



*Formerly McDowell Group*

# BERING STRAIT CHILD CARE

## **Needs, Availability, and Facilities Analysis**

February 2022

**PREPARED FOR:**

**Kawerak, Inc.**

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# Executive Summary

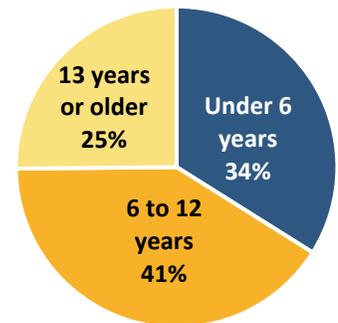
## Introduction and Methodology

Kawerak contracted with McKinley Research Group to prepare this analysis of child care needs, availability, and infrastructure in the Bering Strait region. Study components included data collection, a survey, interviews, and a services/infrastructure inventory.

### Population of Children in the Region

The Nome Census Area, which covers the Bering Strait region, is home to approximately 3,400 children under 18 years of age.<sup>1</sup> Three-quarters of these children are under 13 years of age, including approximately 1,150 under 6 years of age and 1,400 who are 6 through 12 years of age.

Child Population, Percent by Age



### Need for Child Care Services

An estimated 2,100 children in the region (83%) need care because their primary caregiver(s) are in the labor force or would join the labor force if child care were available.<sup>2</sup> This includes:

- 67% of children under 13 years of age live in households in which all available adults are in the labor force.
- 17% live in households in which at least one adult would work, or work more hours, if adequate child care services were available.

Survey respondents from almost all communities in the region have a need for more quality child care providers. Child care facilities and other safe places for children to go for care and activities are also identified as important in most communities.

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<sup>1</sup> U.S. Census, American Community Survey, 2015-2019 5-Year Estimates.

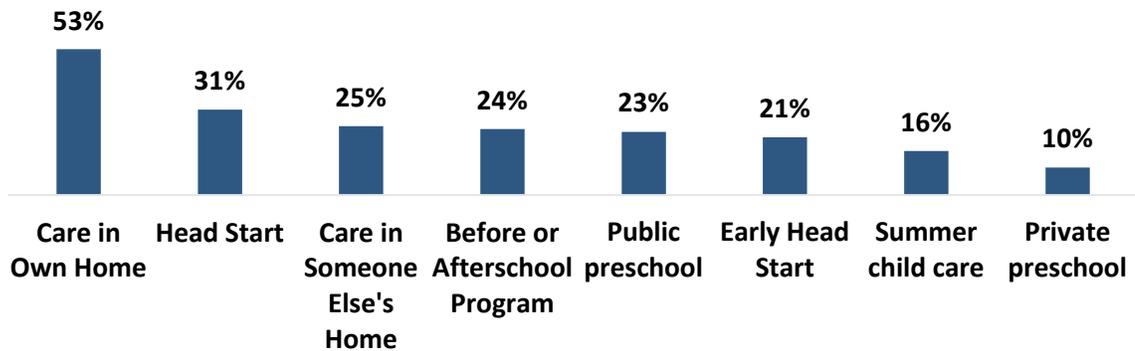
<sup>2</sup> McKinley Research Group estimates.

## Child Care Availability

Licensed child care is available for only 315 children in the region, with 25% of that care available in Nome. Individual relative provider programs provide care for fewer than 20 children total areawide

Often, the main source of child care for families is care in their own home or another location by family, friends, or other providers who are not licensed or approved. Half (53%) of survey respondents have children in care in their own home, while 25% use care in someone else's home, 31% have children in Head Start, and 21% have children in Early Head Start. Households may use multiple forms of care.

**Type of Care Used by Bering Strait Households with Children Under 13 Years**



Source: McKinley Research Group Child Care Survey, 2021.

## Barriers to Finding Child Care

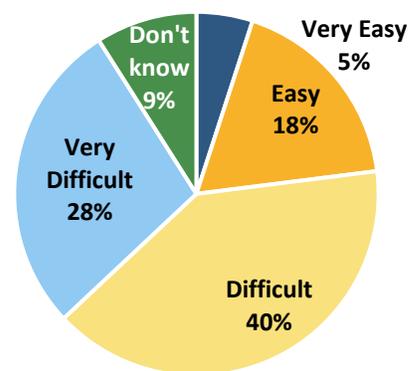
Regionwide, two-thirds (68%) of survey respondents report difficulty finding child care, including 28% who find it very difficult. A larger proportion of Nome respondents report a greater difficulty finding care (86% difficult or very difficult) than in communities outside of Nome, at 64%.

Top reasons for difficulty finding care are:

- Lack of child care providers (79%)
- Issues with care quality (33%)

Due to difficulty finding adequate child care, 45% of survey respondents report at least one household member is not employed or works fewer hours than they otherwise would because of lack of access to child care.

**Ease of Finding Care**



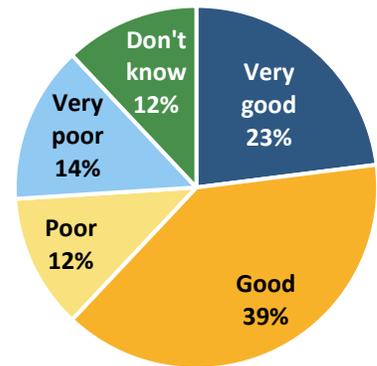
## Quality of Care

Sixty-two percent of survey respondents in the region report the quality of child care is good or very good.

To improve child care quality, respondents suggest:

- More appropriate child care facilities (56%)
- More space for children (55%)
- More child care provider training (46%)

Perceived Quality of Care



## Child Care Priorities

Aside from the ability to work, anticipated benefits of adequate child care are a safe place for children (68%), school readiness (54%), and engaging in more subsistence activities (53%).

Across the region, community members express a need for **more child care providers** and **more safe spaces for children**. The need for **child care provider training and support** and **more activities in general for youth** are also prominent regional challenges.

Focus areas for improving child care availability and quality in the Kawerak service area follow.

- **Child Care Providers.** Increase the number and quality of child care providers in communities, through:
  - Business assistance, including support with licensing processes and other paperwork, for center and in-home care.
  - Child care worker training and recruitment, paired with financial incentives, particularly for local students and other current residents.
- **Coordination** between local and regional entities to address specific community child care needs, as well as on child care-related grant writing.
- **Wrap-around care.** Establish child care networks to assist families for full workdays and during non-traditional hours, including nights and weekends.
- **Facilities.** Establish child care facilities for children in each community.
- **Family wellness.** Address pressing community issues to help create safe spaces in homes in which child care may occur. This may include:
  - Emotional and physical wellness.
  - Substance misuse.
  - Housing overcrowding.
  - Sewer and water availability.
- Assistance in **None** for affordable care and child transportation.
- **Safe places** for youth activities in regional villages.

# Introduction and Methodology

Kawerak contracted with McKinley Research Group (MRG) to prepare an analysis of child care needs, availability, and infrastructure in the Bering Strait region. This analysis takes a close look at child care needs in each community, compares that need to availability of child care and early education services, and assesses what infrastructure is available or needed to fill gaps between need and availability at community and regional levels.

## Methodology

Study methodology for this report included the following elements.

1. Collection and analysis of publicly available data to estimate child care need and availability.
2. Inventory of current child care options in the region.
3. A child care needs survey of households with children in the Bering Strait region.
4. Interviews with child care professionals and other community representatives with an understanding of child care issues in the region.
5. A community-by-community summary of child care priorities and challenges.

## Needs and Availability Analysis

The research team gathered regional and community-specific data on households with children from the U.S. Census and the State of Alaska Department of Labor and Workforce Development (ADOLWD). This data included household composition, adults in the labor force, and age of children. This data was used to estimate need for child care based on labor force participation by adults. Labor force participation by all available adults in a household is assumed to indicate a need for child care for children in that household.

Once needs were ascertained, child care availability was identified in each location – as well as the potential for additional availability. Data on availability was primarily gathered from Kawerak and RurAL CAP Head Start programs, the State of Alaska Department of Education and Early Development (DEED), and the State of Alaska Department of Health and Social Services (DHSS).

## Household Child Care Survey

Publicly available data on child care needs and availability was augmented through a survey of regional households with children under 13 years of age. MRG coordinated with Kawerak to develop a survey instrument for distribution to families across the Bering Strait region. The

survey was designed to be comparable in most areas to the 2019 Community Needs Assessment Survey. A drawing for a \$50 Visa gift card and Kawerak merchandise was offered as an incentive to participate in the survey.

Kawerak distributed the survey online and through in-person visits to communities (where paper copies were collected and some residents filled out online surveys via a tablet). COVID-19 restrictions and public health concerns prevented the MRG team from traveling in the region during the time the survey was in the field. Kawerak staff were able to travel to many communities to administer the survey, though some travel was not possible due to the pandemic. Surveys were collected in-person by Kawerak staff or in coordination with a community member in the following communities: Brevig Mission, Diomede, Elim, Gambell, Golovin, Koyuk, Nome, Savoonga, Shaktoolik, Shishmaref, Teller, Wales, and White Mountain. Surveys were also returned online from all communities in the region except for St. Michael and Stebbins.

The survey ran from June 29 through September 3, 2021, and was re-opened for residents of Unalakleet for one extra week (week of September 20, 2021), as the community had previously been closed because of COVID cases. A focus group was also offered to the community on September 24, 2021, though no one attended.

## Community Interviews

MRG interviewed 43 service providers, tribal coordinators, school administrators, and other individuals knowledgeable about child care needs and opportunities in the region. Interviewees were selected based on their work related to children and families, as well as their length of time in the community. Thirteen of those interviewed (30%) were based in Nome, with the remaining interviewees dispersed throughout the region. Questions focused on child care needs now and over the next five years, existing programs, community priorities, and infrastructure available for children's programs.

## Infrastructure Analysis

An inventory of spaces and methods for delivering child care services was conducted, primarily through community interviews. A list of potential sites for child care was compiled from these conversations and made available for further exploration as the needs analysis deems necessary.

# Needs and Availability Analysis

## Children in the Kawerak Service Area

Nome Census Area is home to 3,400 children under 18 years of age, with one-third (34% or 1,155) younger than 6 years of age, 41% (1,396 children) 6 to 12 years of age, and 25% (853 children) 13 years of age or older.

**Table 1. Children Under 18 Years of Age, Count by Community, Age Group, 2019**

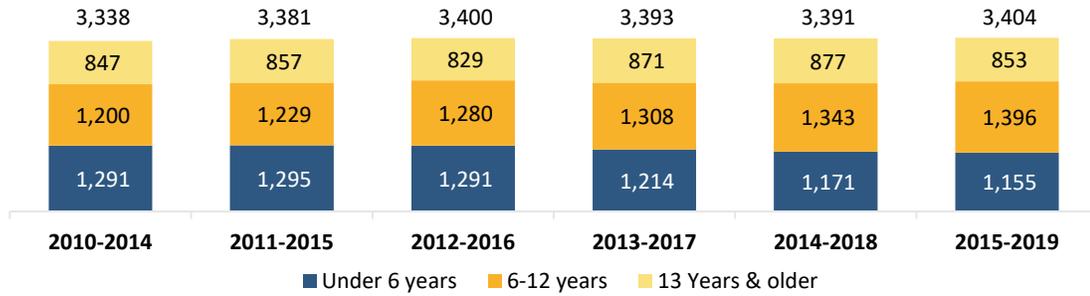
	Under 6 Years	6 to 12 Years	13 Years & Older	Total Children Under 18 Years
<b>Alaska</b>	<b>63,996</b>	<b>71,620</b>	<b>48,130</b>	<b>183,746</b>
<b>Nome Census Area</b>	<b>1,155</b>	<b>1,396</b>	<b>853</b>	<b>3,404</b>
Brevig Mission	46	75	37	158
Diomedea	11	22	5	38
Elim	28	58	28	114
Gambell	51	86	60	197
Golovin	18	18	16	52
Koyuk	52	38	20	110
Nome	437	396	275	1,108
St. Michael	56	91	58	205
Savoonga	121	172	109	402
Shaktolik	49	47	24	120
Shishmaref	57	85	55	197
Stebbins	79	109	65	253
Teller	14	41	21	76
Unalakleet	50	61	34	145
Wales	21	36	20	77
White Mountain	17	16	9	42

Source: ACS, 2015-2019 Five-Year Estimates.

