two significant, common goals: 1) A Needs Assessment; and 2) A Unified Strategic Plan by January 2020. The three initiatives: The Impact Project; The Preschool Development Grant; and Indigenous Project LAUNCH established a short-term Early Childhood Joint Task Force of partners and stakeholders to guide, advise, and inform these shared goals for strengthening and aligning Alaska's Early Childhood System. The vision for this guiding coalition of task force members is to advise strategic direction and commit to shared action toward these common goals.

Assessing the needs of Alaska's governance strategy

An element of the Joint Task Force needs assessment goal is for Alaska to gauge what is working well within our governance strategy—the AECCC—and what is not working well or where Alaska might improve. To this end, the leadership team of the Joint Task Force queried over 30 key partners and stakeholders to assess Alaska's governance strategy for its early childhood system.

ASSESSMENT APPROACH

In April 2019, the leadership team facilitated a full-day meeting of the Joint Task Force to achieve a series of results one of which was to leverage their expertise, experience and wisdom in identifying the strengths and challenges of Alaska's early childhood system governance strategy.

Through an interactive process, the Joint Task Force was asked the following questions:

1. "What about Alaska's governance strategy is already working? What is making it work? What caused this success?"
2. "What might we do differently to improve our governance strategy?"
3. "What do we really want a governance strategy to do?"
4. "What are the consequences of not doing something different?"

SUMMARY OF DATA

"What about Alaska's governance strategy is already working? What is making it work? What caused this success?"

The successes that were highlighted included having a governance strategy and model in place which is the AECCC. The AECCC membership has a strong interest in the early childhood system. There are many dedicated individuals, professionals, and partnerships that are supporting the AECCC. Leadership is occurring at multiple levels--at both the public sector and private sectors. The membership is working with passion, and has a value for this work, and a desire to make Alaska's early childhood system better. Additionally, Alaska has a decent amount of existing, reliable data on children and families.

"What might we do differently to improve our governance strategy?"

- Enhance and enrich the AECCC shared leadership approach by continuing to build trust, cohesiveness, communication, and conflict resolution so that the membership can think bigger;
- Create a dynamic, collaborative and "performance" process across and within the AECCC so that influence is distributed among all committees, and specific goals are achieved;
- Identify, clarify and articulate the specific boundaries of authority of the AECCC—identify what it's authority can do and what its can't authority do;

- Clarify roles and responsibilities of AECCC chairs and committees
- Tighten up membership protocols and practices;
- Invest in infrastructure and capacity throughout the AECCC to implement the purpose and mission;
- Improve legitimacy;
- Improve the power to act through communication;
- Cultivate high level champions; and
- Integrate or coordinate with other governing bodies that serve a similar population.

“What do we really want a governance strategy to do?”

- Implement a strategic plan: develop clear, specific and unified vision of goals, strategies, and indicators with a timeline for implementation;
- Be seen as credible, legitimate and effective with high-level government champions. Create and maintain relationships with high-level public agency executives and policymakers and create a process and protocol for informing the legislature;
- Have dynamic, measured debates so that the best ideas and innovation can move forward;
- Develop a specific communication plan and protocol for collaboration across and within AECCC; and
- Through the data committee, create a centralized way of sharing data.

“What are the consequences of not doing something different?”

- Without a more specific set of guidelines and infrastructure capacity to implement a shared leadership approach, the AECCC will continue to be reactive vs. proactive. For example, because the AECCC does not have an aligned strategic plan, we don’t have a specific vision of what we want for children and families. This keeps the AECCC in a “reacting” state vs. being proactive with agreed upon goals, strategies and indicators.
- There will continue to be a lack of support from state government, including very little buy-in or ownership from high level champions;
- There will continue to be a lack of credible relationships and legitimacy with the state legislature;
- There will continue to be a struggle with performance—implementing and executing on the AECCC mission and purpose;
- There will continue to be a lack of stability and consistency in the funding of the AECCC;
- There will continue to be limited capacity for using our credible data to tell a comprehensive story for Alaska’s early childhood system;
- There will continue to be no unified voice for the early childhood system, and a lack of institutional practices for the AECCC; and
- Public agencies will continue to operate in silos, be unable to leverage their funds in a coordinated strategic direction, and there will be little innovation coming from the public sector.

NEXT STEPS

Develop a work study group during the strategic planning process that focuses on creating official governance goals and strategies for the plan. Support the work study group in taking a deeper dive into the AECCC implementation and execution challenges to identify the root cause and barriers. Stress the importance that an ineffective AECC impacts the whole system, including both public and private agencies. Support the work study group in conducting a survey, if necessary, with partners and stakeholders to inform governance goal and strategy development. The survey will ask questions to help everyone understand more specifics about the governance functions and areas for improvement. Function areas include aligning and integrating the following: planning, accountability, regulating, improving quality, setting standards, funding allocation, and outreach and engagement of stakeholders.

Appendix K: Workforce

This appendix presents a profile of the ECE workforce completed by McDowell Group for **thread**. Supplemental information on workforce training and education follows the report.

Alaska Early Care and Learning Sector Workforce Profile

PREPARED FOR:

thread

April 2019

Alaska Early Care and Learning Sector Workforce Profile

PREPARED FOR:

thread

April 2019

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Table of Contents

Executive Summary	2
Employment and Wages.....	2
Early Care and Learning Sector Employment.....	2
Employment in ECL-Related Occupations.....	3
ECL Sector Wages.....	3
Wages for ECL-Related Occupations.....	4
Worker Movement and Second Job Status.....	4
Demographics.....	5
Summary Discussion.....	5
Introduction and Methodology	7
Methodology.....	8
Employment and Wages	9
Employment in State-Licensed and Approved Care.....	9
Child Day Care Services Sector Employment and Wage Data.....	10
Self-Employment Data.....	12
Employment and Wages by Occupation.....	14
Employment and Wage Comparisons.....	15
Occupation Demographics and Worker Movement	18
Second Job Status.....	18
Worker Movement.....	19
Worker Characteristics in Selected Occupations	21
Occupational Projections.....	21

List of Tables

Table 1. Licensed or Approved Alaska Early Care and Learning Providers Employment, 2018.....	9
Table 2. Alaska Child Day Care Private Sector Employers, Employment, and Wages, 2008 to 2017.....	10
Table 3. Average Monthly Wages by Sector, Alaska, 2008 to 2017.....	11
Table 4. Alaska Child Day Care Sector Private Employers, Employment, and Wages, by Area, 2017.....	12
Table 5. Alaska Child Day Care Services Private and Federal Employers, Employment, and Wages, 2017.....	12
Table 6. Alaska Child Day Care Services Self-Employed Workers and Earnings, 2007 to 2016.....	13
Table 7. Alaska Self-Employed Child Day Care Services Workers, by Borough/Census Area, 2016.....	14
Table 8. Selected Occupation Annual Wage Distribution, 2017.....	15
Table 9. Comparison of Selected Occupations by Employment and Average Monthly Wage, 2017.....	16
Table 10. Alaska Child Day Care, Private and Public Sector Average Monthly Wage Comparison, 2017.....	16
Table 11. Comparison of Statewide Wages and Employment for Selected Sectors, 2017.....	17
Table 12. Child Care Worker Wages, Alaska and U.S., 2017.....	17
Table 13. Alaska Child Day Care Services Sector Worker Distribution by Occupation, 2017.....	18
Table 14. Second-Job Status, Worker Distribution by Primary Industry, 2017.....	18
Table 15. Worker Movement in Child Day Care Services Sector, Alaska, CY 2015 Cohort.....	19
Table 16. Workers Employed by Same Employer in Child Day Care Services Sector, Alaska, CY 2015 Cohort.....	20
Table 17. Workers Employed by Different Employer in Child Day Care Services, Alaska, CY 2015 Cohort.....	20
Table 18. Selected Occupations by Gender, 2017.....	21
Table 19. Child Day Care Services Worker Age Distribution (%) for Selected Occupations, 2017.....	21
Table 20. Average Annual Occupational Openings for Child Care-Related Occupations, Alaska, 2016-2026.....	22
Table 21. Average Annual Occupational Openings by Select Occupations, Alaska, 2016-2026.....	23

Executive Summary

This *Early Care and Learning Industry Workforce Profile* describes the diverse and varied workforce that provides early care and learning (ECL) programs and services in Alaska. The ECL industry includes workers who care for and educate children outside of school hours when not with their parent, guardian, or other family caregiver.

The 2015 McDowell Group report, *Economic Impact of Early Care and Learning in Alaska*, measured employment impacts of Alaska's ECL industry at 7,700 full and part-time jobs, including direct employment of 6,500 jobs. It is not possible to fully capture the characteristics of this entire workforce using published data, as employment in the early care and learning industry occurs in a number of different sectors and encompasses a variety of occupations. Further, not all early care and learning employment is tracked in the same manner, or at all.

The ECL workforce is best profiled with a combination of Alaska Department of Labor and Workforce Development (ADOLWD) employment and wage data for the Child Day Care Services sector, federal self-employed worker information, and data on individual ECL-related occupations within all sectors of the Alaska workforce. While not all employees are accounted for due to these data limitations, this profile offers an understanding of the environment within which ECL workers operate.

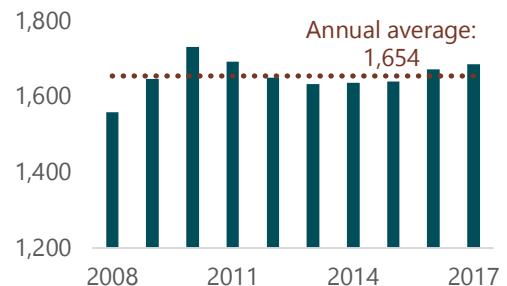
Employment and Wages

Early Care and Learning Sector Employment

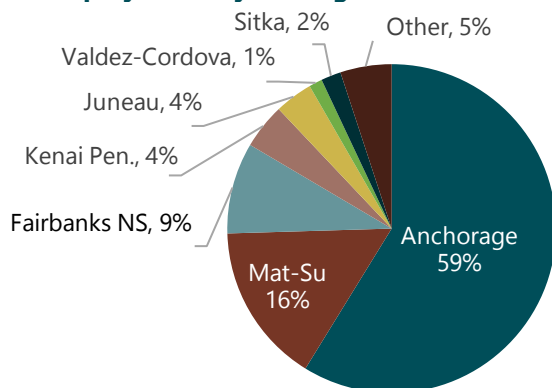
Employment data in the Child Day Care Services sector includes employees of private firms providing ECL services. While not a complete measure of ECL employment, the data includes most of the large providers in Alaska and gives an indication of employment and wage trends in the industry.

- Private sector ECL employment remained relatively steady over the past 10 years, averaging 1,654 workers annually, with a high of 1,731 in 2010 and a low of 1,559 in 2008. In 2017, employment averaged 1,685.

Private Sector Child Day Care Services Employment, 2008-2017



2017 Private Sector Child Day Care Services Employment, by Borough/Census Area

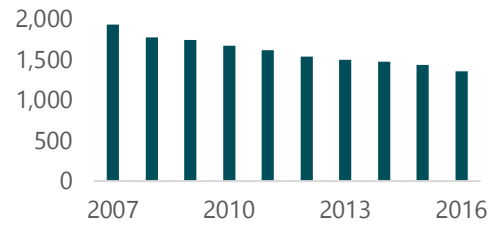


- Employment varies seasonally, with lower numbers in June and July when school is out of session, than the rest of the year.
- Fifty-nine percent of these private sector employees work in the Municipality of Anchorage, followed by 16 percent in the Mat-Su Borough, 9 percent in Fairbanks North Star Borough (FNSB), and 12 percent combined in Kenai Peninsula Borough, City and Borough of Juneau, City and Borough of Sitka, and Valdez-Cordova Census

Area. The rest of the state accounts for 5 percent of this employment.