## Population Trends

Between 2010 and 2019, the population of children under 18 years of age remained relatively static in the Nome Census Area overall, as well as within specific age subgroups. The total child population rose by about 2%. Population numbers are based on five-year averages. Populations by age group changed in many communities in the region, as discussed in the Community Profiles section of this report.

**Figure 1. Nome Census Area Child Population by Age Group, 2010-2019**



Source: ACS, 2010-2014 through 2015-2019 Five-Year Estimates.

## Household Composition

Seventy percent of children under 18 years of age in the Nome Census Area live with at least one parent, compared to 88% statewide. One-quarter (23%) live with a grandparent, in comparison to 8% across the state. Three percent live with another relative as the primary household member, and another 3% live with an unrelated primary household member.

**Table 2. Relationship To Head of Household for Children Under 18 Years of Age, Percentage by Community**

	Parent	Grandparent	Other Relative	Unrelated
<b>Alaska</b>	<b>88%</b>	<b>8%</b>	<b>2%</b>	<b>2%</b>
<b>Nome Census Area</b>	<b>70%</b>	<b>23%</b>	<b>3%</b>	<b>3%</b>
Brevig Mission	62%	32%	3%	3%
Diomedes	66%	34%	-	-
Elim	69%	18%	4%	8%
Gambell	53%	27%	12%	8%
Golovin	75%	15%	10%	-
Koyuk	75%	15%	-	9%
Nome	85%	9%	1%	5%
St. Michael	67%	28%	3%	2%
Savoonga	49%	45%	5%	1%
Shaktoolik	68%	28%	4%	-
Shishmaref	73%	25%	1%	2%
Stebbins	54%	44%	2%	-
Teller	67%	29%	4%	-
Unalakleet	63%	28%	7%	2%
Wales	62%	21%	10%	6%
White Mountain	83%	17%	-	-

Source: ACS, 2015-2019 Five-Year Estimates.

Note: The parent category includes biological and adoptive parents, as well as stepparents.

## Labor Force Participation

Child care is often necessary for families in which all available adults are in the labor force. Additionally, many adults who are not in the labor force report that they would work, or work more, if child care were available.

An estimate of Nome Census Area children under 13 years of age who live in households in which all primary caregivers are in the labor force reveals approximately two-thirds (67%) of children under 13 years of age may need child care services so their caregivers can work. This totals an estimated 1,700 children, including 750 children under 6 years of age and 950 who are 6 through 12 years of age. In total, these children live in 1,000 households in the region.

In addition to children in need of care because primary caregivers are in the workforce, an additional estimated 400 live in households in which at least one adult would participate in the labor force, or work more hours, if adequate child care services were available.

Combined, an estimated 2,100 children under 13 years of age in the region, or 83% of the population in that age group, may need child care because of household employment needs. While some of these children are currently receiving adequate care, others are not.

**Table 3. Percent of Children under 13 Years of Age Potentially in Need of Care for Household Employment Needs**

	Number of Children	Percent of Population (%)
<b>Children Under 6</b>		
All adults in the labor force	749	65%
Adult in household would work if child care available	195	17%
<b>Total Under 6 in Need of Care</b>	<b>944</b>	<b>82%</b>
<b>Children 6 - 12</b>		
All adults in the labor force	955	68%
Adult in household would work if child care available	210	15%
<b>Total 6 to 12 in Need of Care</b>	<b>1,165</b>	<b>83%</b>
<b>Total Under 13 Years in Need of Care</b>	<b>2,109</b>	<b>83%</b>

Source: ACS, 2015-2019 Five-Year estimates and MRG estimates.

Households in the region need child care services for several reasons in addition to work. These include to engage in subsistence activities, to enhance children's development, and for family medical travel. These additional motivations for seeking child care may increase the number of children for which care is needed.

It is important to note that housing in the Bering Strait region often includes several family units living together, often leading to overcrowded conditions. This situation may mean more adults are available to share child care duties. Quality of care may however, in some instances, be made more difficult by an unsafe or unhealthy home environment, as reported by interviewees and survey respondents.

## Availability of Child Care and Education Services

This section describes current child care services available to regional youth.

### Pre-K

Early Head Start (EHS) is available for children 2 years and under in four communities in the region: Brevig Mission, Elim, Nome, and Shishmaref. Programs for preschool-age children, 3- and 4-year-olds, are available in all Bering Strait communities, except for Diomedede, which lacks a sufficient preschool population for a program.

### NOME

In Nome, several options for preschool education are available:

**Kawerak Head Start/Early Head Start** operates in Nome independently of Nome Public Schools. The Kawerak Nome Head Start (HS) and Early Head Start (EHS) programs accept children based on eligibility selection criteria, involving a point system that takes into account family income, risk factors (such as whether a family is eligible for Public Assistance/Social Security Income), homelessness, foster or kinship care, and diagnosed disabilities. Points are also given to children currently enrolled or with siblings in the program; and those who have special needs, received social services, or experienced certain high-risk events, such as domestic violence or chemical dependency within families, within the past 12 months. Children with the highest eligibility points are accepted first. As a tribal program, Kawerak's Head Start/Early Head Start is allowed to have 49% of its enrollees in households over income limits.

- **Head Start** runs from 7:45 a.m. to 1:00 p.m. or 2:15 p.m. and child care is available for participants until 5:15 p.m. at the Uiviilat Play and Learn Center (UPLC.) This schedule provides a full workday of care to many families.
- **The Nome Preschool Association** offers a private preschool, with no income restrictions and some scholarships available. The preschool provides a morning class for 4-year-olds from 8 to 11:30 a.m. Tuesday through Friday and an afternoon class for 3-year-olds from 1 to 3:30 p.m. Tuesday through Thursday.
- **The Migrant Education Program** covers preschool costs for children who accompany their families in travel for subsistence activities and commercial fishing. Children can attend the Nome Preschool Association through this program.

Some families struggle to find care because their children do not qualify for the above programs or are placed on a waitlist due to full classrooms. The number of children in this situation (about five to seven annually) has not been enough for the district to create a separate program to serve this population, according to district administration. In addition, in recent years, the district has not received predictable funding for a district-run preschool program, which is subject to annual legislative approval.<sup>3</sup>

## **OTHER BERING STRAIT REGION COMMUNITIES**

Bering Strait School District (BSSD) partners with either Kawerak Head Start or RurAL CAP Head Start to provide a pre-kindergarten program in 12 communities outside of Nome. Kawerak operates Head Start in Brevig Mission, Elim, Gambell, Golovin, Koyuk, St. Michael, Shaktoolik, Shishmaref, Teller, and White Mountain, and Early Head Start in Brevig Mission, Elim, and Shishmaref. RurAL CAP oversees Head Start in Savoonga and Stebbins. In Unalakleet and Wales, BSSD runs preschool programs, using the same materials as Head Start.

Typically, students in the Bering Strait communities outside of Nome are all accepted into the program unless a classroom is at full capacity. This policy results in some years in which a few students are on waiting lists in these communities. BSSD provides funding for certified pre-K teachers and some supplies, while Kawerak and RurAL CAP provide one to three teachers or teacher aides per classroom and, in some sites, cooks and family advocates, as well as content specialists, supervisors, managers, and a director who supports all funded sites. Kawerak and RurAL CAP also pay for building expenses, supplies, insurance, staff training, tuition, and all other costs. Funding for certified teachers has been consistently covered in the BSSD budget through grants or the general fund for the last eight to 10 years.<sup>4</sup>

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<sup>3</sup> Jamie Burgess, Nome Public School superintendent, Zoom interview, July 14, 2021.

<sup>4</sup> Bobby Bolen, Bering Strait School District superintendent, phone interview, July 1, 2021.

**Table 4. Educational Services for Preschool Children, By Community**

Community	Kawerak Head Start/ BSSD	RurAL CAP Head Start/ BSSD	BSSD Preschool	Early Head Start	Private Preschool
Brevig Mission	✓			✓	
Elim	✓			✓	
Gambell	✓				
Golovin	✓				
Koyuk	✓				
Nome	✓			✓	✓
St. Michael	✓				
Savoonga		✓			
Shaktoolik	✓				
St. Michael	✓				
Stebbins		✓			
Teller	✓				
Unalakleet			✓		
Wales			✓		
White Mountain	✓				

Source: Kawerak Head Start, MRG interviews.

## LICENSED CHILD CARE AND EARLY EDUCATION ENROLLMENT

Approximately 315 children are enrolled in licensed child care in the region, mostly children under 6 years of age. A total of 166 children in 11 communities were enrolled in Kawerak Head Start for the 2020-21 school year, while 40 were enrolled in RurAL CAP's Head Start program in Savoonga and Stebbins. Kawerak's Early Head Start program had 44 enrollees in Brevig Mission, Elim, Nome, and Shishmaref. In addition, 18 children in Unalakleet and six children in Wales were enrolled in BSSD's public preschool. Nome Preschool Association served 40 students, with 20 in the 3-year-old class and 20 in the 4-year-old class.

Kawerak operates a Tribally Approved Relative Provider (TARP) program with six authorized relative child care providers who collectively care for 13 children. Providers are paid for providing care for children up to 144 months, with up to four children per provider. Nome Eskimo Community sponsors a Relative Child Care Program, which had one licensed provider as of January 2022.

**Table 5. Student Count at Facilities for Preschool Children, by Community, 2020-21**

Community	Kawerak Head Start/BSSD	RurAL CAP Head Start/BSSD	BSSD Preschool	Early Head Start	Private Preschool
Brevig Mission	18			8	
Elim	12			9	
Gambell	9				
Golovin	8				
Koyuk	17				
Nome	35			14	40
St. Michael	19				
Savoonga		20			
Shaktoolik	6				
Shishmaref	26			13	
Stebbins		20			
Teller	8				
Unalakleet			18		
Wales			6		
White Mountain	8				
<b>Total</b>	<b>166</b>	<b>40</b>	<b>24</b>	<b>44</b>	<b>40</b>

Source: Kawerak Head Start, MRG interviews.

## WAITLISTS

The Nome Preschool Association reports having eight children on its waitlist for 4-year-olds and three children on its waitlist for 3-year-olds in Fall 2021. This number is lower than usual because more children are able to enroll in Kawerak’s Head Start program. Kawerak reports four families are on the Fall 2021 waitlist for Nome Head Start and five families are on the waitlist for village Head Start programs, pending documentation. Eleven children in Nome were on the waitlist for Kawerak Head Start in the 2020-21 school year, while none were waitlisted in other communities. Nome is typically the community with the longest waitlist, with as many as 10 to 22 families in previous years. No children were reported on the waitlist for Kawerak Early Head Start in the 2020-21 school year.

## WAGES

According to Alaska Early Childhood Coordinating Council’s 2020 Economic Impacts of Early Care & Learning in Alaska report, wages for early childhood educators in Alaska were 15% below the national average. Child care services employees earned 42% of the average wage for all Alaska workers. Alaska Department of Labor and Statistics reported the mean wage for child care workers in 2020 was \$14 per hour and \$18 per hour for preschool teachers.

Wages within the region are higher than statewide averages. Nome Preschool Association pays starting child care aides \$18-\$22 per hour, depending on experience, and starting teachers with a child development associate credential (CDA) \$24 an hour.

As of January 2022, Kawerak pays Head Start teacher aides starting wages of \$22.20 to \$25.75 per hour, depending on experience; Early Head Start teachers \$23.55 to \$27.32 per hour; and Head Start teachers \$28.12 to \$38.93 per hour. In the prior two years, Head Start teacher aides were paid \$21.47 to \$24.90 per hour, depending on experience; Early Head Start teachers \$22.78 to \$26.41 per hour; and Head Start teachers \$27.20 to \$36.55 per hour.

## **COSTS**

Higher child care worker wages in the Bering Strait region reflect the region's higher cost of living. They also contribute to higher operating costs and may also be reflected in higher costs of child care.