- In 2016 (latest available data), 1,358 self-employed workers were reported in the Child Care Services sector. Self-employment in the sector has trended down steadily since 2007, falling by 30 percent over the decade.
- Federal employment in the sector totaled an additional 350 employees in 2017, all associated with Alaska military bases.

Self-Employment in the Child Care Services Sector, 2007-2016



Employment in ECL-Related Occupations

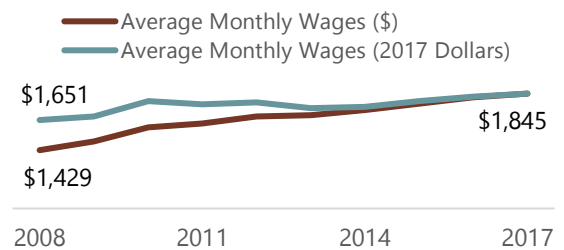
In addition to jobs reported in the Child Day Care Services sector, other individuals work in child care-related occupations across other sectors of the Alaska economy. For example, an individual providing child care services at a hospital child care center would be counted as an employee of the health care sector. Occupational employment data classifies individuals by job responsibilities rather than by industry sector.

- In 2017, 2,121 child care workers were employed in Alaska across all sectors, in addition to 908 preschool teachers (except special education), 205 preschool and day care education and child care administrators, and 124 special education preschool teachers.

ECL Sector Wages

- Private sector average monthly wages in the sector increased slowly over the past decade, rising from \$1,651 to \$1,845, in 2017 inflation-adjusted dollars.
- Wages totaled \$37.3 million in 2017 (not including self-employed or federal workers).

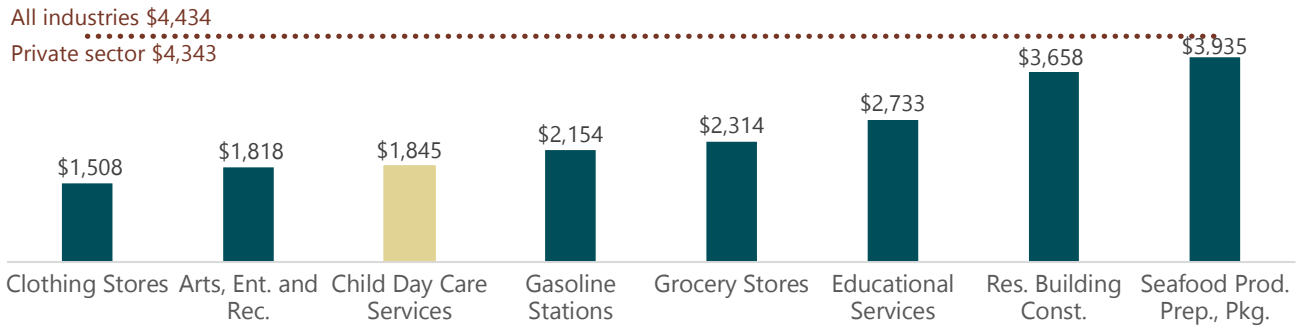
Private Sector Child Day Care Services Wages, 2008 - 2017



- Child Day Care Services sector employees earn 42 percent of the average wage for all Alaska workers.
- When compared to other sectors, Child Day Care Services sector wages are among the lowest in Alaska: less than most employees earn in retail trade, leisure and hospitality, construction, and manufacturing.
- The Child Day Care Services worker average monthly wage translates to \$22,000 per year. However, as described in the following pages, few workers earn that much.

Average Monthly Wages for Selected Sectors, 2017

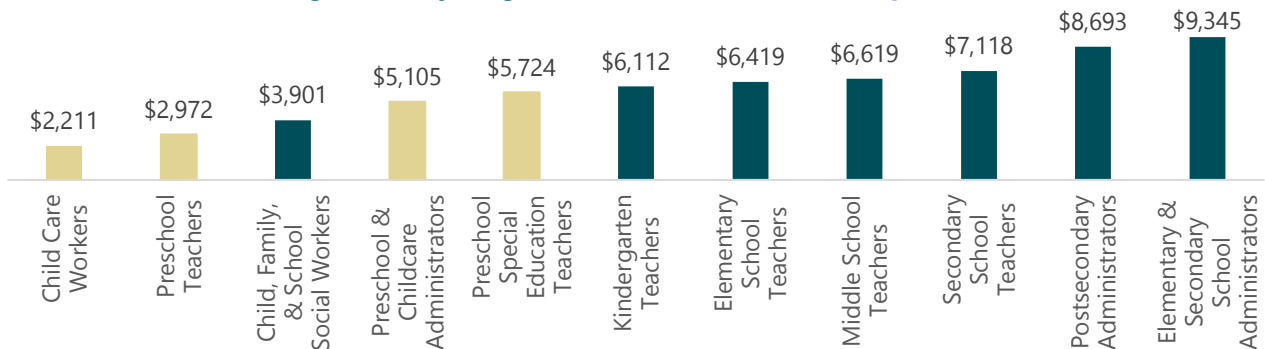
- Self-employed ECL workers earned gross revenue averaging \$17,000 annually.



Wages for ECL-Related Occupations

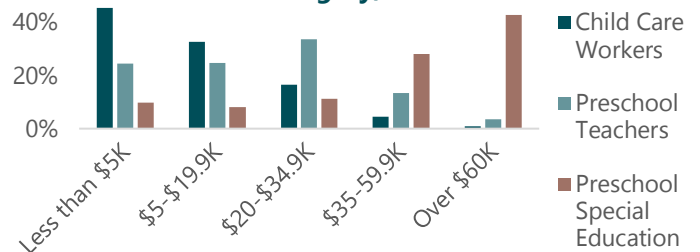
- Wages for ECL occupations are lower than wages for all other occupations in Alaska's education sector, less than for K-12 teachers and administrators. The weighted-average monthly wage for the four ECL-related occupations is \$2,723 (90 percent of ECL jobs are in the two lowest-paid occupations).

Average Monthly Wage for Selected Education Occupations, 2017



- Monthly wages do not necessarily reflect annual income earned by the ECL workforce. Approximately 9 of 10 (87 percent) child care workers earned less than \$25,000 in annual wages in 2017, as did 63 percent of preschool teachers. This indicates that many workers are part-time.

Percent of Workers in ECL Occupations, by Wage Category, 2017

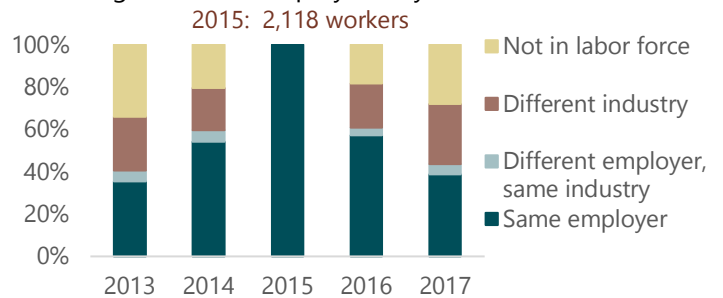


Worker Movement and Second Job Status

Worker turnover in the Child Day Care Services sector was analyzed by tracking individuals employed in the industry in 2015 through the Alaska workforce for two years prior to employment in 2015 and two years after, for a total of five years (2013 to 2017). In 2015, 2,118 individuals worked in the Child Day Care Services sector.

Worker Movement in the Child Day Care Services Sector, 2015 Cohort

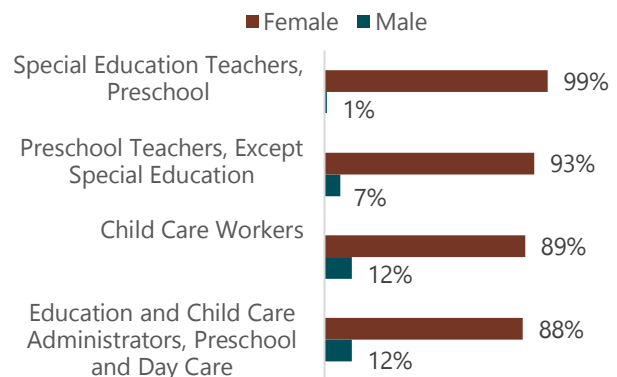
- Worker turnover is high in the sector. Among all workers employed in 2015, 43 percent were not with the same employer in 2016. By 2017, 62 percent were no longer with the employer they had been with in 2015.
- A high percentage also leave the labor force entirely each year. In the 2015 cohort, 28 percent left the labor force within two years.
- ADOLWD data was also used to measure the number of workers in the Child Day Care Services sector that held more than one job. That data indicates that more than a third (37 percent) of employees in the sector worked in more than one job in 2017.



Demographics

- The majority of workers in ECL occupations tracked by ADOLWD are female, including 88 percent of administrators, 89 percent of child care workers, 93 percent of preschool teachers, and 99 percent of special education preschool teachers.
- The ECL workforce is young. Among the 2,121 child care workers tracked by ADOLWD in 2017, 40 percent were under 24 years of age.

Gender of Child Day Care Service Workers, by Occupation, 2017



Summary Discussion

ECL services are a critical aspect of Alaska’s socioeconomic fabric. Quality early care and learning opportunities have a range of benefits, specifically they:

- Fill a critical role in early childhood learning, when brain development is occurring at a faster rate than any other time of life; and
- Make it possible for thousands of Alaskans to join the labor force, be employed, and increase family income and living standards.

The ECL industry itself is a contributor to the Alaska economy, directly providing employment and income for more than 6,500 Alaskans.

This labor force profile documents the incongruity between the importance of ECL services and the compensation offered to the people who provide those services. Wages paid in the ECL sector are well below a “living wage” i.e., a wage sufficient for an individual to live on. Wages in the ECL sector are among the lowest in the economy, yet the people employed in this sector are entrusted with the care and education for our children at a critical time of learning. These low wages result in:

- High employee turnover rates.
- Difficulty recruiting and retaining the suitably trained and skilled workers necessary to provide high-quality programs.
- Challenges providing the continuity of care that is so important in early care and learning.

There are no easy solutions. Wages in the ECL sector are constrained by what families can afford to pay for those services. Even at the low wages paid now, costs for enrollment in ECL can constitute a significant portion of family income. The societal challenge is to align the importance of quality ECL services with the public and private investment needed to support a valued, sustainable, and high-quality early care and learning workforce.

Introduction and Methodology

This *Early Care and Learning Industry Workforce Profile* describes the employment and labor force characteristics of a diverse industry that provides care, services, and programs for children under 13 years of age. The analysis focuses on care and education provided outside of the K-12 education system by anyone other than the child's parent, guardian, or other caregiver the child lives with outside of school hours. Such care occurs in a multitude of forms, and for many families, in several forms for each child. It can include child care centers, group homes, preschool programs, State or tribally-approved home care or care by relatives, federally-supported education and care programs such as Early Head Start and Head Start, and care arranged between families and individual parties outside of approved and licensed programs and services.

This analysis presents as full a picture as possible, given available data, of the ECL workforce in Alaska. Demographic information on participants in the workforce is presented, including age and gender. Trends in worker movement are also described, along with wages earned by participants in the workforce, turnover rates, and second job status. The ECL workforce is also compared to other Alaska sectors and to national workforce trends in the ECL industry.

McDowell Group conducted an economic impact analysis of the ECL industry in Alaska for thread in 2015. In that study, employment impacts of the industry (direct, indirect, and induced) were estimated at 7,700 full and part-time jobs, including direct employment of 6,500 jobs. Direct labor income totaled an estimated \$170 million. These estimates used public and private sector ECL spending estimates, including by households, as a base from which to understand how much economic activity occurs in the sector. A 2019 update to this study is currently underway.

The workforce data included in this report differ from the employment and labor income numbers estimated in the 2015 economic impact analysis in that these data are actual counts of workers, versus an estimate of employment based on spending. The worker counts used in this study allow for a more detailed picture of the ECL workforce, including demographics, occupations, turnover, and second job status. While these data allow for more a complete characterization, they only describe part of the ECL workforce. It is challenging to profile this entire workforce using available data sources, as employment in the early care and learning industry occurs in a number of different sectors and encompasses a variety of occupations. Only a portion of ECL employment is reported to government entities, as care for children often occurs in environments that are not licensed or approved by tribes or governments or otherwise unreported to government entities.

Early care and learning is the preferred terminology for organizations or individuals providing care for children under 13 years of age. However, this terminology is not an exact match with federally-defined industry or occupation categories. Sector and occupation data that describe the ECL workforce are based on federally-defined categories as described below, including Child Day Care Services.

Methodology

This report analyzes Alaska Department of Labor and Workforce Development (ADOLWD) published data as well as unpublished data provided by ADOLWD via special request. Other data sources include the Alaska Department of Health and Social Services, U.S. Department of Health and Human Services, the U.S. Bureau of Labor Statistics, and the U.S. Census Bureau.

Sector-specific data are based on employment in the Child Day Care Sector (North American Industry Classification System (NAICS) code 6244) and include only employees of private (non-government) firms registered within this industry unless otherwise noted. This sector is defined as establishments primarily engaged in providing day care of infants or children. These establishments generally care for preschool children but may care for older children when not in school and may also offer pre-kindergarten educational programs.

These employment data do not include individuals with similar job responsibilities working in other industries or the self-employed. Sector employment is based on data from the ADOLWD's Quarterly Census of Employment and Wages (QCEW). Other measures of employment are also discussed, including employment information for State, Municipality of Anchorage, and tribally-licensed providers, and federal employment numbers from the Bureau of Labor Statistics (BLS) and U.S. Census Bureau.

Trends in hourly wage rates were analyzed with data from ADOLWD and BLS. These data show ECL wage rates over the past ten years (nominal and inflation-adjusted) and are compared to other sectors in the Alaska economy and the ECL national workforce.

Data on occupations related to ECL services are also presented. Occupational data reflect the job responsibilities of individual workers and are not necessarily connected to a single industry. Employment by occupation includes individuals working in any sector, including private and government organizations. This analysis provides insight into the variety of individuals working in ECL throughout the Alaska economy. Demographic information, average wages, and expected annual openings are presented for selected occupations as follows¹:

Child Care Workers attend to children at schools, businesses, private households, and child care institutions. Perform a variety of tasks, such as dressing, feeding, bathing, and overseeing play.

Preschool Teachers instruct preschool-aged children in activities designed to promote social, physical, and intellectual growth needed for primary school in preschool, day care center, or other child development facility. Substitute teachers are included in teachers and instructors, all other. May be required to hold State certification.

Preschool Special Education Teachers teach preschool subjects to educationally and physically handicapped students. Includes teachers who specialize and work with audibly and visually handicapped students and those who teach basic academic and life processes skills to the mentally impaired.

Education Administrators at Preschools and Child Care Centers/Programs plan, direct, or coordinate the academic and nonacademic activities of preschool and child care centers or programs.

¹ Definitions from the Bureau of Labor Statistics, Occupational Employment Statistics.

Employment and Wages

Employment in the early care and learning industry occurs in a number of different sectors and encompasses a variety of occupations. Due to the variation in how early care is delivered, not all employment is tracked in the same manner, or at all. A variety of data sources are available that provide part of the picture of employment and wages in this sector, including ADOLWD's Quarterly Census of Employment and Wages (QCEW), U.S. Bureau of Labor Statistics Occupational Employment Statistics, U.S. Census Bureau Non-Employer Statistics, and direct counts from the Alaska Department of Health and Social Services (DHSS) Child Care Program Office (CCPO).

Employment in State-Licensed and Approved Care

The CCPO monitors, regulates, licenses, and approves early care and learning providers in Alaska. The State delegates authority to the Municipality of Anchorage (MOA) Department of Health and Human Services for licensure of ECL providers within the MOA.

The CCPO or local Child Care Assistance Office (designee) evaluates and approves the following types of early care and learning providers for participation in the State of Alaska Child Care Assistance Program (CCAP).

- Licensed by DHSS or the MOA
- Approved by the U.S. Department of Defense or U.S. Coast Guard
- Approved by a tribal entity (for facilities that meet or exceed DHSS standards)
- Approved or accredited by a national entity
- Approved Relative, Approved Non-Relative, and In-home providers who are exempt from licensure

In total, 634 State-licensed and approved early care and learning providers operated in Alaska in 2018 in addition to hundreds of providers approved by tribes and military entities. In total, these providers accounted for at least 4,900 jobs.

Table 1. Licensed or Approved Alaska Early Care and Learning Providers Employment, 2018

Provider Type	Number of Providers	Employment
Licensed care center	248	3,751
Licensed group home	70	330
Licensed home	255	445
Exempt home or center	13	25
Approved and in-home providers	43	53
Military approved providers	14*	450*
Public pre-elementary school programs	39**	625
Tribally-approved child care providers***	278	300
Total	946	4,904

Source: Alaska DHSS, military centers, DEED, and U.S. DHHS.

*A new estimate was not available for military providers for 2018, though federal employment of 350 suggests at least 450 employees in total. This estimate is for all military providers not only those listed in the licensed or approved providers in this table.

**This is the number of providers, though multiple sites are operated by many providers.

Child Day Care Services Sector Employment and Wage Data

According to ADOLWD's Quarterly Census of Employment and Wages, employment in the Child Day Care Services sector in 2017 totaled 1,685, with a total of 141 employers. As noted above, this is a measure of employment in privately-operated child care centers. In 2017, these employees earned \$37.3 million in annual wages, averaging \$1,845 per month.

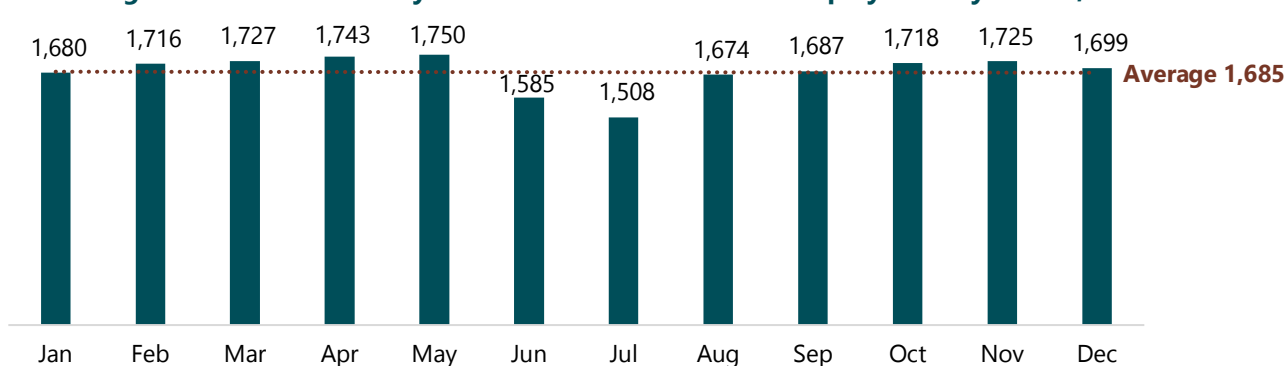
Table 2. Alaska Child Day Care Private Sector Employers, Employment, and Wages, 2008 to 2017

Year	Employers	Employment	Average Monthly Wages (\$)	Total Annual Wages (\$ Millions)
2008	146	1,559	\$1,429	\$26.7
2009	142	1,646	\$1,494	\$29.5
2010	141	1,731	\$1,595	\$33.1
2011	146	1,691	\$1,625	\$33.0
2012	147	1,649	\$1,676	\$33.2
2013	141	1,632	\$1,685	\$33.0
2014	150	1,636	\$1,723	\$33.8
2015	144	1,640	\$1,773	\$34.9
2016	139	1,672	\$1,816	\$36.4
2017	141	1,685	\$1,845	\$37.3

Source: Alaska Department of Labor and Workforce Development, Research and Analysis, Quarterly Census of Employment and Wages.

Over the past decade, employment in the sector has remained fairly steady, averaging 1,654 with a low of 1,559 workers in 2008 and a high of 1,731 in 2010. Employment varies seasonally, with a low in the summer months (June and July), compared to the rest of the year.

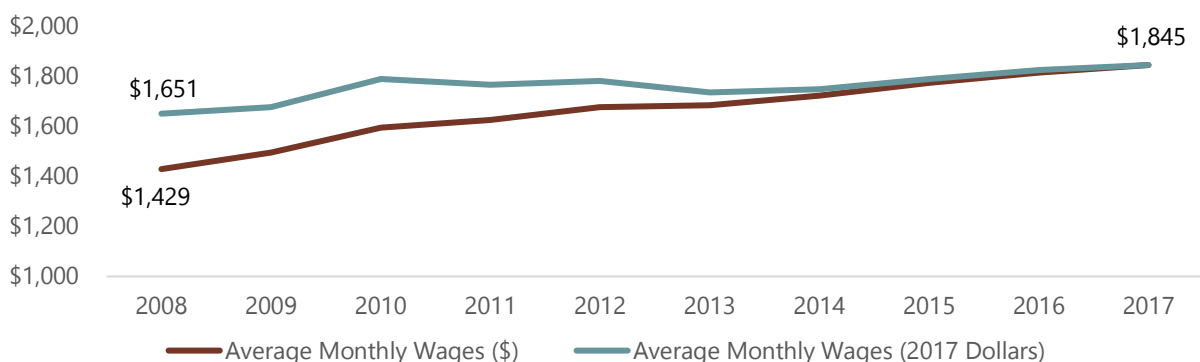
Figure 1. Alaska Child Day Care Services Private Sector Employment by Month, 2017



Source: Alaska Department of Labor and Workforce Development, Research and Analysis, Quarterly Census of Employment and Wages.

Over the past decade, average monthly wages in the Alaska Child Day Care Services sector increased by about \$200 per month after adjusting for inflation: from \$1,651 per month in 2008 to \$1,845 in 2017. In that time period, total inflation-adjusted annual wages earned in the sector increased from \$31 million to \$37 million.

Figure 2. Alaska Child Day Care Services Private Sector Average Monthly Wages, as Reported and Inflation-Adjusted, 2008-2017



Source: Alaska Department of Labor and Workforce Development, Research and Analysis, Quarterly Census of Employment and Wages.

While average wages for employees in the Child Day Care Services sector remained far below those of other sectors, average wages in the sector grew at a faster annual rate than in the Alaska economy overall. Between 2008 and 2017, Child Day Care Services sector wages increased by three percent each year compared to two percent for private-sector employees and for all private and government sector workers. Notably, ECL wages continued to increase on average in 2016 and 2017 when average private-sector wages decreased.

Table 3. Average Monthly Wages by Sector, Alaska, 2008 to 2017

Year	Child Day Care Services	All Private Sectors	All Sectors
2008	\$1,429	\$3,741	\$3,779
2009	\$1,494	\$3,838	\$3,886
2010	\$1,595	\$3,906	\$3,977
2011	\$1,625	\$3,995	\$4,071
2012	\$1,676	\$4,111	\$4,175
2013	\$1,685	\$4,195	\$4,253
2014	\$1,723	\$4,360	\$4,404
2015	\$1,773	\$4,476	\$4,515
2016	\$1,816	\$4,349	\$4,432
2017	\$1,845	\$4,343	\$4,434
Annual Average Change (%)	3%	2%	2%

Source: Alaska Department of Labor and Workforce Development, Research and Analysis, Quarterly Census of Employment and Wages. Not adjusted for inflation.

Alaska's urban centers support the largest number of jobs and total annual wages earned in the state's early care and learning sector. Fifty-nine percent of employment occurs in the Municipality of Anchorage (MOA), 16 percent in the Mat-Su Borough, and 9 percent in the Fairbanks North Star Borough (FNSB). The Kenai Peninsula Borough, City and Borough of Juneau, Valdez-Cordova Census Area, and City and Borough of Sitka account for a combined total of 12 percent of employment in the sector, while the rest of Alaska accounts for the remaining 5 percent.