Nome Preschool costs \$350 per month for 4-year-olds (3.5 hours per session four days a week, 130 days per year) and \$275 for 3-year-olds (2.5 hours per session three days a week, 121 days per year), with a one-time fee of \$50.

Uiviilat Play and Learn Center (UPLC) costs \$1,467 per month for children up to 12 months old, \$1,383 for 13 to 36 months old, and \$1,117 for those 37 to 60 months old (9.5 hours a day, 215 days per year). Part-time child care services at the center for Head Start students 3 years and older costs \$658 per month (3 to 4.25 hours a day, 163 days per year) or full-time child care services at the center for children 3 years and older during the summer months costing \$1,117 per month (9.5 hours a day, approximately 52 days per year).

## **STAFF**

Kawerak Head Start typically operates with a staff of 34-37 regionwide. This includes eight teachers for Head Start and 12 for Early Head Start, 12 to 15 core staff in administration, and a cook and assistant cook, all employed with Kawerak. Teachers also serve as child care workers. RurAL CAP Head Start has a total of nine teachers for its two sites in the region. Nome Preschool Association has a staff of three, which includes two teachers and one administrator.

## **LICENSES**

Nome has two licensed child care centers, Uiviilat Play and Learn Center and Nome Preschool Association. In addition, two providers are licensed for home care, though they currently are not in operation. No licensed child care centers currently operate in other regional communities. Four relative providers operate, with one in Brevig Mission, one in Gambell, and two in Stebbins.

# Regional Perspectives – Survey and Interview Findings

To better understand child care needs suggested by data on child populations and caregiver labor force participation, a survey of regional households with children was conducted. Interviews with child care providers and other community representatives were also conducted to understand community perspectives.

In total, 251 individuals responded to the 2021 Kawerak Child Care Needs and Availability Survey. Respondents were asked about the number of children in their household, their use of child care services, perceptions of child care quality and access, need for care, and impacts of child care - or lack of care. Results from the survey are presented for the region, followed by community-specific profiles.

Executive interviews were conducted with 43 people throughout the Bering Strait region regarding child care needs, availability, and infrastructure. One to three people in each village, except for Diomedede, were interviewed, with the balance interviewed in Nome. About one-quarter of those interviewed were Kawerak tribal family coordinators. Interviewees also included school administrators, Head Start staff, program specialists, licensed relative providers, and other longtime community members. A summary of interview findings is presented in this section, followed by community-specific input in the Community Profiles section.

## Survey Results

### Child Care Use in the Region

Regionwide, half (53%) of respondents report their children receive care in their own home, the most frequently mentioned type of care. Other types of care used by at least one-quarter of households include Head Start (31%) and care at someone else's home (25%). Respondents could indicate more than one type of child care, resulting in totals of more than 100%.

Several differences in types of care used occur between Nome and smaller communities in the region. Head Start is used more in smaller communities, with 24% of respondents using it in Nome compared to 32% in smaller communities. In Nome, care in own home (60%) and care in someone else's home (55%) is more frequently mentioned than in the other communities, at 51% and 21% respectively.

Public preschools are also used by a larger proportion of Nome respondents, at 27%, compared to 6% in other communities. This is the same with private preschools, at 17% in Nome compared to 9% in other communities. These findings are closely associated with availability of preschool programs in the communities.

**Table 6. Types Of Care Used, Percent**

Type of Care	Percent of Households Using Type of Care		
	Total Bering Strait Region (%)	Nome (%)	Communities Outside of Nome (%)
Care in own home	53	60	51
Head Start	31	24	32
Care at someone else's home	25	55	21
Before or after school care	24	27	24
Public preschool	23	27	6
Early Head Start	21	26	20
Summer child care	16	36	12
Private preschool	10	17	9
Child care center	9	14	8

## Quality of Care

Sixty-two percent of respondents in the region report the quality of child care they receive is good or very good, while 26% report it as poor to very poor.

A larger proportion of respondents from communities outside Nome report quality of care as good or very good at 68% combined, compared to 37% of Nome respondents. Over half (56%) of Nome residents report quality of care as poor or very poor compared to 18% from other regional communities.

**Table 7. Quality of Care, Percent**

Quality	Total Bering Strait Region (%)	Nome (%)	Communities Outside of Nome (%)
Very good	23	17	25
Good	39	20	43
Poor	12	27	8
Very poor	14	29	10
Don't know	12	7	13

For those not satisfied with quality of care, more than half suggested more appropriate child care facilities (56%) and more space for children (55%) to improve quality. Forty-six percent suggested more child care provider training.

**Table 8. Suggested Improvements to Child Care Quality, Percent**

	Total Bering Strait Region (%)	Nome (%)	Communities Outside of Nome (%)
More appropriate child care facilities	56	87	51
More space for children	55	80	51
More child care provider training	46	60	43
Better nutrition for children	31	33	30
More interaction between the child care provider and children	28	40	25

### Child Care Availability

Two-thirds (68%) of survey respondents report difficulty finding child care. This includes 28% who find it very difficult. Only 5% report finding care is very easy, and 18% report it as easy.

Nome respondents report difficulty finding care at a higher rate (86% difficult or very difficult) than in communities outside of Nome, with 64% finding it difficult or very difficult.

**Table 9. Ease of Finding Care, Percent**

Difficulty Level	Total Bering Strait Region (%)	Nome (%)	Communities Outside of Nome (%)
Very easy	5	2	6
Easy	18	12	19
Difficult	40	31	42
Very difficult	28	55	22
Don't know	9	-	10

Lack of child care providers in the community is the top reason for difficulty finding care, reported by 79% of respondents in the region who have trouble. One-third noted finding care is difficult because of concerns with quality of care available.

**Table 10. Reasons for Difficulty Finding Child Care, Percent**

	Total Bering Strait Region (%)	Nome (%)	Communities Outside of Nome (%)
Lack of child care providers in the community	79	81	79
Concerns with quality of care	35	57	32
Cost of child care	18	57	12
Need care during hours when child care options are not available	17	29	16

A larger percent of Nome respondents, at 57%, report concerns with quality of care and cost of care, compared to other communities in the region, at 32% and 12% respectively.

## Child Care Needs and Challenges

Respondents from almost all communities in the region identify a need for more child care providers. Priorities includes reliable, safe providers who are available to meet household scheduling needs. Licensed facilities and other safe places for children to go for care and activities are also mentioned as needs by respondents in most communities. Child safety generally, and in-home care, are the next most frequent priorities for communities.

## Impacts of Child Care Shortages

Forty-five percent of respondents report at least one household member is not employed or works fewer hours than they otherwise would because of lack of access to child care.

In addition to increased ability to participate in the workforce, respondents anticipate several other advantages to having children in adequate care. These include a safe place for children to go (68%), school readiness (54%), and ability to engage in more subsistence activities (53%).

**Table 11. How Adequate Child Care Would Benefit the Family, Percent**

	Total Bering Strait Region (%)	Nome (%)	Communities Outside of Nome (%)
Children would have a safe place to go	68	73	71
School readiness	54	80	56
Our household could engage in more subsistence activity	53	67	55
Other family members would get the care they need	40	33	43
A member of the household could participate in further education or workforce training	38	40	40
Better nutrition	34	40	36
More time for health care appointments	27	53	27

## Household Income

Household income changed only slightly among respondents between 2019 and 2020. For 2020, one-quarter of responding households report a household income less than \$15,000.

**Table 12. Household Income, 2019 and 2020**

	2019	2020
Less than \$15,000	23%	25%
\$15,001 to \$25,000	9%	9%
\$25,001 to \$35,000	12%	8%
\$35,001 to \$50,000	14%	14%
\$50,001 to \$75,000	13%	13%
\$75,001 to \$100,000	9%	11%
Over \$100,000	10%	11%
Don't know	10%	8%

## Interview Findings

Interviewees were chosen because of their expertise in child care needs, availability, and infrastructure in each community in the region. Interviews included questions about child care availability in each community, who may or not be receiving needed care, and which programs have positive impacts, as well as quality of care, challenges, and potential improvements to care, and child care priorities.

### Programs with Positive Impact

Many interviewees mentioned Early Head Start and Head Start as programs with positive impacts in their community, while some also mentioned the Boys & Girls Club. Food programs administered by Kawerak and Bering Strait School District (BSSD), including subsidized food and food outside of the school year, were positive for several interviewees. Other programs and activities considered positive by interviewees, in order of frequency, include family fun nights and open gyms, cultural activities, sports programs, tutoring, summer programs including Summercise, tribal holiday programs, church youth groups, and VPSO training in the schools.

### Quality of Care

Overall, many interviewees think child care quality is good because of the close ties among families and community residents. Several participants mentioned good quality in the longstanding programs through Kawerak and other entities, such as the Nome Preschool Association.

Some interviewees, however, do not think quality of care is good in their community. Reasons for this assessment include spaces where care occurs not being up to appropriate standards and parents not always being comfortable with child care provider options (including young children taking care of even younger children). A few interviewees think care is poor and that options for more quality care are lacking in their community.

## SUGGESTIONS FOR IMPROVEMENT

Interviewees report that increased child care options, possibly including expansion of Early Head Start (EHS) and Head Start (HS) programs and other licensed care or relative provider programs, could help with care quality. This prospective program expansion would require funds to support new child care providers and facilities in which to provide care.

### Child Care Challenges

Interviewees report many child care challenges in their community. The main challenge is finding safe, trustworthy, and reliable care for children when families need it. The many components of delivering quality child care to more recipients mentioned by interviewees include training, higher pay, space, regulatory hurdles, complexity of regulations, supplies, and background checks that may be difficult to pass in a given care environment. Some interviewees also mentioned long waitlists for care in communities with high quality and licensed programs.

Populations with challenges finding adequate care include infant to pre-K and elementary-age children, families experiencing trauma, single-parent families, families who do not qualify for existing care based on income, and families in overcrowded living situations.

For those wishing to be licensed or approved, the process can be challenging. Cost is a factor, reimbursement rates do not always meet the operating costs, utilities are not accounted for in funding, and family income and contribution schedules are not updated frequently enough. Overall, space, funding, and staffing are significant barriers. Where funding does exist, coordination between organization leaders and public officials is required to overcome these barriers.

### Needs by Location

Interview responses varied somewhat depending on location, with the greatest differences between Nome and outlying communities. Below is a closer look at specific needs and issues in the region's hub and smaller communities.

#### NOME

While Nome has a more developed child care sector and more options than any other community in the region, child care services do not meet demand due to the high number of families with two working parents, according to interviewees. Drop-off child care on weekdays, as well as evenings and weekends, is the top priority. The families most in need of care are those with children under 5, particularly infants and toddlers. Interviewees said the shortage causes some families to leave the community because they cannot find adequate child care to maintain their jobs in a town with a high cost of living.

Aside from more child care, other primary needs include:

- **Affordable after-school programs for children**, for children ages 12 and under.
- **Support for young parents** in developing good parenting habits and addressing alcohol abuse.
- **Transportation to activities.**
- **More playgrounds.**

### *Challenges*

Hiring and retaining child care workers is one of the community's biggest challenges. Barriers to resolving this are:

- **Low pay.**
- **Part-time job status.**
- **Licensing requirements.**

Nome does not have a preschool in the school district and therefore lacks a public program without eligibility restrictions. While EHS and HS are available to eligible families in Nome, families who are not eligible and cannot afford the Nome Preschool Association and are left without a preschool option.

Staff training, required for licensure, causes child care centers to close their doors on training days (in one case for one day every other week). This leaves parents without care at least two weekdays per month.

### **OUTLYING COMMUNITIES**

Most outlying communities in the region have no child care centers so families depend on relatives and a limited number of in-home providers. The shortage of providers sometimes prevents parents from working or participating in other essential tasks, such as subsistence harvests. Public schools are often the primary sources of children's activities. While schools typically offer a variety of athletic, tutoring, literacy, and social programs during the school year, during evenings, weekends, and summers, children often lack a safe place to go and be engaged in healthy activities outside their homes.

The two greatest needs in villages are:

- **A child care center** where parents can drop off children and where licensed providers can provide services (perhaps by renting space) to offer child care.
- **An activity center for children** unrelated to school that is open evenings, weekends, and year-round.

Some interviewees suggested these two types of facilities may be combined in one location.

Wrap-around care that extends care past normal Early Head Start and Head Start hours would allow more parents to work full days, as partial day Head Start and Early Head Start are often the only child care/education programs available for children under 5 in many communities.

### **Challenges**

The biggest barriers to providing adequate child care in villages are:

- **Lack of a facility** - This often may be compounded by a shortage of land and high construction costs in remote areas.
- **Lack of willing providers** - This may be due to insufficient pay, unsuitable conditions in family homes, or difficulties in obtaining a child care license.
- **Housing shortage** - Overcrowded homes often lack space for child care.
- **Background checks** - In-home care is frequently not possible because at least one person in a crowded home may not pass background checks required for licensing.
- **Clean water** - The lack of water and sewage infrastructure in some communities prevents appropriate sanitation for in-home child care.
- **Need for community coordination** - Low levels of communication between organizations including tribes, schools, city governments, social service agencies, and others may prevent projects from moving forward. One interviewee noted that local projects sometimes did not progress because local leadership lacked specialized expertise or capacity for time-intensive and complex application processes when funding was available.

### **Child Care Priorities**

Overall, interviewees identified the following child care priorities for their respective communities, in order of frequency mentioned by interviewees from across the region.

- More reliable child care options
- Activity centers, particularly for afterschool and during the summer
- Child care facilities
- Child care provider training and licensure
- Expansion of existing programs
- Financial assistance for those who don't qualify for existing programs
- Emotional and physical wellness support within communities.

## **Summary of Findings**

Survey and interview findings communicate resident perspectives on child care needs, challenges, and solutions. As the table below demonstrates, many child care priorities are shared throughout regional communities, particularly the need for more reliable, trained, and

safe providers, and for space in which to conduct child care. A community-by-community discussion of needs is provided in the Community Profiles section of this report.

**Table 13. Child Care Priorities, by Community**

Community	More providers	Facility	Safety	Provider training	Activities	Reliable care	Affordability	Infant/young child	Quality of care	Flexible hours	Afterschool care	Summer care	School readiness	Health/Nutrition	Transportation	Cultural integration
Brevig Mission (n=45)	X	X	X	X	X				X		X			X		X
Diomedea (n=5)	X		X													
Elim (n=14)	X	X			X		X		X			X				
Gambell (n=8)	X	X		X										X		
Golovin (n=16)	X	X	X	X	X	X				X				X		
Koyuk (n=28)	X	X	X		X	X					X			X		
Nome (n=42)	X	X	X	X	X	X	X	X		X					X	X
St. Michael (n=0)*	X	X		X	X				X	X				X		
Savoonga (n=10)	X	X	X	X	X						X			X		
Shaktolik (n=17)	X	X	X			X	X				X					
Shishmaref (n=25)	X	X			X	X		X			X	X				
Stebbins (n=0)*	X	X			X											
Teller (n=11)	X	X	X	X	X				X							X
Unalakleet (n=8)	X	X	X			X		X	X	X						
Wales (n=11)	X	X		X		X			X							
White Mountain (n=15)	X	X	X	X	X				X	X		X	X			

\*Note: There were no survey responses from St. Michael and Stebbins, though interviews were conducted for those communities.

Another factor in child care need and availability is how child populations are changing within communities. Over the past decade, the number of children under 18 years of age has risen in all but six regional communities; the number of children under six years of age has risen in three communities: Koyuk (108% increase in children under six years of age), Shaktolik (75%), and Golovin (50%). The population of children under six years of age has decreased by the largest percentage in Brevig Mission (down 49%) and Shishmaref (down 44%). Large swings in the populations are partially due to small population sizes in the communities. However, these changes do inform child care planning for the coming years.

**Table 14. Change in Child Population, Under 18 Years of Age, 2010-2019**

	Total Child Population	Under 6 Years	6 to 11 Years	12 Years & Older
Brevig Mission	-15%↓	-49%↓	+38%↑	-4%↓
Diomedea	+23%↑	-35%↓	+23%↑	+12%↓
Elim	+5%↑	-39%↓	+49%↑	+21%↑
Gambell	-13%↓	-29%↓	+4%↑	-14%↓
Golovin	+27%↑	+50%↑	+23%↑	+12%↑
Koyuk	-8%↓	+108%↑	-37%↓	-40%↓
Nome	+<1%↑	-2%↓	+22%↑	-12%↓
St. Michael	+13%↑	-23%↓	+2%↑	+97%↑
Savoonga	+19%↑	-9%↓	+42%↑	+33%↑
Shaktolik	+90%↑	+75%↑	+100%↑	+107%↑
Shishmaref	-27%↓	-44%↓	-31%↓	+5%↑
Stebbins	+7%↑	-7%↓	+17%↑	+12%↑
Teller	+27%↑	-18%↓	+112%↑	+4%↑
Unalakleet	-25%↓	-12%↓	-18%↓	-42%↓
Wales	+57%↑	-36%↓	+175%↑	+475%↑
White Mountain	-14%↓	-15%↓	-6%↓	-23%↓

Source: American Community Survey 5-Year estimates, 2010-2019.

## Next Steps

Results from this analysis, including data on populations and labor force participation, as well as community input, point to a set of focus areas for improving child care availability and quality in the Kawerak service area.

### LICENSING AND BUSINESS ESTABLISHMENT

- Offer concrete assistance with the child care provider licensing and approval process to potential providers in all communities. This may be delivered virtually or through a series of traveling workshops, or through more directed outreach to interested individuals.
- Develop advice and support resources for individuals who wish to establish in-home child care or become an approved relative provider.

### COORDINATION

- Provide a central coordinating body to bring together regional entities to increase child care options and training. Entities include, but are not limited to, Kawerak, Inc., local governments and tribes, Native corporations, Nome Eskimo Community, Nome Public Schools, BSSD, and Norton Sound Health Corporation.

## TRAINING AND RECRUITMENT

- Develop programs with high schools in which students receive credit for participating in a child development program and develop skills to provide child care. Such a program could include on-the-job training working as a child care provider and create a pool of trained providers for the community.
- Develop a child care network for care at night and on weekends for caregivers who work nontraditional hours or who need child care to participate in subsistence activities, medical travel, or other situations in which they need to leave the community.

## FUNDING

- Assist local community leaders when applying for grants and completing paperwork necessary to move child care projects forward.
- Provide scholarships for families who do not qualify for Head Start but cannot afford other care. This is particularly needed in Nome.
- A significant deterrent to recruiting and retaining child care providers in a community is the low wage and part-time nature of many child care positions. Search for or develop incentive programs to help fund child care positions that are competitive and attractive to residents or other individuals to meet the cost of living demands.

## SPACE

- Prepare a plan for establishing children's facilities in all communities, with priority based on current and future need and population estimates.
- Encourage and elicit ideas for creative use of existing spaces for child care and children's activities. This might include compiling a frequently updated list of available and suitable spaces for rent; funding; or helping with planning of building expansions or other infrastructure enhancements.
- Take measures to create safe spaces in homes for care. This includes support for household emotional and physical wellness, addressing substance misuse, and inserting child care as a factor when addressing overcrowding, buildable land, and availability of sewer and water in communities.

Several actions, specific to Nome or outlying communities in the region are identified below.

## NOME

- Provide a few scholarships each year for families who do not qualify for Early Head Start or Head Start and cannot afford the full price for other types of care.
- Establish a transportation option that allows children in Nome access to programs and activities, while caregivers are working. This is especially important during inclement weather.

## OUTLYING COMMUNITIES

- Develop activity centers that are a safe place to go for children and where children taking care of younger children can bring those in their care for adult interaction and nutrition.
- Establish a network of wrap-around care to provide a full workday for caregivers of children in part-time care, such as Head Start and Early Head Start.
- Conduct outreach about the Kawerak relative provider program and distinguish the program from other similar programs that require providers to live outside the child's home.

# Community Profiles

Survey findings, as well as insights from interviews and other research, are summarized for each community in the following profiles. While survey results are not statistically representative of any community, they do provide information to help illustrate need. For communities in which fewer than 15 people responded to the survey, counts are provided instead of percentages and charts. (Note: demographic data is based on U.S. Census data, rather than surveys.)

## Brevig Mission

### Demographics

Approximately 384 people live in Brevig Mission; children ages 12 and younger make up about 30% of residents, or about 117 people. Out of 96 households in Brevig Mission, approximately 63% have one or more children under age 18 (60 households).<sup>5</sup> Brevig Mission’s total child population fell between 2010 and 2019 by 15%.

### Services and Facilities

Kawerak offers Early Head Start for children 2 years old and younger and, in partnership with Bering Strait School District (BSSD), provides Head Start to 3- and 4-year-olds.

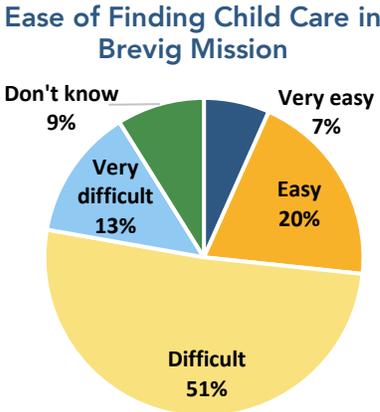
Boys & Girls Club of Alaska operates a clubhouse that provides activities for children in Brevig Mission. Open gym is available at the school and, prior to the pandemic, Kawerak hosted family fun nights.

### Survey Results

Forty-five Brevig Mission residents responded to the survey.

#### AVAILABILITY OF CARE

While quality of care is generally high in Brevig Mission, finding care is difficult for two-thirds (64%) of respondents. Conversely, 27% report finding care is easy or very easy.



<sup>5</sup> U.S. Census Bureau, American Community Survey, 2015-2019 Five Year Average

The most mentioned reason for difficulty finding care is lack of child care providers. This reason is followed by concerns with quality of care and cost of care. Thirteen percent of respondents also mentioned the need for care that fits their schedules.

**Table 15. Reasons for Difficulty Finding Child Care in Brevig Mission**

Reason for Difficulty	Percent of Respondents (%)
Lack of child care providers in the community	63
Concerns with quality of care available	31
Cost of child care	25
Need care during hours when child care options are not available	13

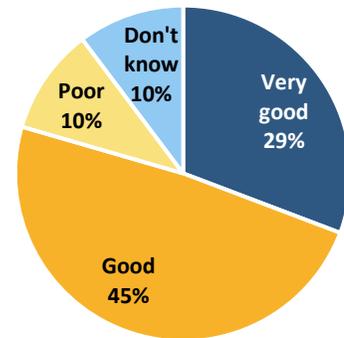
### QUALITY OF CARE

Three-quarters (74%) of respondents report that overall child care quality is good or very good, while 10% report it is poor.

The most suggested improvements to quality of child care for the community include:

- More child care provider training.
- Appropriate child care facilities and space for children.
- Better nutrition for children.

**Figure 2. Overall Child Care Quality in Brevig Mission**



### CHILD CARE NEEDS AND CHALLENGES

The most frequently mentioned challenges for Brevig Mission respondents include basic availability of child care, quality challenges, and affordability. Most respondents report need for more, trained child care providers, including reliable and safe babysitters. A few mentioned the lack of a community and/or child care center and a need for good nutrition as well. Several respondents also mentioned current care options, such as Early Head Start and Head Start, are full or only available for part of the day.

The most frequently mentioned child care need in the community is **reliable babysitters**. Several respondents also mentioned they need a babysitter who can fit household scheduling needs. Other needs include a **child care center**, **afterschool programs**, and **summer programs** and care. Counseling, support for language and developmental skills, a place for children to hang out, provider training including first aid, and infant care were also mentioned.

In the next five years, over half of Brevig Mission respondents are very likely to need Early Head Start, Head Start, public preschool, care in their home, and summer child care.