Among employers in Alaska, only one-third (36 percent) are located in Anchorage. This low percentage of employers compared to employees indicates that Anchorage is home to child care centers with more capacity per center than the other areas of Alaska.

Total annual wages in the sector follow this general geographical trend, with 60 percent of annual wages earned in Anchorage, 14 percent in the Mat-Su Borough, and 11 percent in the FNSB.

Table 4. Alaska Child Day Care Sector Private Employers, Employment, and Wages, by Area, 2017

Area	Employers		Employment		Total Annual Wages	
	Count	% of Total	Count	% of Total	(\$ Million)	% of Total
Municipality of Anchorage	51	36%	990	59%	\$22.3	60%
Matanuska-Susitna Borough	24	17%	265	16%	\$5.2	14%
Fairbanks North Star Borough	20	14%	151	9%	\$4.3	11%
Kenai Peninsula Borough	13	9%	75	5%	\$1.2	3%
City and Borough of Juneau	8	6%	63	4%	\$1.6	4%
Valdez-Cordova Census Area	6	4%	22	1%	\$0.3	1%
City and Borough of Sitka	4	3%	33	2%	\$0.7	2%
Other	15	11%	85	5%	\$1.6	4%
Total	141	100%	1,685	100%	\$37.3	100%

Source: ADOLWD, Research and Analysis; Quarterly Census of Employment and Wages.
Note: Columns may not sum due to rounding.

In addition to private sector employment in Child Day Care Services, Alaska military bases have a significant number of employees in the ECL sector. In 2017, six federal military employers reported 350 employees and \$9.7 million in annual wages.

Table 5. Alaska Child Day Care Services Private and Federal Employers, Employment, and Wages, 2017

	Employers	Employment	Total Annual Wages (\$ Millions)
Private	141	1,685	\$37.3
Federal/military	6	350	\$9.7
Total	147	2,035	\$47.1

Source: Alaska Department of Labor and Workforce Development, Research and Analysis.
Note: All federal employment in this chart is connected with Alaska's military bases.

Self-Employment Data

The U.S. Census Bureau tracks self-employed workers in the Child Day Care Services sector. In 2016 (latest available data), there were 1,358 self-employed workers in this sector in Alaska, with total annual gross receipts of \$22.6 million.²

The number of self-employed workers in the Alaska Child Day Care Services sector has trended down consistently over the past decade, with a total decline of 30 percent, from 1,932 workers in 2007 to 1,358 in

² Gross receipts differ from wages, as gross receipts refer to the total amount a caregiver is paid. A portion of gross receipts are used to pay operating expenses.

2016. Annual gross receipts also trended down, falling by 24 percent in inflation-adjusted dollars between 2007 and 2016.

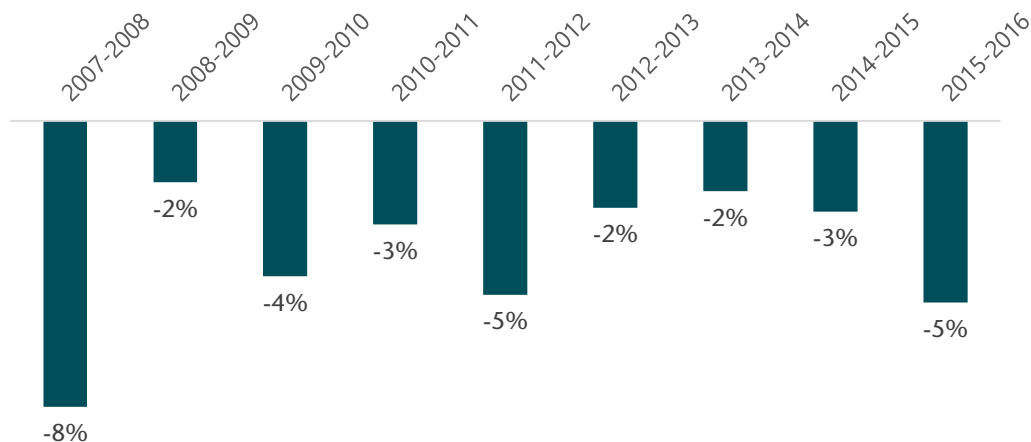
Table 6. Alaska Child Day Care Services Self-Employed Workers and Earnings, 2007 to 2016

Year	Self-Employed Workers	Annual Gross Receipts (\$ Millions)	Inflation-Adjusted Annual Gross Receipts (\$ Millions)
2007	1,932	\$25.8	\$29.8
2008	1,775	\$24.5	\$28.0
2009	1,744	\$24.3	\$27.3
2010	1,667	\$25.1	\$27.3
2011	1,618	\$25.1	\$26.7
2012	1,538	\$24.8	\$25.6
2013	1,500	\$23.2	\$23.5
2014	1,470	\$23.5	\$23.7
2015	1,432	\$23.7	\$23.8
2016	1,358	\$22.6	\$22.6
10 Yr. Pct. Change	-30%	-12%	-24%

Source: U.S. Census Bureau Non-Employer Statistics.

The number of self-employed Child Day Care Service workers has fallen every year since 2007 at between 2 and 8 percent per year.

Figure 3. Annual Percent Change in Number of Alaska Self-Employed Child Day Care Service Workers, 2007 to 2016



Source: U.S. Census Bureau Non-Employer Statistics.

As is the case with employment in private and public-sector Child Day Care Services jobs, self-employed workers are most numerous in Alaska's urban centers: 46 percent in Anchorage, 12 percent each in Mat-Su and Fairbanks North Star Boroughs, 8 percent in Juneau, and 6 percent in the Kenai Peninsula Borough. All other boroughs and census areas each account for 2 percent or less of self-employed workers in this sector.

Table 7. Alaska Self-Employed Child Day Care Services Workers, by Borough/Census Area, 2016

	Self-Employed Workers	Annual Gross Receipts (\$ 1,000)
Municipality of Anchorage	625	\$11,342
Matanuska-Susitna Borough	166	\$1,920
Fairbanks North Star Borough	155	\$3,219
Juneau City and Borough	108	\$1,783
Kenai Peninsula Borough	86	\$1,467
Kodiak Island Borough	32	\$666
Ketchikan Gateway Borough	26	\$593
Dillingham Census Area	19	\$102
Valdez-Cordova Census Area	16	\$194
Sitka City and Borough	14	\$211
North Slope Borough	12	\$122
Prince of Wales-Hyder Census Area	11	\$80
Nome Census Area	10	\$134
Petersburg Census Area	10	\$131
Northwest Arctic Borough	9	\$50
Bethel Census Area	8	\$99
Wrangell City and Borough	7	\$190
Hoonah-Angoon Census Area	6	\$36
Southeast Fairbanks Census Area	6	\$64
Wade Hampton Census Area	6	\$20
Aleutians East Borough	4	\$13
Haines Borough	4	\$76
Bristol Bay Borough	3	\$18
Lake and Peninsula Borough	3	\$6
Aleutians West Census Area	N/A	N/A
Yukon-Koyukuk Census Area,	N/A	N/A
Statewide Totals	1,358	\$22.6

Source: U.S. Census Bureau Non-Employer Statistics.

Annual gross receipts in 2016 totaled \$11.3 million in the MOA, \$3.2 million in FNSB, \$1.9 million in the Mat-Su, \$1.8 million in Juneau, and \$1.5 million on the Kenai Peninsula. Receipts totaled less than \$1 million for each of Alaska’s other boroughs and census areas. In some areas of the state, gross receipts are higher per self-employed worker than in others. This may reflect higher market rates in some areas, as is indicated by the 2017 Alaska Child Care Market Price Report that shows higher market rates in FNSB, for example, than other areas.

Employment and Wages by Occupation

A subset of occupations within the Child Day Care Services sector were examined to understand differences between employees in the sector. Annual wages for child care workers, preschool teachers, and administrators within the sector were compared and the distribution of wages within each occupation was also documented.

The vast majority (87 percent) of individuals in the child care worker occupation earned less than \$25,000 in annual wages in 2017, as did 63 percent of preschool teachers (except special education teachers) and 21 percent of special education preschool teachers.

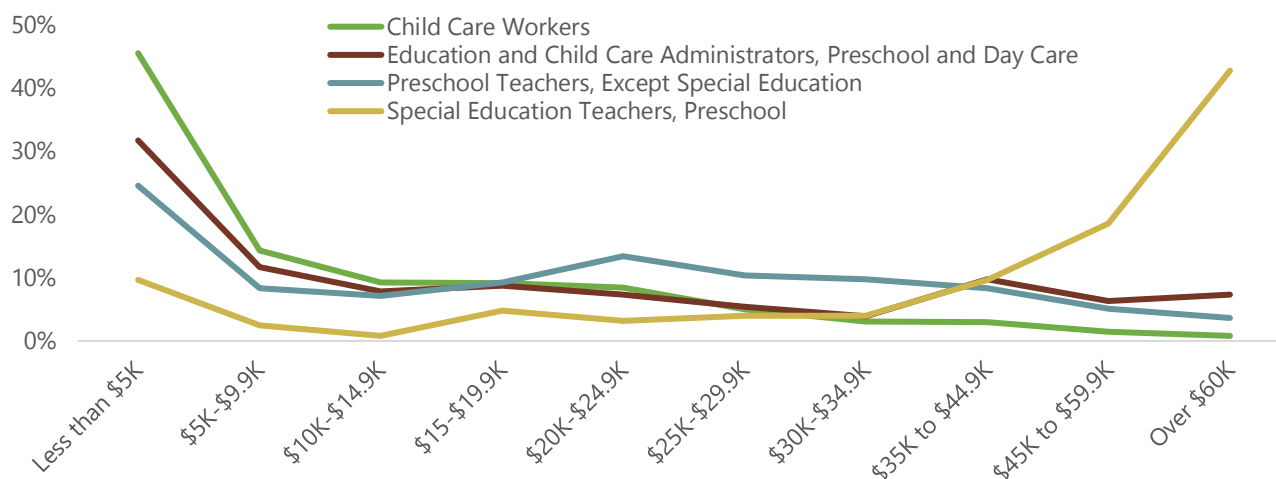
Many workers in these occupations earned significantly less than \$25,000 including 45 percent of child care workers who earned less than \$5,000. Another 41 percent of child care workers earned between \$5,000 and \$24,999 in annual wages, as did 36 percent of administrators, 38 percent of preschool teachers, and 11 percent of special education preschool teachers.

Table 8. Selected Occupation Annual Wage Distribution, 2017

Occupation	Less than \$5K	\$5 - \$9.9K	\$10 - \$14.9K	\$15 - \$19.9K	\$20 - \$24.9K	\$25 - \$29.9K	\$30 - \$34.9K	\$35 - \$44.9K	\$45 - \$59.9K	Over \$60K	Total
Child Care Workers	965	303	197	194	180	106	65	63	31	17	2,121
Preschool Teachers, Except Special Education	223	76	65	84	122	94	89	76	46	33	908
Education and Child Care Administrators, Preschool and Day Care	65	24	16	18	15	11	8	20	13	15	205
Special Education Teachers, Preschool	12	3	1	6	4	5	5	12	23	53	124
Total	1,265	406	279	302	321	216	167	171	113	118	3,358

Source: Alaska Department of Labor and Workforce Development, Research and Analysis.
 Note: Worker counts do not include federal or self-employed workers. The occupations reflects the number of workers in each category whose highest quarterly wages for 2017 were earned in that occupation. Annual wages include wages from all jobs worked during the year.

Figure 4. Percentage of Workers in Wage Categories, by Occupation, 2017



Source: Alaska Department of Labor and Workforce Development, Research and Analysis. Occupational data.

Employment and Wage Comparisons

While many occupations within the sector earn a relatively low wage compared to other sectors in the Alaska economy, wages vary within the Child Day Care Services sector by occupation. Based on average hourly wages, special education preschool teachers working full-time earn a monthly average of \$5,724, while administrators earn \$5,105, preschool teachers (except special education) \$2,972, and child care workers \$2,211. These occupations earn less than education professionals who serve older children, such as elementary and secondary

school teachers and administrators. In addition to child care workers earning lower average hourly wages, many child care workers work less than full-time schedules, which is reflected in the high percentage of child care workers earning less than \$25,000 in actual annual wages in 2017.

Table 9. Comparison of Selected Occupations by Employment and Average Monthly Wage, 2017

Occupation	Average Monthly Wage*
Education Administrators, Elementary and Secondary School	\$9,345
Education Administrators, Postsecondary	\$8,693
Secondary School Teachers, Except Special and Career/Technical Education	\$7,118
Middle School Teachers, Except Special and Career/Technical Education	\$6,619
Elementary School Teachers, Except Special Education	\$6,419
Kindergarten Teachers, Except Special Education	\$6,112
Special Education Teachers, Preschool	\$5,724
Education Administrators, Preschool and Child Care Center/Program	\$5,105
Child, Family, and School Social Workers	\$3,901
Preschool Teachers, Except Special Education	\$2,972
Child Care Workers	\$2,211

Source: Alaska Department of Labor and Workforce Development, Research and Analysis.
 Note: Average monthly wages are based on full-time equivalent work for all occupations.

OTHER ALASKA SECTORS

Child Day Care Services sector average monthly wages are less than half (42 percent) of average wages for employees in Alaska overall and only 39 percent of average monthly wages paid in the public sector.

Table 10. Alaska Child Day Care, Private and Public Sector Average Monthly Wage Comparison, 2017

	Average Monthly Wages		
	By Sector (\$)	Child Day Care Sector (\$)	Child Day Care Sector Wages as a Percentage of Wages in Other Sectors
All Alaska employers	\$4,434	\$1,845	42%
<i>Alaska private sector</i>	<i>\$4,343</i>	<i>\$1,845</i>	<i>42%</i>
<i>Alaska public sector</i>	<i>\$4,732</i>	<i>\$1,845</i>	<i>39%</i>

Source: Alaska Department of Labor and Workforce Development, Research and Analysis – Quarterly Census of Employment and Wages.

Child Day Care Services average monthly wages are some of the lowest in the state. For example, Child Day Care Services employees only earn more, on average, than clothing store employees (part of the retail trade sector) and workers in arts, entertainment, and recreation (part of the leisure and hospitality sector). These sectors all include a significant percentage of part-time employment, which, along with relatively low hourly wage rates, accounts for the comparatively low monthly wage rates.

Table 11. Comparison of Statewide Wages and Employment for Selected Sectors, 2017

	Average Monthly Employment	Total Annual Earnings (\$ Million)	Average Monthly Wages	
			By Sector (\$)	As a Percentage of Private Sector Wages
Private Sector	249,366	\$12,997	\$4,343	100%
Education and Health Services	48,848	\$2,491	\$4,250	98%
Educational Services	2,399	\$79	\$2,733	63%
Health Care and Social Assistance	46,450	\$2,413	\$4,328	100%
Child Day Care Services	1,685	\$37	\$1,845	42%
Leisure and Hospitality	35,371	\$836	\$1,969	45%
Arts, Entertainment and Recreation	5,075	\$111	\$1,818	42%
Retail Trade	36,368	\$1,134	\$2,598	60%
Grocery Stores	4,303	\$129	\$2,314	53%
Gasoline Stations	1,813	\$47	\$2,154	50%
Clothing Stores	1,342	\$24	\$1,508	35%
Construction	15,162	\$1,136	\$6,245	144%
Construction of Residential Buildings	1,506	\$66	\$3,658	84%
Manufacturing	13,217	\$649	\$4,093	94%
Seafood Product Prep., Pkg.	9,445	\$446	\$3,935	91%

Source: Alaska Department of Labor and Workforce Development, Research and Analysis – Quarterly Census of Employment and Wages.

ALASKA WAGES COMPARED TO THE U.S.

Hourly wages for Alaska child care workers are relatively similar to national averages. Median average hourly wages in Alaska are 3 percent lower, while mean hourly and annual wages are 5 percent higher than U.S. averages. Though mean wages in the state are slightly higher than the national average, this difference does not account for Alaska’s comparatively higher cost of living.

After adjusting U.S. wages to reflect Alaska cost of living, wages in Alaska’s ECL sector are lower than national equivalents. As illustrated in the following table, the U.S. median wage for child care workers adjusted for Alaska cost of living would be \$14.04 and the mean would be over \$16 per hour. Thus, in terms of actual purchasing power, the average wage paid to child care workers in Alaska is 15 percent below the national average.

Table 12. Child Care Worker Wages, Alaska and U.S., 2017

	U.S. (\$)	Alaska (\$)	Difference from US Average	U.S. Wage Adjusted for AK Cost of Living	Real Difference from US Wages
Median hourly wage	\$11.70	\$11.40	- 3%	\$14.04	-23%
Mean hourly wage	\$13.70	\$14.40	+ 5%	\$16.44	-15%
Mean annual wage	\$28,430	\$30,000	+ 5%	\$34,116	-14%

Sources: ADOLWD, Bureau of Labor Statistics and Occupational Employment and Wages, McDowell Group cost of living estimate.
Note: Mean annual wage are for full-time annual work in the occupation. Cost of living adjustments are based on a 20 percent differential.

WAGES RELATIVE TO POVERTY LEVEL INCOMES

A child care worker employed full time Alaska would earn an annual total of \$22,000, based on average monthly wages. Self-employed workers earn an average of \$17,000. To place these annual earnings figures in perspective, the Alaska federal poverty line for a family of four is \$30,750 and for a one-person household \$15,060.³

³ Federal Poverty Guidelines – 2017 guidelines. <https://familiesusa.org/product/federal-poverty-guidelines>.

Occupation Demographics and Worker Movement

The Child Day Care Services sector employs individuals in a variety of occupations. Individuals in the “child care worker” occupation represented the highest percentage in the industry at any time in 2017. The industry also includes individuals classified as preschool teachers (18 percent), teaching assistants (12 percent), and administrators (6 percent).

Table 13. Alaska Child Day Care Services Sector Worker Distribution by Occupation, 2017

	% Total	Count
Child Care Workers	45%	964
Preschool Teachers (including special education)	18	391
Teaching Assistants (not including postsecondary)	12	261
Education and Child Care Administrators, Preschool and Day Care	6	126
Kindergarten Teachers, Except Special Education	2	44
Lifeguards, Ski Patrol, and Other Recreational Protective Service Workers	2	41
Office Clerks, General	1	24
Child, Family, and School Social Workers	1	23
Umpires, Referees, and Other Sport Officials	1	23
All other occupations in Child Day Care Services	11	229
Total	100%	2,126

Source: Alaska Department of Labor and Workforce Development, Research and Analysis.

Note: Individuals are counted in the occupation in which they receive the highest portion of annual earnings. Thus, data may exclude some workers who work in two occupations though earn less in the Child Day Care Services sector.

Second Job Status

As previously discussed in this document, child care worker wages are often at or below the federal poverty line. Thus, a second job may be necessary or desirable for many workers. In 2017, 37 percent of employees (626 workers) in the Child Day Care Services sector held more than one job. These individuals worked in a variety of sectors, including over half (56 percent) in another health and social assistance sector occupation, 11 percent in local government, 8 percent in the retail trade, and 7 percent in accommodation and food services.

Table 14. Second-Job Status, Worker Distribution by Primary Industry, 2017

	% Total	Count
Healthcare and social assistance	56%	350
Local government	11	71
Retail trade	8	50
Accommodation and food services	7	44
State government	3	19
Other services (except public administration)	2	14
Administrative and support and waste management and remediation services	2	11
Arts, entertainment, and recreation	2	11
Manufacturing	2	10
Other industries	7	46
Total	100%	626

Source: Alaska Department of Labor and Workforce Development, Research and Analysis.

Note: The primary industry is derived from the job where the worker earned the most wages in the calendar year.

Worker Movement

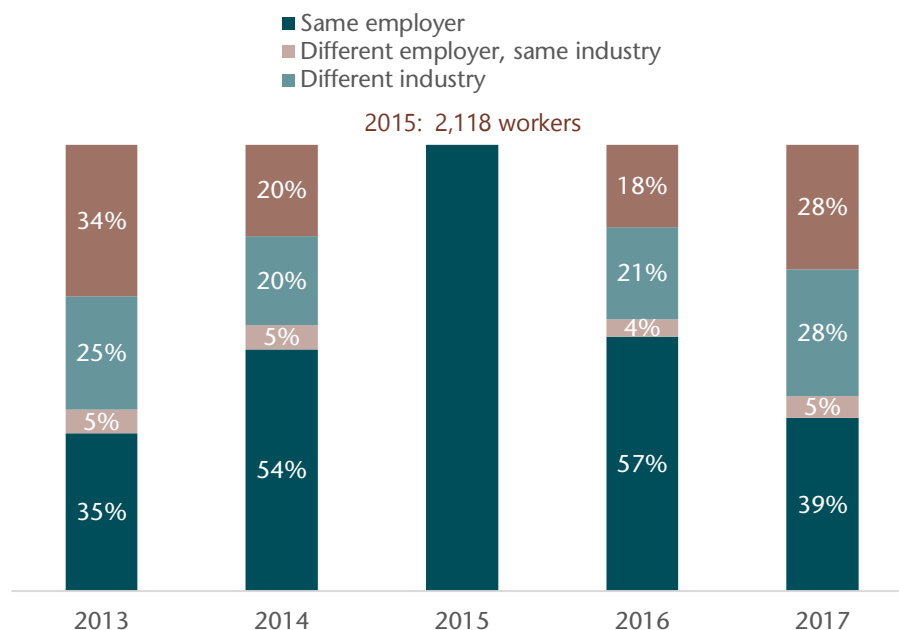
To analyze worker turnover in the Child Day Care Services sector, all individuals who worked in the industry in calendar year (CY) 2015 were tracked in the Alaska workforce for two years prior to their employment in 2015 and two years after (from 2013 through 2017). In 2015, 2,118 individuals worked in the industry. Approximately 35 percent (749) of these individuals were employed by the same employer two years prior, with the remainder either employed by another employer in the industry (5 percent), working in a different industry (25 percent), or not in the labor force (34 percent). Similarly, about 39 percent of the 2015 cohort were still working for the same employer two years later, 5 percent were working for a different employer in the Child Day Care Services sector, 28 percent were working in a different industry, and another 28 percent had left the labor force by 2017.

Table 15. Worker Movement in Child Day Care Services Sector, Alaska, CY 2015 Cohort

	2013		2014		2015		2016		2017	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Same employer	749	35%	1,147	54%	2,118	100%	1,209	57%	822	39%
Different employer, same industry	112	5%	114	5%	-	-	80	4%	103	5%
Different industry	537	25%	425	20%	-	-	439	21%	601	28%
Not in labor force	720	34%	432	20%	-	-	390	18%	592	28%
Total 2015 cohort	2,118	100%	2,118	100%	2,118	100%	2,118	100%	2,118	100%

Source: Alaska Department of Labor and Workforce Development, Research and Analysis.

Figure 5. Worker Movement in Child Day Care Services Sector, Alaska, CY 2015 Cohort



Source: Alaska Department of Labor and Workforce Development, Research and Analysis.

Of the 2015 cohort employed by the same employer in previous and subsequent years, the majority had no change in occupation or location over the 2013 to 2017 period. By 2017, only about 13 percent of those with the same employer had changed occupations or moved to a new work location.

Table 16. Workers Employed by Same Employer in Child Day Care Services Sector, Alaska, CY 2015 Cohort

	2013		2014		2015		2016		2017	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Same employer, occupation, and location	639	85%	1,076	94%	2,118	100%	1,142	95%	719	88%
Same employer, <i>different</i> occupation or location	110	15%	71	6%	-	-	67	6%	103	13%
Total same employer as 2015	749	100%	1,147	100%	2,118	100%	1,209	100%	822	100%

Source: Alaska Department of Labor and Workforce Development, Research and Analysis.