**Table 16. Likelihood of Needing Care in the Next Five Years in Brevig Mission**

	Very Likely	Somewhat Likely	Not Likely
Early Head Start n=30	57%	33%	10%
Head Start n=32	50%	41%	9%
Private preschool n=20	30%	15%	55%
Public preschool n=29	52%	31%	17%
Child care center n=25	44%	32%	24%
Care at someone else's home n=27	37%	37%	26%
Care in your home n=31	58%	35%	6%
Before or after school care n=23	43%	26%	30%
Summer child care n=23	52%	26%	22%

### IMPACTS OF CHILD CARE CHALLENGES

One third (32%) of respondents report at least one household member is not employed or working fewer hours because of lack of access to child care. Respondents also report their household cannot participate as much as they would like in subsistence harvests and processing.

Sixty-three percent of respondents report adequate child care provides a safe place for children, 34% report it allows other family members to get the care they need. Other benefits of adequate care are ability to engage in more subsistence activities (31%), school readiness (29%), better nutrition (26%), further education or workforce training for household members (20%).

**Table 17. How Adequate Child Care Would Benefit the Family, Brevig Mission**

	Percent of Respondents (%)
Children would have a safe place to go	63
Other family members would get the care they need	34
Our household could engage in more subsistence activity	31
School readiness	29
Better nutrition	26
Education or workforce training for a household member	20
More time for health care appointments	11

### BREVIG MISSION CHILD CARE PRIORITIES

Brevig Mission respondents identify the following priorities, in order of frequency mentioned.

1. Child care and education facility/a safe place for children to go.
2. Child care options.
3. Child care provider training.
4. Quality, including caring, respect, health, and safety.

5. Afterschool programs.
6. Traditional teaching.

## Diomede

### Demographics

About 93 people live in Diomede, of which 32 (34%) are children under the age of 13. Out of 34 households, 35% or 12 households, have one or more children under the age of 18 in them. Diomede’s child population rose by 7 individuals in the past decade, a 23% increase in that time.

### Services, Facilities and Activities

Pre-K services are not currently available in Diomede. Four-year-olds can join the kindergarten class if the family chooses, but this rarely happens.

### Survey/Interview Results

Five individuals from Diomede responded to the survey.

#### AVAILABILITY OF CARE

Two of five respondents report it is easy or very easy to find child care in Diomede, while 3 respondents find it difficult or very difficult.

#### QUALITY OF CARE

Two respondents report the quality of care in Diomede is good or very good. The remaining three respondents report there are no services in Diomede.

**Table 18. Likelihood of Needing Care in the Next Five Years in Diomede, Count**

n=5	Very Likely	Somewhat Likely	Not Likely
Early Head Start	1	1	3
Head Start	2	1	2
Private preschool	1	1	3
Public preschool	2	2	1
Child care center	1	1	3
Care at someone else's home	1	0	4
Care in your home	2	1	2
Before or after school care	1	2	2
Summer child care	1	2	2

## IMPACTS OF CHILD CARE CHALLENGES

Four Diomedes respondents report that a household member is not employed or working fewer hours because of a lack of access to child care. Respondents also expressed a need to engage in subsistence activities.

## DIOMEDE CHILD CARE PRIORITIES

While the response rate for Diomedes is low, respondents did indicate priorities for more child care providers and child nutrition in the community.

# Elim

## Demographics

Approximately 84 children under the age of 13 live in Elim, out of approximately 268 people (31% of Elim residents). There are about 67 households in Elim, and 70% of those households, or about 47 households, are home to children under the age of 18.<sup>6</sup> Between 2010 and 2019, Elim's total child population rose by 5%.

## Services and Facilities

Kawerak offers both Early Head Start and Head Start in Elim, while partnering with BSSD to offer Head Start. Little Dribblers basketball program is offered to elementary school children.

## Survey Results

Fourteen individuals in Elim responded to the survey.

## AVAILABILITY OF CARE

Six of fourteen respondents reported care was easy to find in Elim. Seven respondents reported it was either difficult or very difficult to find care. The primary reason for difficulty finding care was a lack of providers in the community.

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<sup>6</sup> U.S. Census Bureau, American Community Survey, 2015-2019 Five Year Average

**Table 19. Reasons for Difficulty Finding Child Care in Elim, Count**

n=10	Count
Lack of child care providers in the community	7
Need care during hours when child care options are not available	2
Cost of child care	1
Concerns with quality of care available	1

## QUALITY OF CARE

Eight of 14 respondents reported the quality of care in Elim is good or very good. Only three respondents suggested the quality of care was poor.

**Table 20. Possible Improvements to Quality of Child Care in Elim**

n=13	Count
More appropriate child care facilities	7
More space for children	6
Better nutrition for children	6
More child care provider training	5
More interaction between the child care provider and children	2

## CHILD CARE NEEDS AND CHALLENGES

Elim respondents report challenges with available, quality child care and with a space for care to occur and for children to play in. Several respondents also note that child care funding paperwork can be challenging, while one reported the need for care for children when family members have appointments out of town.

Elim respondents cite the need for **reliable care throughout the day**, including after Head Start hours. Several expressed the need for **a child care facility**.

The most frequently mentioned typed of care respondents anticipate needing in the next five years in Elim include Early Head Start, Head Start, care at someone else's home, or care in their home. Most respondents also have an anticipated need for before or after school care and summer child care.

**Table 21. Likelihood of Needing Care in the Next Five Years in Elim, Count**

Type of Care	Very Likely	Somewhat Likely	Not Likely
Early Head Start n=10	3	6	1
Head Start n=9	4	5	0
Private preschool n=7	0	0	7
Public preschool n=7	3	0	4
Child care center n=7	2	1	4
Care at someone else's home n=9	6	2	1
Care in your home n=10	8	1	1
Before or after school care n=8	4	2	2
Summer child care n=8	3	3	2

### IMPACTS OF CHILD CARE CHALLENGES

Seven of 14 Elim respondents report a household member is not employed or working fewer hours because of a lack of access to child care. Commonly identified benefits of adequate child care are ability to engage in more subsistence activity and a safe place for children, as well as school readiness. Ability to travel was also mentioned by several respondents.

**Table 22. How Adequate Child Care Would Benefit the Household, Elim**

n=14	Count
Children would have a safe place to go	10
Our household could engage in more subsistence activity	10
School readiness	7
A member of the household could participate in further education or workforce training	5
Other family members would get the care they need	5
Better nutrition	5
More time for health care appointments	3

### ELIM CHILD CARE PRIORITIES

1. Child care facility.
2. More child care providers.

# Gambell

## Demographics

Approximately 131 children under the age of 13 live in Gambell, out of about 591 people (22% of the population). Out of approximately 152 households, 60% or 91 households, contain at least one child under the age of 18.<sup>7</sup> The population of children in Gambell decreased by 13% over the past decade.

## Services, Facilities and Activities

Kawerak, in partnership with BSSD, provides a Head Start program for preschool children. An open gym is typically available to children.

## Survey Results

Eight respondents returned surveys from Gambell.

### AVAILABILITY OF CARE

Only one of eight respondents report finding child care in Gambell is easy; the remaining seven respondents suggest it is difficult or very difficult to find child care. The main reason for difficulty is a lack of child care providers in the community.

**Table 23. Reasons for Difficulty Finding Child Care in Gambell**

n=6	Count
Lack of child care providers in the community	6
Concerns with quality of care available	2
Cost of child care	2
Need care during hours when child care options are not available	-

### QUALITY OF CARE

Four respondents report the quality of child care in Gambell is good or very good, with two reporting it as poor.

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<sup>7</sup> U.S. Census Bureau, American Community Survey, 2015-2019 Five Year Average

## CHILD CARE NEEDS AND CHALLENGES

The most common types of care needed by respondents are **Early Head Start** and **Head Start**, followed by **care in their home**.

**Table 24. Likelihood of Needing Care in the Next Five Years in Gambell, Count**

	Very Likely	Somewhat Likely	Not Likely
Early Head Start n=6	3	1	2
Head Start n=8	4	4	0
Private preschool n=4	0	0	4
Public preschool n=4	1	2	1
Child care center n=2	0	0	2
Care at someone else's home n=5	0	3	2
Care in your home n=6	3	1	2
Before or after school care n=5	1	2	2
Summer child care n=2	0	0	2

## IMPACTS OF CHILD CARE CHALLENGES

Five of the eight Gambell respondents report that a household member is not employed or working fewer hours because of a lack of access to child care.

## GAMBELL CHILD CARE PRIORITIES

While not enough respondents offered child care priorities for the community, the overall lack of providers seems to be the most significant issue discussed by respondents.

## Golovin

### Demographics

Approximately 25% of people who live in the village of Golovin are children under the age of 13 (about 35 out of 142 people). Out of 47 households in Golovin, about half (49% or 23 households) have children living in them who are under the age of 18.<sup>8</sup> Golovin gained nine children in its population over the past decade, a 27% increase.

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<sup>8</sup> U.S. Census Bureau, American Community Survey, 2015-2019 Five Year Average

## Services and Facilities

Kawerak, in partnership with BSSD, provides Head Start to 3- and 4-year-olds.

Kawerak sponsored family fun nights before the pandemic, and church youth groups are available to young people.

## Survey/interview Results

Sixteen individuals provided responses to the survey in Golovin.

### AVAILABILITY OF CARE

Two-thirds (66%) of Golovin respondents report finding child care difficult or very difficult in the community, while 27% consider finding care easy or very easy.

Almost all respondents (92%) cited lack of providers as a reason for difficulty finding care. Other reasons included concerns with quality of care (42%), cost (33%), and need for care during hours when options are not available (33%).

Figure 3. Ease Of Finding Child Care in Golovin



Table 25. Reasons for Difficulty Finding Child Care in Golovin

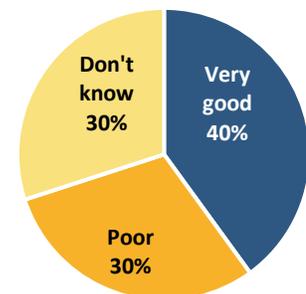
n=11	Percent of Respondents (%)
Lack of child care providers in the community	92
Concerns with quality of care available	42
Cost of child care	33
Need care during hours when child care options are not available	33

### QUALITY OF CARE

Forty percent of respondents report child care quality as very good, while 30% find it to be poor. Thirty percent of respondents did not know about quality (perhaps because of no availability).

Two-thirds (67%) of respondents suggest more appropriate child care facilities to improve quality, with 33% also noting a need for more space for children. Almost half (47%) suggest more child care provider training.

Figure 4. Overall Child Care Quality in Golovin



**Table 26. Possible Improvements to Quality of Child Care in Golovin**

n=15	Percent of Respondents (%)
More appropriate child care facilities	67
More child care provider training	47
More space for children	33
More interaction between the child care provider and children	27
Better nutrition for children	27

## CHILD CARE NEEDS AND CHALLENGES

Golovin respondents describe child care availability as a major challenge for the community year-round. In addition to need for dependable, trained child care providers, they also cited a need for a safe space for such care to occur.

Respondents report a general need for more **safe, reliable child care** for **infants** up to school-age children **throughout the year** (including afterschool and summers), as well as a need for **safe homes** and/or a **facility** in which to leave their children for care. **Special needs** care was also a reported need.

In Golovin, 88% of respondents report they are very likely to need Head Start in the next five years, and 81% are very likely to need Early Head Start. Seventy-three percent are very likely to need public preschool, 67% summer child care, 63% before or after school care, and 60% care in their home.

**Table 27. Likelihood of Needing Care in the Next Five Years in Golovin**

Type of Care	Very Likely	Somewhat Likely	Not Likely
Early Head Start n=16	81%	0%	19%
Head Start n=16	88%	0%	13%
Private preschool n=12	25%	8%	67%
Public preschool n=15	73%	20%	7%
Child care center n=14	50%	36%	14%
Care at someone else's home n=15	40%	33%	27%
Care in your home n=15	60%	27%	13%
Before or after school care n=16	63%	31%	6%
Summer child care n=15	67%	27%	7%

## IMPACTS OF CHILD CARE CHALLENGES

Forty-four percent of Golovin respondents report their household includes a member not employed or employed fewer hours than desirable because of a lack of access to child care.