Of those who worked in the same industry though for a different employer in the two years prior to and following 2015, nearly half worked in the same occupation and location in 2013. Another 44 percent of the 2015 cohort worked in a different occupation within the Child Day Care Services sector in 2013. Approximately 42 percent of the 2015 cohort who worked for a different employer were also in the same occupation and location by 2017. Forty-five percent of those who stayed in the sector through 2017 had changed occupations.

Table 17. Workers Employed by Different Employer in Child Day Care Services, Alaska, CY 2015 Cohort

	2013		2014		2015		2016		2017	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Same occupation and location	52	46%	63	55%	-	-	34	43%	43	42%
Different occupation	49	44%	39	34%	-	-	35	44%	46	45%
Different location	2	2%	4	4%	-	-	4	5%	3	3%
Different occupation and location	9	8%	8	7%	-	-	7	9%	11	11%
Total different employer from 2015	112	100%	114	100%	-	-	80	100%	103	100%

Source: Alaska Department of Labor and Workforce Development, Research and Analysis.

Worker Characteristics in Selected Occupations

This section profiles employees working in selected ECL occupations. Within each occupation, the profile includes individuals working in all sectors, including private industry and public employment.

The ECL workforce is predominantly female, ranging between 88 percent and 99 percent in the four occupations examined. The workforce is also young, with 40 percent of child care workers 24 years of age or younger (reliable age data is only available for the “child care worker” and “special education teachers, preschool” occupations).

Table 18. Selected Occupations by Gender, 2017

Occupation	Number of Workers	Female (%)	Male (%)
Child Care Workers	2,121	89%	11%
Preschool Teachers, Except Special Education	908	93	7
Education and Child Care Administrators, Preschool and Day Care	205	88	12
Special Education Teachers, Preschool	124	99	1

Source: Alaska Department of Labor and Workforce Development, Research and Analysis - Occupational Database.
Note: Percentages do not include workers whose gender is unknown or unavailable.

Table 19. Child Day Care Services Worker Age Distribution (%) for Selected Occupations, 2017

Occupation	Number of Workers	Age Category (%)						
		16-19	20-24	25-34	35-44	45-54	55-64	65+
Child Care Workers	2,121	15%	25%	24%	16%	8%	7%	4%
Special Education Teachers, Preschool	124	-	2	18	26	29	21	5

Source: Alaska Department of Labor and Workforce Development, Research and Analysis - Occupational Database.
Note: Percentages do not include workers whose gender is unknown or unavailable.

Occupational Projections

The need for workers in the ECL sector in the future will depend on a variety of factors, including conditions in the state’s economy, overall population growth, birth rates, and other factors. It is beyond the scope of this study to forecast in detail workforce demand. However, Alaska DOLWD projects occupational openings biennially, with the most recent projections showing expected change between 2016 and 2026. Openings represent demand for new individuals to enter an occupation. Total openings are composed of openings due to higher demand for workers in the occupation (growth) and openings due to workers leaving the occupation or workforce entirely (separations). Projections do not include openings due to workers moving between employers but staying in the same occupation.

Between 2016 and 2026, there are expected to be 284 openings for new child care workers annually. Employment of child care workers is expected to grow the most compared to other child care-related occupations, with a projected six percent increase in occupational employment between 2016 and 2026. Demand for higher employment is also projected in the preschool teacher occupation with expected growth of five percent over the decade.

The majority of annual openings for new employees in child care-related occupations come from separations. Between 2016 and 2026, an expected 273 child care workers will be required to replace workers leaving the occupation or workforce each year, with an expected separation rate of nearly 15 percent annually.

Table 20. Average Annual Occupational Openings for Child Care-Related Occupations, Alaska, 2016-2026

Occupation	Employment			Average Annual Separations				Average Annual Openings
	2016	2026	Growth Rate	Occupational Transfers	Labor Force Exits	Total Separations	Separations Rate	
Child Care Workers	1,851	1,958	6%	118	155	273	15%	284
Preschool Teachers, Except Special Education	673	706	5%	37	30	67	10%	70
Special Education Teachers, Preschool	137	140	2%	5	5	10	7%	10
Education Administrators, Preschool and Child Care Center/Program	126	130	3%	6	4	10	8	10

Source: Alaska Department of Labor and Workforce Development, Research and Analysis - Occupational Forecast 2016-2026.

The projected annual rate of workers leaving the child care worker occupation is higher compared to other occupational groupings in the state. The lowest separation rates occur in the legal occupations and healthcare practitioners and technicians occupation group, at an annual expected rate of six percent. Occupational groupings with the highest annual separation rates include food preparation and serving related occupations (18 percent), personal care services (16 percent), and sales and related occupations (14 percent).

The child care worker occupation also has a higher separation rate compared to other occupations requiring similar education and skills, including teacher assistants and home health aides.

Table 21. Average Annual Occupational Openings by Select Occupations, Alaska, 2016-2026

Occupation Type/Group	Employment			Average Annual Openings		
	2016	2016	Growth Rate	Total Separations	Separation Rate	Total Openings
Management	20,131	21,140	5%	1,588	8%	1,689
Business and Financial Operations	12,582	12,816	2%	1,109	9%	1,132
Computer and Mathematical	4,463	4,585	3%	297	7%	309
Architecture and Engineering	7,531	7,623	1%	553	7%	562
Life, Physical, and Social Science	6,462	6,481	0%	594	9%	596
Community and Social Services	6,192	6,718	9%	683	11%	736
Legal Occupations	2,075	1,837	-12%	123	6%	99
Education, Training, and Library	19,448	19,718	1%	1,729	9%	1,756
Primary, Secondary, and Special Education School Teachers	6,837	6,925	1%	504	7%	513
Teacher Assistants	4,397	4,451	1%	445	10%	450
Arts, Design, Entertainment, Sports, and Media	4,018	3,935	-2%	413	10%	405
Healthcare Practitioners and Technical	16,155	19,357	20%	913	6%	1,233
Health Technologists and Technicians	5,004	5,993	20%	351	7%	450
Healthcare Support	8,562	10,455	22%	1,066	12%	1,255
Home Health Aides	1,080	1,373	27%	137	13%	166
Nursing Assistants	1,994	2,379	19%	244	12%	283
Protective Service	8,956	9,072	1%	935	10%	947
Food Preparation and Serving Related	26,983	29,289	9%	4,825	18%	5,056
Building and Grounds Cleaning and Maintenance	11,901	12,747	7%	1,552	13%	1,637
Personal Care and Service	13,627	15,307	12%	2,156	16%	2,324
Child Care Workers	1,851	1,958	6%	273	15%	284
Personal Care Aides	5,387	6,512	21%	833	16%	946
Sales and Related Occupation	30,395	30,578	1%	4,397	14%	4,415
Retail Sales Worker	22,701	22,783	0%	3,523	16%	3,531
Office and Administrative Support	51,815	54,394	5%	5,865	11%	6,123
Secretaries and Administrative Assistants	8,055	8,456	5%	877	11%	917
Farming, Fishing, and Forestry	1,449	1,712	18%	197	14%	223
Construction and Extraction	22,096	22,784	3%	2,391	11%	2,460
Construction Trade Workers	14,859	15,232	3%	1,524	10%	1,561
Extraction Workers	3,445	3,648	6%	417	12%	437
Installation, Maintenance, and Repair	16,336	16,803	3%	1,560	10%	1,607
Production Occupations	15,023	15,055	0%	1,721	11%	1,724
Food Processing Workers	8,042	7,934	-1%	977	12%	966
Transportation and Material Moving	26,077	26,874	3%	3,057	12%	3,137
All Occupations	332,283	349,286	5%	37,724	11%	39,424

Source: Alaska Department of Labor and Workforce Development, Research and Analysis - Occupational Forecast 2016-2026.

Workforce Development and Training

University of Alaska system provides multi-level academic training programs in early childhood education. Such programs prepare teacher aides, Head Start teachers and other ECE professional for the workforce.

- UAA offers an Associate of Applied Science (A.A.S.) in Early Childhood Development. Classes are available in the evening and online plus at University of Alaska Anchorage (UAA), Kodiak College and Kenai Peninsula College campuses. The program is accredited by the National Association for the Education of Young Children (NAEYC) through 2025.
- University of Alaska Fairbanks' (UAF) Community & Technical College offers a certificate in early childhood education, Associate of Applied Science (A.A.S.) in Early Childhood Education and a minor in early childhood education. Courses may be completed entirely online, through in-person classes or as a mix of online and in-class courses.

UAF A.A.S. program data:

- There are few, if any, students in the ECE program who attend as full-time students.
- Based on faculty information, a qualitative conclusion: Most students are working a significant amount of time and going to school part time. Many also have primary responsibilities at home, raising young children in their own families. Those who begin the program as full-time students are often hired and working in the profession before they complete the degree program. Since many employers subsidize the cost of attending ECE classes, taking a job before graduation can sometimes help students pay for college. Not only does working in early care and education mean they gain an income, but they can reduce their college expenses, even though it takes them longer.

Table 1: AAS - Number of students who completed program

Academic Year	Number of program completers	% of program completers who were attending full-time (at time of completion)	% of program completers who were attending part-time (at time of completion)
2017/2018	12	0	100
2016/2017	15	0	100
2015/2016	16	0	100

Source: <https://www.ctc.uaf.edu/academics/early-childhood-education-program-accreditation/>

- Very few ECE A.A.S. students have a full-time status. Institutional Research data averages the length of time for a student to complete the degree as 10.8 years.
- UAF is an open enrollment University. Students are admitted to the ECE A.A.S. program in all recognized terms, fall, spring and summer. Consequently, there are not any specific cohorts that start, participate in all course work together and complete the program at the same time. Students at UAF also tend to be non-traditional, meaning that they tend to register for classes on a part-time basis.

Table 2. AAS program completion rate

Academic year in which Fall cohort of full-time students enrolled at the institution	Percentage of those students who completed the program within 150% of the published time frame	Percentage of those students who completed the program within 100%, 200% (twice) or 300% (three times) of the published time frame
Fall 2011 48 admits	150% Spring 2014/ 2.08% 1 graduate	200% Spring 2015/ 2.08% 1 graduate cumulative
Fall 2012 36 admits	150% Spring 2015/ 8.33% 3 graduates	200% Spring 2016/ 8.33% 3 graduates cumulative
Fall 2013 44 admits	150% Spring 2016/ 2.27% 1 graduate	200% Spring 2017/ 2.27% 1 graduate cumulative

Source: <https://www.ctc.uaf.edu/academics/early-childhood-education-program-accreditation/1>

Note: For national accreditation, the program must supply the information for the 150% indicator and may choose to report on either the 100%, 200% (or twice) or 300% (three times) indicator. The UAF ECE program chose to report on the 200%-time frame, so that is what is shown here. Note the data is cumulative, so students completing in the 100% indicator would also be included as having completed within the 150%, 200% and 300% times.

Table 3. Students working in the profession or continuing their education after graduation

Academic Year	Number of Graduates	Number of graduates (and % of total) who are employed in the early childhood profession within 1 year of graduation*	Number of graduate (and % of total) who are pursuing further education in the early childhood profession within one year of graduation*	Number of graduates (and % of total) who were either working or furthering their education**
17/18	12	11/92%	4/36%	-
16/17	15	14/93%	11/73%	-
15/16	16	14/88%	13.81%	-
Fall 14 – Summer 15**	14	11/79%	4/29%	12/86% 2 unknown
Fall 13 – Summer 14**	13	12/92%	3/23%	12/92% 1 left the profession
Fall 12 – Summer 13**	13	11/85%	7/54%	13/100%
Fall 11 – Summer 12**	7	7/100%	4/57%	7/100%
Fall 10 – Summer 11**	4	2/50%	2/50%	4/100%

Source: <https://www.ctc.uaf.edu/academics/early-childhood-education-program-accreditation/1>

Notes: Data reflects the number and percentage of program graduates employed in the early childhood profession or pursuing further education in the profession within one year of graduation for each of the three most recent academic years for which information is available.