When asked how adequate child care would benefit the family, the largest proportion (79%) of respondents cited children having a safe place to go. This was followed by school readiness (71%) and the ability to engage in more subsistence activity (64%).

**Table 28. How Adequate Child Care Would Benefit the Family, Golovin**

n=14	Percent of Respondents (%)
Children would have a safe place to go	79
School readiness	71
Our household could engage in more subsistence activity	64
Other family members would get the care they need	57
A member of the household could participate in further education or workforce training	50
Better nutrition	43
More time for health care appointments	43

### GOLOVIN CHILD CARE PRIORITIES

Golovin residents prioritize the following child care needs for their community.

1. Child safety in care (safe facilities, providers, and places to play).
2. More trained child care providers year-round that meet household schedules.
3. Facilities for child care.

## Koyuk

### Demographics

In Koyuk, approximately 31% of the population is under the age of 13, or about 91 people out of the village’s 291 residents. About 57% of Koyuk’s 89 households contain children under the age of 18 (about 51 households).<sup>9</sup>

Over the past decade, Koyuk’s child population declined by 8%. The number of children under 6 years in the community more than doubled during this period however, increasing 108%.

### Services and Facilities

Kawerak, in partnership with the BSSD, offers Head Start to 3- and 4-year-olds.

<sup>9</sup> U.S. Census Bureau, American Community Survey, 2015-2019 Five Year Average

## Survey Results

Twenty-eight Koyuk residents responded to the survey.

### AVAILABILITY OF CARE

Over half (57%) of Koyuk respondents report finding child care is difficult or very difficult in the community, while one-third (32%) consider finding care easy or very easy.

The most frequently mentioned reason for difficulty finding care is lack of providers (74%). All other concerns were raised by one-third of respondents or less, including quality of care (32%) and need for care during nontraditional hours (32%).

Figure 5. Ease of Finding Child Care in Koyuk



Table 29. Reasons for Difficulty Finding Child Care in Koyuk

n=19	Percent of respondents (%)
Lack of child care providers in the community	74
Concerns with quality of care available	32
Need care during hours when child care options are not available	32
Cost of child care	26

### QUALITY OF CARE

Two-thirds (68%) of survey respondents report child care quality as good or very good in Koyuk, while one-quarter (24%) rate it as poor or very poor.

Top respondent suggestions for enhancing child care quality in the community include more appropriate child care facilities (61%), more space for children (57%), and more training for child care providers (57%).

Figure 6. Overall Child Care Quality in Koyuk

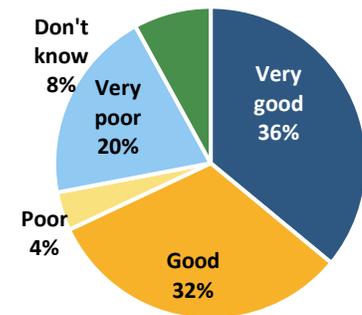


Table 30. Suggested Improvements to Child Care Quality in Koyuk

n=23	Percent of Respondents (%)
More appropriate child care facilities	61
More space for children	57
More child care provider training	57
More interaction between the child care provider and children	35
Better nutrition for children	22

## CHILD CARE NEEDS AND CHALLENGES

Koyuk respondents emphasized child care availability, quality (particularly safety), and a facility as needs for the community. The most frequently cited challenge was ensuring safe care for children, followed closely by the need for a facility in which child care could be conducted. The challenge of finding reliable, trained child care professionals was also mentioned by several respondents.

Koyuk respondents report a need for more **safe and reliable child care**. Respondents also mention the need for care that **meets their schedule**, including weekends, and the need for a child care **facility**.

Koyuk respondents are very likely to need Head Start (75%) and Early Head Start (65%) in the next five years. Seventy percent report they are very likely to need care in their home, while 55% report they are very likely to need a public preschool.

**Table 31. Likelihood of Needing Care in the Next Five Years in Koyuk**

Type of Care	Very Likely	Somewhat Likely	Not Likely
Early Head Start n=20	65%	15%	20%
Head Start n=22	75%	15%	20%
Private preschool n=16	25%	20%	35%
Public preschool n=16	55%	15%	10%
Child care center n=15	45%	20%	10%
Care at someone else's home n=16	35%	30%	15%
Care in your home n=19	70%	15%	10%
Before or after school care n=16	40%	30%	10%
Summer child care n=14	35%	30%	5%

## IMPACTS OF CHILD CARE CHALLENGES

Over half (57%) of respondents from Koyuk report their household includes a member not employed or employed fewer hours than they would like to be because of a lack of access to child care.

Three-quarters (77%) of respondents report that adequate child care would benefit their household by allowing them to engage in more subsistence activities and 68% would benefit because children would have a safe place to go.

**Table 32. How Adequate Child Care Would Benefit the Family, Koyuk**

n=22	Percent of Respondents (%)
Our household could engage in more subsistence activity	77
Children would have a safe place to go	68
School readiness	50
A member of the household could participate in further education or workforce training	45
Other family members would get the care they need	45
More time for health care appointments	32
Better nutrition	23

### **KOYUK CHILD CARE PRIORITIES**

Koyuk respondents prioritized the following child care needs for their community in order of frequency mentioned.

1. Child safety, including drug-free, sober caretakers with good background checks.
2. Available, reliable caretakers.
3. A child care facility.
4. Child nutrition.
5. Mental and physical health.

## **Nome**

### **Demographics**

Approximately 3,850 people live in Nome, including about 851 children under age 13 (about 22% of residents). Out of 1,274 households in Nome, approximately 45% have one or more children under age 18 living there (573 households).<sup>10</sup>

While the child population in Nome rose slightly (3-5%) in the middle of the last decade, the five-year average population has remained almost the same over the past decade, with an average total of 1,108 Nome residents under age 18 from 2015-19. The number of 6- to 11-year-olds has increased by 22% over the decade, with an average total of 327 in 2015-19. The number of children under 6 has fallen by 2% (for an average total of 437 in 2015-19) and the number of children 12 years and older has dropped by 12% (for an average total of 344 in 2015-19).

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<sup>10</sup> U.S. Census Bureau, American Community Survey, 2015-2019 Five Year Average

## Services and Facilities

Kawerak operates three to four full-time, year-round Early Head Start/Child Care classrooms in Nome with up to eight students in each room, and two Head Start classrooms with up to 20 students in each. Early Head Start and Head Start services are available to criteria-eligible families. In addition, Kawerak provides child care through Kawerak’s Uiviilat Play and Learn Center in the same classrooms in the afternoons when Head Start ends and full-time child care during the summer when Head Start is closed for the summer. This combination provides parents with a full work day of care. Nome Preschool Association provides part-time for-pay preschool to 3- and 4-year-olds, with up to 20 students in each of two classes.

The Nome Boys & Girls Club provides afterschool care, tutoring, cultural activities, arts and crafts, games, snacks, and supper to youth 7 to 18 years of age. Nome Eskimo Community supports youth tutoring to grades 6-12 with funding from a federal grant and partners with Nome Elementary School on a literacy program for second and third graders. Norton Sound Health Corporation hosts summer sessions with exercise and activities for children 5 years of age and older (Summercise), as well as kinder gym for children up to 5 years of age. Athletic programs are available to elementary school students, with funding coming from Norton Sound Economic Development Foundation and passing through the school district.

## Survey Results

Forty-two individuals from Nome responded to the survey.

### AVAILABILITY OF CARE

Eighty-six percent of Nome respondents report finding child care difficult or very difficult, while only 14% find it easy or very easy. The most mentioned reason for difficulty finding care is lack of providers (81%). Over half (57%) expressed concerns with quality of care and the same percentage mentioned cost of care. Twenty-nine percent cited a need for care that fits their schedule. Other reasons mentioned for difficulty include not qualifying for care income requirements.

Figure 7. Ease of Finding Care in Nome

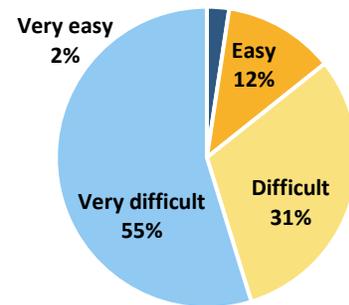


Table 33. Reasons for Difficulty Finding Child Care in Nome

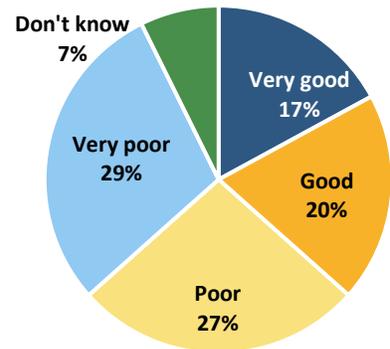
n=21	Percent of Respondents (%)
Lack of child care providers in the community	81
Concerns with quality of care available	57
Cost of child care	57
Need care during hours when child care options are not available	29

## QUALITY OF CARE

Over half (56%) of respondents report that overall child care quality is poor or very poor in Nome, while 37% report it as good or very good.

Most frequently suggested improvements for quality include more appropriate space for children, followed by child care provider training, more interaction between providers and children, and better nutrition.

Figure 8. Overall Child Care Quality in Nome



## CHILD CARE NEEDS AND CHALLENGES

Nome respondents emphasize child care availability, quality, and affordability as challenges for the community. The most frequently cited challenge is finding dependable, responsible, and safe child care providers. Some respondents mentioned trouble finding care as their household income over-qualified for available subsidies. Others cited a need for care for school age children. Several respondents noted child care provider training and licensing are challenges.

Aside from need for safe, reliable care, Nome respondents mentioned need for **after-school care**; affordable care including care that is **eligibility-based**; care that accommodates various schedules, including **drop-in, after hours**, and **foster children** needs; and care for **infants and young children**. A few respondents cited need for more physical child care space, including a **certified center** and for more **cultural awareness** to be incorporated into child care.

Over the next five years, three-quarters (75%) of Nome respondents are very likely to need before and after school care and 74% to need summer child care. Respondents reported they are very likely to need the following care (by percent stating need): Head Start (63%), care in their home (60%), care at someone else’s home (54%), Early Head Start (53%), public preschool (50%), and a child care center (48%).

Table 34. Likelihood of Needing Care in the Next Five Years in Nome

	Very Likely	Somewhat Likely	Not Likely
Early Head Start n=34	53%	15%	32%
Head Start n=35	63%	9%	29%
Private preschool n=31	35%	13%	52%
Public preschool n=36	50%	14%	36%
Child care center n=29	48%	31%	21%
Care at someone else’s home n=35	54%	37%	9%
Care in your home n=35	60%	23%	17%
Before or after school care n=36	75%	19%	6%
Summer child care n=31	74%	23%	3%

## IMPACTS OF CHILD CARE CHALLENGES

Fifty-seven percent of respondents report at least one household member not employed or working fewer hours because of lack of access to child care. Respondents also report household cannot participate as much as they would like to in subsistence endeavors.

When asked how adequate child care would benefit the household, 80% of respondents report child care helps with school readiness. Three-quarters (73%) report children would have a safe place to go. Two-thirds (67%) could engage in more subsistence activity and half (53%) would have more time for health care appointments.

**Table 35. How Adequate Child Care Would Benefit the Family, Nome**

n=15	Percent of Respondents (%)
School readiness	80
Children would have a safe place to go	73
Our household could engage in more subsistence activity	67
More time for health care appointments	53
Better nutrition	40
A member of the household could participate in further education or workforce training	40
Other family members would get the care they need	33

## NOME CHILD CARE PRIORITIES

When asked to prioritize among community child care needs, Nome respondents emphasized the following, in order of frequency mentioned.

1. More reliable child care options.
2. Safety for children in care.
3. More child care facilities or more space in existing facilities.
4. Affordable care, including for those who do not qualify based on income or other eligibility.
5. Child care provider training.
6. Care for infants through school age children.
7. Cultural awareness.
8. Accessibility.

## St. Michael

No survey responses were returned for St. Michael.