*The figures in these two columns will not add up to 100% since some students are both working and continuing their education.

** The UAF ECE program has a long record of tracking graduates, as it has been a consistent measure for program success under various university initiatives. Over time, most years show 90-100% of the graduates from the AAS program either working in the profession or furthering their education. Many AAS graduates do both.

WORKFORCE DEVELOPMENT BARRIERS

Core program elimination within UAA's School of Education

Professional development and the workforce pipeline are undermined by the September 1, 2019 discontinuation three core degreed licensure programs including Bachelor of Arts, Early Childhood Education, Post-Baccalaureate in Early Childhood Education, and M.Ed. in Early Childhood Special Education within UAA's School of Education. UAA offered the bachelor's degree in early childhood education in Alaska where an individual could get a teaching license. With elimination of these programs, a licensure-based master's degree

in early childhood education or special education is also no longer available in state. Associate level degrees in early child development/early childhood education may be obtained available through AAA and UAF; a bachelor's degree in family studies remains available through UAF. Professionals within ECE environment indicate this lack of core degree programs specific to early childhood education are the biggest barrier to building a foundation for quality within Alaska's early education services.

Lack of fiscal resources to meet federal degree requirements

Federal regulations, per HSPPS 1302.91(2), now require at least 50 percent of all Head Start teachers obtain a bachelor's degree. However, new degree requirements have not been tied to any increases in program funding. There is increased expense to recruit, hire and retain staff necessary to meet federal regulations. This is a professional development barrier cited by multiple rural Head Start grantees.

Difficulty accessing online testing

Some rural Head Start grantees report Child Development Associate (CDA) Credential™ certification online testing is not available onsite; travel for each teacher to another location for testing is extremely expensive. This can retard timely completion of required certification and professional development necessary to meet minimum program standards.

Limited understanding of SEED

There is some perception that, with the advent of the career ladder and SEED registry, if an individual does not take all the coursework that is required (and that often needs to be provided through **thread**), the individual will be unable to advance on the career ladder. SEED is perceived by some ECE program administrators as another entity creating more hurdles – more training, more regulations, etc. – that distract from critical program work.

Appendix L: Facilities & Licensing

Requirements

Licensed Child Care Facilities

Licensed child care facilities are responsible to follow all program rules, report changes, and cooperate with the Child Care Program Office or Municipality of Anchorage Child Care Licensing Program for the purpose of ongoing monitoring, inspections, or investigations to determine compliance with licensing requirement and program rules.²⁷ This includes all the health and safety requirements of Alaska Statute (AS) 47.32, Alaska Administrative Code (AAC) 7 AAC 10, 7 AAC 41, 7 AAC 57, and Anchorage Municipal Code 16.55 specific to childcare facility type. Health and safety requirements include but are not limited to general health, medication, and nutrition; environmental health and safety; life and fire safety; diapering; first aid kit; and animals, toxic substances and poisonous plants.

Per regulations, licensed childcare facilities are to receive at least two (2) on-site inspections each year, including: an unannounced health and safety monitoring inspection, and an announced annual or biennial monitoring inspection. Inspections are conducted by Child Care Licensing Specialists. Inspection findings, including any issues indicating non-compliance with licensing requirement and/or program rules, are documented.

Head Start/Early Head Start Programs

Head Start grantees must meet Head Start Program Performance Standards and requirements in the federal Improving Head Start for School Readiness Act of 2007. The U.S. Department of Health and Human Services, Administration for Children & Families provides administrative and programmatic oversight. The Head Start Act requires periodic federal review of all Head Start programs. Under the authority at 42 U.S.C. 9801 et seq., subchapter B of 45 CFR chapter XIII, review and performance standards include program governance, program operations, financial and administrative requirements and federal administrative procedures. Beginning in fiscal year 2019, the Office of Head Start (OHS) realigned performance monitoring methodologies and tools to better understand and evaluate program compliance, challenges and successes.

The performance monitoring of Head Start/Early Head Start program grantees is multi-faceted and typically occurs at select times within a grantee's five-year grant cycle. Within the first year of the grant cycle, off-site performance monitoring focuses on understanding the approach to program services, including program design, management, and governance structure (Focus Area One; FA-1). Between years three and four of the grant cycle, on-site performance monitoring focuses on understanding performance for continuous program improvement. This focus area is designed to broaden OHS understanding of each grantee's performance and

²⁷Alaska Dept. of Health & Social Services, Division of Public Assistance, Child Care Program Office, *Child Care Licensing: Policies and Procedures Manual, Revised July 1, 2019*. The Municipality of Anchorage oversees licensure and compliance for child care facilities operating within the municipality in accordance with municipal code and state regulations.

to determine if programs are meeting the requirements of HSPPS), Uniform Guidance, and the Head Start Act (Focus Area Two: FA-2).

As required by the U.S. Department of Health and Human Services' Tribal Consultation Policy and Section 640(l)(4) of the Improving Head Start for School Readiness Act of 2007, the OHS engages routine Tribal Consultation sessions for the purpose of better meeting the needs of American Indian and Alaska Native (AIAN) children and families. Tribal Consultation reports reflect comments and recommendations raised by Tribal leaders and their representatives; comments and responses from OHS; and areas identified at the Tribal Consultations as requiring follow-up by OHS.

Compliance

Licensed Child Care Facilities

The six most common areas of licensed childcare facility non-compliance identified during an on-site inspection include: 1) **Attendance records:** incomplete or unmaintained attendance records, 2) **Background check clearance:** individuals in the facility without a background check or the facility's New Alaska Background Check System (NABCS) account not being updated, 3) **Child-to-caregiver ratios:** the facility caring for more children than the capacity of children on their *Child Care License*, the facility not meeting child-to-caregiver ratios based on the number of caregivers working during the time children are in care, and attendance records not indicating the time caregivers are present and children are actually in care, 4). **Health and safety requirements:** the facility's hot water temperature not measuring between 100-120 degrees Fahrenheit, hazards accessible to children in care; and the facility not meeting fire safety standards, 5) **Personnel records requirements:** the facility missing or not updating documentation required in the caregiver's personnel file, for example Pediatric first Aid and Pediatric cardiopulmonary resuscitation (CPR) certifications have expired, missing employment references, annual training hours are not documented, or there was not an annual evaluation completed for the caregiver, 6) **Children's record requirements:** the facility missing or not updating documentation required in the child's file, for example child emergency records not updated semi-annually, and child immunizations records missing or not updated.

Head Start/Early Head Start Programs

Common areas of federally documented concern, non-compliance, and deficiency associated with Head Start Performance Program Standards, as identified throughout the Head Start/Early Head Start performance monitoring process, include: 1) **Staff hiring, supervision and development:** program staff not meeting minimum required teacher qualifications and/or professional development standards, 2) **Enrollment:** programs not maintaining funded enrollment levels; incomplete or inaccurate enrollment reporting; not filling vacancies within 30 days 3) **Ongoing monitoring and continuous improvement:** grantees failing to establish and implement a system of ongoing oversight that ensures implementation of the program performance standards; not collecting and using data to inform improvement process. 4) **Determining, verifying, and documenting eligibility:** grantees not enrolling children who were categorically eligible or who meet defined income-eligibility requirements; not maintaining child files with an eligibility record that includes the child's eligibility category, documentation that

staff completed an in-person or telephone interview with the family, and the documents used to determine eligibility for each child or pregnant woman.²⁸

Through the OHS tribal consultation process with Alaskan Tribal entities, the following issues and concerns regarding Head Start/Early Head Start program implementation and compliance have been identified: 1) **Head Start Program Performance Standards (HSPPS)**: program funding not keeping pace with inflation and is inadequate to ensure each performance standard can be fully implemented; difficulties completing background checks in timely manner due to technology limitations in rural Alaska, 2) **Facilities and transportation**: In Alaska adequate property—from identification, construction, remodeling, and upgrades, to maintenance—is costly and impacted by seasonal changes; rural service sectors lacking public transportation options; tribal transportation options declining due to funding cuts. 3) **Language and culture**: Head Start and Early Head Start curricula lacking depth of focus on cultural identity, knowledge and indigenous language, 4) **Teacher qualification and compensation**: difficulty paying competitive wages necessary to recruit and retain staff and meeting teacher qualification standards, especially in remote regions, 5) **Other staff qualifications**: difficulty meeting Board composition requirements as they relate to expertise requirements and prescribed minimum qualifications of key organizational leadership positions. 6) **Federal poverty guidelines**: guidelines not accurately reflecting Alaska’s economic climate (wages and extremely high cost of living); income guidelines negatively affecting program ability to provide services for their children rendering many families in Alaska as “over income” and ineligible for Head Start services.²⁹

Facilities Data

Licensed Child Care Facilities

Data Strengths: Data on licensed childcare facilities is available through Alaska’s online childcare facilities database.³⁰ The database may be accessed via a website maintained by the Alaska Department of Health & Social Services Division of Public Assistance. This website provides the public access to current information contained in the state’s Integrated Child Care Information System (ICCIS). ICCIS is the system used to conduct family and provider eligibility actions for Alaska IN! and the Child Care Assistance Program (CCAP); conduct and manage child care provider licensing actions; and verify child care assistance and Alaska IN! supplemental payments to providers.

Entities initiating a database search may search by facility name, provider name, city or zip code. The search finds childcare providers currently licensed by the State of Alaska or Municipality of Anchorage who may or may not be participating in CCAP, as well as legally exempt providers participating in the CCAP. Legally exempt providers participating in the CCAP include the following: Approved Relative Child Care Providers, In-Home

²⁸U.S. Dept. of Health & Human Services, Administration for Children & Families, Office of Head Start, Early Childhood Learning & Knowledge Center: *Grantee Service Profiles*.

²⁹U.S. Dept. of Health & Human Services, Administration for Children & Families, Office of Head Start Tribal Consultation (Region X). *Summary Reports*, October 19, 2017 and October 18, 2018.

³⁰Alaska Dept. of Health & Social Services, Division of Public Assistance, *Alaska Child Care Facilities Database*.

Care Providers, Department of Defense and Coast Guard Certified Providers, and Tribal Approved or Certified Providers.

Available data, per facility, includes both general facility information and its compliance history. Facility information includes facility type, childcare license status (including licensure license effective and expiration dates), CCAP acceptance status, plus location and contact information. Information on facility capacity and child age range is also provided. Multi-year data reflecting the facility's compliance history, including type of on-site visited conducted (inspection or investigation), date of inspection/investigation, detailed findings, violation and compliance dates, action taken and state regulation references, is available.

Data Limitations: While childcare facility data is publicly available for individual childcare providers, de-identified summary data from the CCPO, such as inspection prevalence data (by inspection finding type) and frequency data of required site visits, must be obtained through a specific data request submitted to the Alaska Department of Health and Social Services, Office of Public Assistance. A monetary cost is associated with such data requests. Having de-identified, routine summary childcare facility data reports may identify systemic child care facility licensing challenges and trends within the statewide arena and opportunities for improvement.

Actions to Improve Data: There are no known actions to improve or enhance child care facility licensing data.

Head Start/Early Head Start Programs

Data Strengths: Data on Head Start/Early Head Start grantees is publicly available and can be accessed through OHS's Early Childhood Learning & Knowledge Center federal monitoring portal. Grantee service profile data includes grantee-level demographics, services and federal monitoring information of Head Start and Early Head Start programs.

Each grantee service profile provides detailed information about the existing services being delivered, as well as multi-year program reports including program's annual Head Start Services Snapshot report summarizing key data on demographics and services for preschool-age children served by the grantee. The most recent program performance report is also available. This report identifies areas of program concern, noncompliance and/or deficiency as well as program highlights.

Tribal consultation reports are publicly available online through the OHS Office of Head Start Tribal Consultation.

Data Limitations: Some federal monitoring reports issued after December 2018 are not included in the federal monitoring portal due to technical issues at the OHS.

Actions to Improve Data: The OHS is working on resolving issues associated data availability limitations per the federal monitoring portal.

Appendix M: Data Systems & Integration

Feasibility of an Early Childhood Integrated Data System

Approaches to Piloting a Statewide System

Alaskans can look to several pools of information to learn about children’s lives, experiences, and needs between birth and age five – but those pools of information are unlikely to overlap enough to compare. They may define which communities count as rural differently, or break their data out into different age groups, or disproportionately report on families who are already accessing supportive services. To understand the full context of early childhood in Alaska and not just the corners housed in different State agencies or nonprofits, multiple data sources that can work together are needed.

One solution used by other states, including many other Preschool Development Grant recipients, is the development of an integrated data system, sometimes called an Early Childhood Integrated Data System (ECIDS).

What We Gain from Linking Our Data

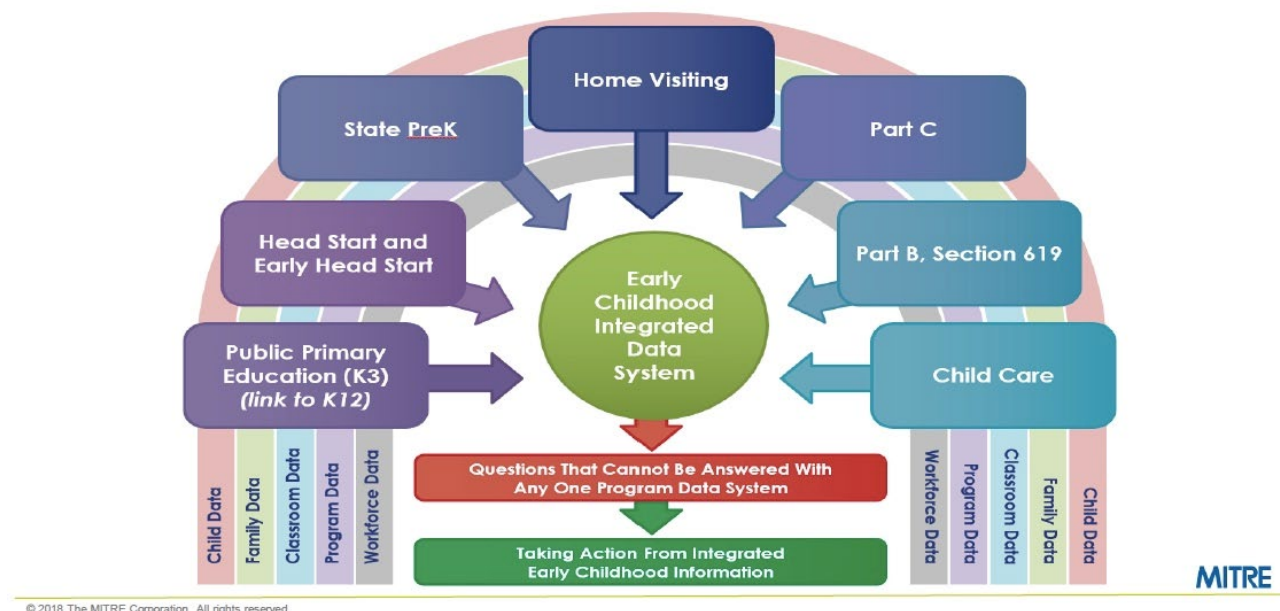
To put it simply, we’re better when we work together. Data gathered by one agency offers greater accuracy and a clearer understanding when it’s being used in combination with data from other agencies, even before adding any additional reporting and collecting burden on frontline staff, families, and data managers.

Alaska is already doing this work in an important way, through the Alaska Longitudinal Child Abuse and Neglect Linkage Project (ALCANLink). ALCANLink looks at whether children born into families experiencing many maternal stressors that statistically predict family contact with child welfare services are also more likely to experience barriers to success in health and education. Answering that question will help health and education programs work together to identify and explain what they will need to help families get the additional supports they need to prevent those outcomes. However, Alaska’s Department of Health and Social Services (DHSS) and Department of Education and Early Development (DEED) are separate entities with separate data tracking practices and have a limited history of this kind of collaboration. Even though they serve overlapping populations, particularly during early childhood, they don’t yet routinely share internal and raw data. ALCANLink has established a memorandum of agreement between DEED and DHSS Women’s, Children’s & Family Health to share a limited joint data set with access only for this research team.

Early Childhood Integrated Data System

The Maryland-based Early Childhood Data Collaborative describes coordinated early childhood data systems as needing a unique statewide child identifier so children can be tracked across multiple settings, as well as shared child-level demographics, program participation information, and development data. Other fundamentals of the system include the ability to link child-level data with K-12 and other key data systems; program-specific

identifiers, and quality and workforce information; and a State governance body to manage the collection and use of data as well as transparent privacy protection and security policies and practices.



Combining data across agencies, and to an even greater degree creating a shared agenda for data collection, can offer insight into the needs of Alaskan parents, providers, and systems and into how effective the current interventions are. Outcomes data like this can not only impact policy, funding allocation, and requests for additional federal, State and philanthropic investment, but can also be used to inform program quality improvement efforts at a service-based level.

Unique Identifiers

Some Preschool Development Grantees, like Oklahoma, have successfully implemented statewide systems that use a unique identifier to anonymously track each resident across multiple service settings – sometimes called a Master Person Index. This approach promises far greater understanding of a diverse and geographically disparate population like Alaska’s, but also presents challenges in implementation.

CHALLENGES & OPPORTUNITIES

Successfully adopting a unique identifier system is usually a journey requiring consistent political will, funding, and interagency effort. Oklahoma’s Master Person Index has been a ten-year project for that state, requiring ongoing investment of human and fiscal capital, and coordination of legal counsel from multiple state agencies to agree on and approve data linkage. Any unique identifier system must also work with local, state, and U.S. privacy laws – and in the case of a focus on children from birth to five, that includes those relevant to early childhood, such as the Family Educational Rights & Privacy Act (FERPA), Individuals with Disabilities Education Act (IDEA), Health Insurance Portability and Accountability Act (HIPAA), and Head Start Program Performance Standards.

Some states have addressed these issues by creating a centralized governmental entity with highly limited access responsible for ensuring residents’ identifying numbers are kept separate from their names. New York uses an algorithm that every data system is able to apply in order to generate a unique ID based on elements

such as social security number and date of birth. While this system is designed for maximum efficiency serving a large population, privacy concerns remain at play since there is still a managed risk that individuals could be de-identified if the system algorithm was cracked. Additionally, identifiers that rely on social security number and date of birth to establish can undermine the goal of tracking prenatal and birth factors that pre-exist assignment of both.

Alaska's laws also present additional challenges in adopting a master person identifier system useful for tracking early childhood data. Adoption and name changes are sealed by law in Alaska, which makes it difficult to track prenatal, birth, and infancy outcomes at minimum, and often disrupts data matching and continuity for older children as well. Prior efforts by Alaskan public health staff to integrate reporting data from health facilities has also proved problematic, as health care providers will not collect identifiers other than dates of service and follow strict guidelines against identifying or linking datasets. Similarly, individual level information contained within the Childhood Understanding Behaviors Survey (CUBS) dataset can't be shared between agencies and systems or linked back to medical records in partnership with individuals' health providers. Yet even with these challenges researchers and providers have sought ways over the years to connect their data in order to better understand and serve the needs of Alaskans.

POTENTIAL USE OF THE PERMANENT FUND DIVIDEND PROGRAM

In some ways, Alaska is ahead of other states trying to establish complex unique identifier systems for their residents. Most Alaskans already participate willingly in identification and tracking by the State government for the purpose of receiving the Permanent Fund Dividend (PFD). For the purposes of a Master Person Index like Oklahoma's, relying on PFD data to establish a known population prior to assigning anonymizing ID numbers isn't perfect. PFD data captures only babies born in the state, and those whose families are otherwise eligible and choose to apply. CUBS data reveals that approximately one fifth of the children born in Alaska leave within three years. PFD data also misses children who move to the state for a gap of up to two years before they become eligible, assuming their families choose to apply – time during which they are participating in Alaskan systems and experiencing child development and diverse associated needs.

To truly capture all children in Alaska may be an unreasonable goal for initial implementation, however. Using PFD data as a starting point also has many potential virtues. An independent system of data integrity is already operational, with the capacity and mandate to confirm identity prior to approving people to receive their PFD checks. Researchers already use PFD data in some contexts to follow unique cohorts over time. Utilizing and expanding a system already in place may be a more judicious approach than building something new and potentially less sustainable from the ground up.

Priorities in Piloting a Statewide Integrated Data System

Building such a significant system will take time and effort, and there are several different possible approaches to its creation. One option would be to pilot a comprehensive data integration project in one limited regional area. Challenges inherent to that approach include migration and transiency within the state, and the fact that both data and services are perhaps more interlinked than can be easily resolved with a regional pilot program. A second option is to begin with a statewide effort that links only two systems, allowing time to identify and address problems before building in a third system linkage, or more.

Early childhood researchers and providers have proposed that the first priority for systems alignment in data integration (and use of a unique identifier system like the Master Person Index) should be to connect data held by early learning settings throughout the state with that belonging to the K-12 education system. While these are complex systems governed by important privacy regulations, they remain less restricted than systems that deal with medical records. There is also a clear opportunity with such a linkage to provide both service-level data informing children and families' transition into kindergarten as well as a clearer population-based understanding of early disparities in attainment outcomes and how to target interventions to address those.

In this area, other states are already breaking trail. Maryland's State Department of Education has joined their state's Total Human-services Information Network (MD THINK), a cloud-based data repository is designed break down traditional silos and data barriers between state agencies and is creating a unique identifying number for its students. Pennsylvania's Departments of Public Welfare and Education operate a similar data system, Pennsylvania's Enterprise to Link Information for Children Across Networks (PELICAN), the goal of which is explicitly to combine the state's early learning programs under a single management information system.

Adopting a Collective Plan

Who Guides the Conversation About Early Childhood in Alaska?

There is another cost to the administrative separation of State agencies responsible for different areas of early childhood. As described above, Alaska's Department of Health and Social Services (DHSS) and Department of Education and Early Development (DEED) each operate from their own agenda, maintaining separate data tracking practices despite serving an overlapping population.

To develop a full, nuanced understanding of the State's early childhood landscape requires an ability to compare data over time, describing the context of economic, social, and physical wellbeing of infants and children. Conceiving of early childhood as a service spectrum and establishing responsibility for that spectrum as a whole has the potential to address the structural barriers to collaboration that currently exist. Such a body could have the potential to make informed recommendations for addressing identified data gaps, developing shared definitions, and resolving conflicting eligibility thresholds that impact the families of children from birth to five.

Establishing responsibility in this way can provide an avenue for transparent decisions about internal processes and data sharing. Over 30 U.S. states have established Children's Cabinets, advisory councils, or a state-appointed early childhood commissions, at a legislative level or by action of the governor in order to undertake needed collaboration. During the course of its Preschool Development Grant implementation, Oklahoma operated an interagency group to create data system interoperability. Their entity brought eight state agencies under a Health & Human Services Cabinet, focused on health exchange information, and finding better ways to link health data, including by introducing their unique identifier program. Maryland also identified systems infrastructure development and coordination as a primary need, to "Reduce the fragmentation that impedes integration of early childhood services among relevant state and local agencies," and has developed governance structures to coordinate and advise about early childhood initiatives at the state and local level.

With a smaller population, the momentum that arises from significant need, and a community of highly engaged professionals and stakeholders across the early childhood service spectrum, Alaska is well positioned to take up these challenges.