### Demographics

Approximately 148 children live in St. Michael aged 12 years and under, out of about 427 people (about 35% of the population). The community's total child population rose over the past decade by 13%.<sup>11</sup>

### Services and Facilities

Kawerak, in partnership with BSSD, provides Head Start to preschoolers in St. Michael. Family fun nights are offered in St. Michael, as well as afterschool activities during the school year.

## Savoonga

### Demographics

Approximately 975 people live in Savoonga; less than one-third (29%) who are children under the age of 13 (285 people). Out of 199 households in Savoonga, 79% or 157 households are home to one or more children under the age of 18.

Savoonga's child population rose 19% between 2010 and 2019, with increases of 42% among 6- to 11-year-olds and 33% among those 12 years and older. The number of children under 6 years declined by 9%.

### Services, Facilities and Activities.

RurAL CAP offers Head Start to 3- and 4-year-olds, in conjunction with BSSD. Pre-pandemic local activities included open gym for ages 3 and older, family fun nights, and school-related options, such as movie nights, literacy and art nights, and after-school tutoring.

### Survey Results

Ten Savoonga residents responded to the survey.

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<sup>11</sup> U.S. Census Bureau, American Community Survey, 2015-2019 Five Year Average

## AVAILABILITY OF CARE

Only one of ten respondents report care in Savoonga is easy to find. The remaining nine respondents report finding care difficult or very difficult in the community. The main reason for such difficulty is a lack of child care providers.

**Table 36. Reasons for Difficulty Finding Child Care in Savoonga**

n=10	Count
Lack of child care providers in the community	10
Concerns with quality of care available	4
Cost of child care	1
Need care during hours when child care options are not available	-

## QUALITY OF CARE

Six of the eight respondents who report child care services exist in Savoonga report the quality of care in Savoonga is good or very good. Top suggested improvements to child care quality in the community include more space for children/more appropriate child care facilities and more child care provider training.

**Table 37. Possible Improvements to Quality of Child Care in Savoonga**

n=8	Count
More space for children	6
More child care provider training	4
More appropriate child care facilities	3
Better nutrition for children	3
More interaction between the child care provider and children	2

## CHILD CARE NEEDS AND CHALLENGES

Respondents cite several child care needs in the community: a child care center, more child care providers, and a need for children to learn their indigenous language and culture.

When asked what child care their household may need in the next five years, the most frequently mentioned types of care include: care in their own home, public preschool, and before or afterschool care.

**Table 38. Likelihood of Needing Care in the Next Five Years in Savoonga, Count**

Type of Care	Very Likely	Somewhat Likely	Not Likely
Early Head Start n=3	1	1	1
Head Start n=3	3	0	0
Private preschool n=2	0	0	2
Public preschool n=6	5	1	0
Child care center n=4	3	0	1
Care at someone else's home n=5	2	1	2
Care in your home n=6	6	0	0
Before or after school care n=5	5	0	0
Summer child care n=5	4	1	0

### IMPACTS OF CHILD CARE CHALLENGES

Five Savoonga respondents report a household member is not employed or working fewer hours because of a lack of access to child care. The most frequently selected benefits to having adequate child care are school readiness and providing children with a safe place to go, followed by allowing the household to engage in more subsistence activity.

**Table 39. How Adequate Child Care Would Benefit the Family, Savoonga**

n=9	Count
School readiness	8
Children would have a safe place to go	8
Our household could engage in more subsistence activity	6
Better nutrition	4
Other family members would get the care they need	4
A member of the household could participate in further education or workforce training	3
More time for health care appointments	1

### SAVOONGA CHILD CARE PRIORITIES

1. Child care providers/facilities, including Head Start.
2. Year-round child health and safety, including nutrition.

## Shaktoolik

### Demographics

Approximately 302 people live in Shaktoolik, including about 97 children under the age of 13 (32% of the population). Out of 85 households, three quarters (75% or 64 households) of

households have children under age 18 residing in them. <sup>12</sup> Shaktoolik’s child population rose by 90% in the past decade.

## Services and Facilities

Kawerak, in partnership with BSSD, provides Head Start to 3- and 4-year-old children.

Open gym is available as well as activities through the school, including afterschool tutoring, summer school, and literacy and art nights.

## Survey Results

Seventeen individuals from Shaktoolik responded to the survey.

### AVAILABILITY OF CARE

Finding care is difficult or very difficult for 71% of Shaktoolik respondents, and easy for only 18%.

The most mentioned reason (73% of respondents) for difficulty finding care is lack of child care providers in the community. Other reasons reported by at least one-third of respondents include concerns with quality of care and cost.

Figure 9. Ease of Finding Child Care in Shaktoolik

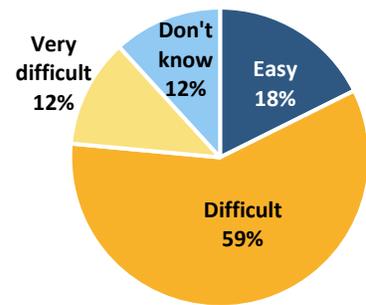


Table 40. Reasons for Difficulty Finding Child Care in Shaktoolik

n=11	Percent of Respondents (%)
Lack of child care providers in the community	73
Concerns with quality of care available	36
Cost of child care	36
Need care during hours when child care options are not available	9

<sup>12</sup> U.S. Census Bureau, American Community Survey, 2015-2019 Five Year Average

## QUALITY OF CARE

Eighty five percent of respondents report overall child care quality in Shaktoolik is good or very good, while 7% report it is poor.

Most suggested improvements to quality of child care focus on space: more space for children/appropriate child care facilities.

Figure 10. Overall Child Care Quality in Shaktoolik

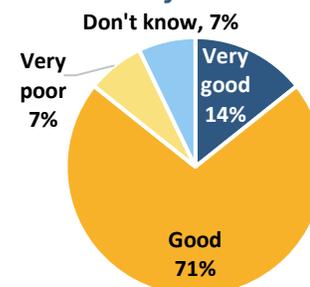


Table 41. Possible Improvements to Quality of Child Care in Shaktoolik

n=12	Percent of Respondents (%)
More space for children	75
More appropriate child care facilities	58
More interaction between the child care provider and children	33
Better nutrition for children	33
More child care provider training	25

## CHILD CARE NEEDS AND CHALLENGES

The most frequently mentioned challenges for Shaktoolik respondents include availability of child care that meets family needs as well as space for child care to occur.

The most frequently mentioned child care need for the community is **qualified, reliable babysitters**. Several respondents also cited the need for a **child care space, afterschool programs, affordable care, nutritional meal plans**, and **early intervention** for children. Shaktoolik respondents are very likely to need Head Start care, as well as care in their own home in the next five years, at 82% for both types of care.

Table 42. Likelihood of Needing Care in the Next Five Years in Shaktoolik

Type of Care	Very Likely	Somewhat Likely	Not Likely
Early Head Start n=11	36%	27%	36%
Head Start n=14	82%	9%	36%
Private preschool n=9	9%	0%	73%
Public preschool n=11	55%	18%	27%
Child care center n=12	27%	45%	36%
Care at someone else's home n=13	55%	45%	18%
Care in your home n=12	82%	27%	0%
Before or after school care n=13	73%	18%	27%
Summer child care n=12	64%	18%	27%

## IMPACTS OF CHILD CARE CHALLENGES

One-quarter (24%) of respondents from Shaktoolik report their household includes a member not employed or employed fewer hours because of lack of access to child care.

Seventy-nine percent of respondents report that adequate child care would benefit their household by providing children with a safe place to go, and 64% indicate engaging in more subsistence activities would be beneficial. Half of respondents noted school readiness is a benefit.

**Table 43. How Adequate Child Care Would Benefit the Family, Shaktoolik**

n=14	Percent of Respondents (%)
Children would have a safe place to go	79
Our household could engage in more subsistence activity	64
School readiness	50
Other family members would get the care they need	29
A member of the household could participate in further education or workforce training	21
Better nutrition	14
More time for health care appointments	14

## SHAKTOOLIK CHILD CARE PRIORITIES

Shaktoolik respondents prioritized the following child care needs for their community in order of frequency mentioned.

1. Qualified, reliable caretakers.
2. A child care facility/safe place for children.
3. After-school care.
4. Affordability.

## Shishmaref

### Demographics

Shishmaref is home to approximately 498 people of whom 142 people are children under age 13 (about 29%). Out of approximately 136 households in Shishmaref, approximately 82 have children living in them, about 60% of households.<sup>13</sup>

<sup>13</sup> U.S. Census Bureau, American Community Survey, 2015-2019 Five Year Average

The number of children under 6 years of age declined by 9%. Shishmaref’s total child population steadily declined over the past decade by 27%,

## Services and Facilities

Kawerak operates Early Head Start and, in partnership with BSSD, Head Start in Shishmaref.

Outside of the pandemic, youth activities are offered primarily through the school, including sports, afterschool tutoring, Battle of the Books, a literacy program, an art program, and Little Dribblers for elementary-school children.

## Survey Results

Twenty-five individuals from Shishmaref responded to the survey.

### AVAILABILITY OF CARE

Approximately half (48%) of Shishmaref respondents report finding child care is difficult or very difficult, while 28% report finding it is easy or very easy. One-quarter (24%) do not know.

The most frequently mentioned reason for difficulty finding care is lack of providers in the community, at 65%. The next most common is concerns with quality of care available, at 25%.

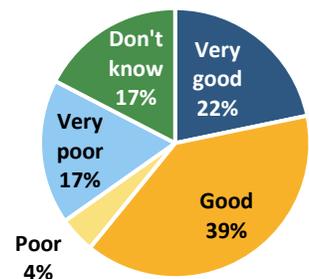
Figure 11. Ease of Finding Child Care in Shishmaref



Table 44. Reasons for Difficulty Finding Child Care in Shishmaref

n=20	Percent of Respondents (%)
Lack of child care providers in the community	65
Concerns with quality of care available	25
Cost of child care	15
Need care during hours when child care options are not available	10

Figure 12. Overall Child Care Quality in Shishmaref



### QUALITY OF CARE

Sixty-one percent of respondents report child care quality in the community is good or very good, while 21% find it poor or very poor.

Suggested improvements to quality include more space for children (58%) and more appropriate child care facilities (42%). More child care provider training was also suggested by 42% of respondents and 26% suggest more interaction between care providers and children.

**Table 45. Possible Improvements to Quality of Child Care in Shishmaref**

n=19	Percent of Respondents (%)
More space for children	58
More appropriate child care facilities	42
More child care provider training	42
More interaction between the child care provider and children	26
Better nutrition for children	26

### CHILD CARE NEEDS AND CHALLENGES

Top challenges include finding **dependable child care providers** and more options for **child care space**. The most frequently mentioned need is for providers for **care throughout the day**, including to help household members engage in subsistence and allow medical travel.

Over half of respondents report they are very likely to need the following types of care in the next five years: care in their home (61%), care in someone else’s home (53%), Head Start (55%), Early Head Start (52%)

**Table 46. Likelihood of Needing Care in the Next Five Years in Shishmaref**

	Very Likely	Somewhat Likely	Not Likely
Early Head Start n=21	52%	19%	29%
Head Start n=20	55%	15%	30%
Private preschool n=11	0%	18%	82%
Public preschool n=15	47%	13%	40%
Child care center n=13	38%	15%	46%
Care at someone else’s home n=15	53%	7%	40%
Care in your home n=18	61%	17%	22%
Before or after school care n=17	41%	29%	29%
Summer child care n=17	41%	18%	41%

### IMPACTS OF CHILD CARE CHALLENGES

Twelve percent of respondents in Shishmaref report someone in their household is not employed or works fewer hours than they otherwise would because of lack of child care. Several respondents also report household members are constrained by child care in their ability to participate in subsistence activities and recreational activities.

Sixty-two percent of respondents believe adequate child care would provide children a safe place to go. More than half (57%) cited school readiness as a benefit. Other benefits noted by at least one-third of respondents include engaging more in subsistence activities, participating in education or workforce training, better nutrition, and care for other family members.

**Table 47. How Adequate Child Care Would Benefit the Family, Shishmaref**

n=21	Percent of Respondents (%)
Children would have a safe place to go	62
School readiness	57
Our household could engage in more subsistence activity	33
A member of the household could participate in further education or workforce training	33
Other family members would get the care they need	33
Better nutrition	33
More time for health care appointments	24

### **SHISHMAREF CHILD CARE PRIORITIES**

1. More child care providers.
2. A child care facility.

Other priorities mentioned by one respondent each include care outside of normal business hours, education for children, and child safety.

## **Stebbins**

No survey responses were returned for Stebbins.

### **Demographics**

Approximately 615 people live in Stebbins, with about 190 people 12 years of age and younger (31% of the population). The population of children in Stebbins rose by 7% since 2010.

### **Services and Facilities**

RurAL CAP and BSSD partner to provide Head Start to 3- and 4-year-olds in Stebbins.

# Teller

## Demographics

The population of Teller is approximately 193 people, including about 53 children under the age of 13 (about 27% of the population). Teller has approximately 60 households, with about 53% that contain one or more children under the age of 18 (about 32 households).<sup>14</sup>

Teller's child population rose by 27% in the past decade.

## Services, Facilities and Activities

Kawerak, in partnership with BSSD, provides Head Start to preschoolers. Typical youth activities in the community, when the COVID pandemic is not an issue, include open gym, school-sponsored afterschool sports and activities, STEM activities supported by Northwestern Alaska Career and Technical Center, social nights at the community hall, and traditional dancing and drumming.

## Survey Results

Eleven residents from Teller responded to the survey.

### AVAILABILITY OF CARE

Only two of eleven respondents report finding child care in Teller is easy, while the rest report it difficult or very difficult. The most cited reason for this difficulty is lack of child care providers in the community.

**Table 48. Reasons for Difficulty Finding Child Care in Teller**

n=9	Count
Lack of child care providers in the community	8
Concerns with quality of care available	4
Need care during hours when child care options are not available	2
Cost of child care	2

### QUALITY OF CARE

Of the respondents who reported on quality of care (three did not because they did not find services available in Teller), half report quality of child care is good or very good, and the others

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<sup>14</sup> U.S. Census Bureau, American Community Survey, 2015-2019 Five Year Average

poor or very poor. More space for children/appropriate child care facilities and more child care provider training were cited as possible improvements to quality.

**Table 49. Possible Improvements to Quality of Child Care in Teller**

n=8	Count
More space for children	8
More child care provider training	7
More appropriate child care facilities	6
Better nutrition for children	5
More interaction between the child care provider and children	4

## CHILD CARE NEEDS AND CHALLENGES

Teller respondents cite needs for **child care providers** and a **child care center**. Specific care needs mentioned by more than one respondent include afterschool and summer care. Respondents are very likely to need care in their home and other people’s homes in the next five years, along with Head Start services and public preschool.

**Table 50. Likelihood of Needing Care in the Next Five Years in Teller, Count**

Type of Care	Very Likely	Somewhat Likely	Not Likely
Early Head Start n=8	5	3	0
Head Start n=10	7	3	0
Private preschool n=7	2	3	2
Public preschool n=8	7	1	0
Child care center n=8	5	2	1
Care at someone else’s home n=9	7	2	0
Care in your home n=10	7	2	1
Before or after school care n=10	6	2	2
Summer child care n=10	6	2	2

## IMPACTS OF CHILD CARE CHALLENGES

Seven of the 11 Teller respondents report a household member is not employed or working fewer hours because of a lack of access to child care.

If adequate care were available, aside from opportunities for employment, respondents feel benefits would include better nutrition, the ability to engage in more subsistence activities, and school readiness, among others.

**Table 51. How Adequate Child Care Would Benefit the Family, Teller**

n=10	Count
Better nutrition	9
Our household could engage in more subsistence activity	8
School readiness	8
Children would have a safe place to go	7
Other family members would get the care they need	7
More time for health care appointments	6
A member of the household could participate in further education or workforce training	5

### TELLER CHILD CARE PRIORITIES

1. A child care facility.
2. More child care options.

## Unalakleet

### Demographics

Approximately 707 people live in Unalakleet, out of which about 128 people, or 18% of the population, are children under the age of 13. Out of 166 households, 49% or 81 households, have at least one child under the age of 18 living in them.<sup>15</sup>

Unalakleet's child population fell by 25% between 2010 and 2019.

### Services, Facilities, and Activities

The Bering Strait School District offers preschool to 3- and 4-year-olds using the same materials as those in Head Start. Outside of the pandemic, school, church, and tribally sponsored activities for children are available in the community, including open gym, cross country skiing for elementary-school students, game night, a color run, and Bible camps.

### Survey Results

Eight individuals from Unalakleet responded to the survey.

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<sup>15</sup> U.S. Census Bureau, American Community Survey, 2015-2019 Five Year Average

## AVAILABILITY OF CARE

All eight respondents report it is difficult or very difficult to find care in Unalakleet. Reasons for difficulty include lack of child care providers in the community and concerns with quality of care.

**Table 52. Reasons For Difficulty Finding Child Care in Unalakleet**

n=5	Count
Lack of child care providers in the community	4
Concerns with quality of care available	4
Need care during hours when child care options are not available	-
Cost of child care	2

## QUALITY OF CARE

Three respondents report quality of care in Unalakleet is poor or very poor, while four report there are no services in Unalakleet, though many note that child care options are not available in the community.

**Table 53. Possible Improvements to Quality of Child Care in Unalakleet**

n=5	Count
More child care provider training	2
More appropriate child care facilities	2
Better nutrition for children	1
More interaction between the child care provider and children	1
More space for children	1

## CHILD CARE NEEDS AND CHALLENGES

In addition to a general need for **more child care** in the community, respondents report a need for **infant care** and care for children not yet old enough for Head Start. **Summer care** is also a need, including **summer lunch programs**.

When asked what types of care respondents anticipate needing in the next five years, the most cited types of care are Head Start, public preschool, a child care center, and before or afterschool care.

**Table 54. Likelihood of Needing Care in The Next Five Years in Unalakleet, Count**

n=8	Very Likely	Somewhat Likely	Not Likely
Early Head Start	3	3	2
Head Start	6	1	1
Private preschool	1	0	7
Public preschool	6	2	0
Child care center	6	1	1
Care at someone else's home	2	3	3
Care in your home	3	3	2
Before or after school care	5	3	0
Summer child care	4	2	2

### IMPACTS OF CHILD CARE CHALLENGES

Two Unalakleet respondents report that a household member is not employed or working fewer hours because of a lack of access to child care.

**Table 55. How Adequate Child Care Would Benefit the Family, Unalakleet**

n=4	Count
School readiness	4
Children would have a safe place to go	4
Our household could engage in more subsistence activity	3
A member of the household could participate in further education or workforce training	3
Better nutrition	2
Other family members would get the care they need	2
More time for health care appointments	2

### UNALAKLEET CHILD CARE PRIORITIES

1. More reliable and consistent child care options, particularly for young children.
2. Child care facility.
3. Child safety.

## Wales

### Demographics

Approximately 56 people out of the 184 people that live in Wales are children under the age of 13 (30%). Out of 55 total households, 56%, or approximately 31 households, are home to children under the age of 18.<sup>16</sup>

The child population rose over the past decade by 57% in Wales.

### Services, Facilities and Activities

The Bering Strait School District runs a preschool program for 3- and 4-year-olds. Kawerak no longer runs Head Start in the community due to difficulties finding staff and so few 3- and 4-year olds in the community. The tribal family services department hosts youth activities, such as Lemonade Day, games, and bake sales. Norton Sound Health Corporation offers Summercise sessions with nutrition, exercise, and activities for children, and the community has an Eskimo dance group.

### Survey Results

Eleven Wales residents responded to the survey.

#### AVAILABILITY OF CARE

Only two of eleven respondents report finding care in Wales is easy, while seven report it is difficult or very difficult. The main reason for this difficulty is a lack of child care providers in the community,

**Table 56. Reasons for Difficulty Finding Child Care in Wales**

n=7	Count
Lack of child care providers in the community	7
Need care during hours when child care options are not available	3
Concerns with quality of care available	1
Cost of child care	1

<sup>16</sup> U.S. Census Bureau, American Community Survey, 2015-2019 Five Year Average

## QUALITY OF CARE

Most respondents report no child care service availability in the community, while three report child care services with good quality.

**Table 57. Possible Improvements to Quality of Child Care in Wales**

n=6	Count
More space for children	5
Better nutrition for children	4
More child care provider training	2
More appropriate child care facilities	2
More interaction between the child care provider and children	2

## CHILD CARE NEEDS AND CHALLENGES

Aside from an overall need for more, trained **child care providers**, Wales respondents cite need for **infant care** and more **activities** for children in the community.

The largest number of respondents anticipate needing the following types of care over the next five years: care in their own home, public preschool, and Early Head Start/Head Start.

**Table 58. Likelihood of Needing Care in the Next Five Years in Wales, Count**

	Very Likely	Somewhat Likely	Not Likely
Early Head Start n=8	4	1	3
Head Start n=9	5	0	4
Private preschool n=7	2	0	5
Public preschool n=9	5	0	4
Child care center n=8	4	0	4
Care at someone else's home n=7	3	3	1
Care in your home n=8	5	3	0
Before or after school care n=8	3	2	3
Summer child care n=8	4	0	4

## IMPACTS OF CHILD CARE CHALLENGES

Six of the 11 Wales respondents report a household member is not employed or working fewer hours because of a lack of access to child care.

Commonly cited benefits of adequate child care include school readiness and a safe place to go for children.

**Table 59. How Adequate Child Care Would Benefit the Family, Wales**

n=10	Count
School readiness	8
Children would have a safe place to go	8
A member of the household could participate in further education or workforce training	6
Other family members would get the care they need	5
Better nutrition	5
Our household could engage in more subsistence activity	4
School readiness	8

### WALES CHILD CARE PRIORITIES

1. More child care options, particularly trained providers.
2. A child care facility.
3. Activities and spaces for child care and children to play.

## White Mountain

### Demographics

Approximately 21% of the population who live in White Mountain are children under the age of 13, or about 33 out of 156 people. Out of 63 household in White Mountain, approximately 40% contain at least one child under the age of 18, or about 25 households.<sup>17</sup>

The community's population of children fell by 7 children in the past decade, a decrease of 42%.

### Services and Facilities

Kawerak, in partnership with BSSD, provides Head Start for preschoolers.

### Activities

Kawerak provides family fun nights, which offer activities and food for young people.

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<sup>17</sup> U.S. Census Bureau, American Community Survey, 2015-2019 Five Year Average

## Survey Results

Fifteen individuals in White Mountain responded to the survey.

### AVAILABILITY OF CARE

Two-thirds (67%) of White Mountain respondents report child care is difficult or very difficult to find in the community, while 20% consider finding care easy or very easy.

Almost all respondents (91%) cited lack of providers as a reason for difficulty finding care. Other reasons included concerns with cost (36%), and concerns with quality (27%).

Figure 13. Ease of Finding Child Care in White Mountain

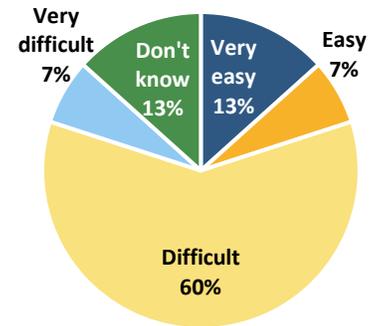


Table 60. Reasons For Difficulty Finding Child Care in White Mountain

n=11	Percent of Respondents (%)
Lack of child care providers in the community	91
Cost of child care	36
Concerns with quality of care available	27
Need care when child care options are unavailable	-

### QUALITY OF CARE

More than three-quarters (78%) of respondents rate child care quality as good or very good in White Mountain. The remaining respondents rate quality as very poor.

More than half (57%) of respondents suggest more appropriate child care facilities would improve quality, with 50% also noting a need for more space for children. Forty-three percent suggest more child care provider training, and more than one-third (36%) suggest better nutrition for children.

Figure 14. Overall Child Care Quality in White Mountain

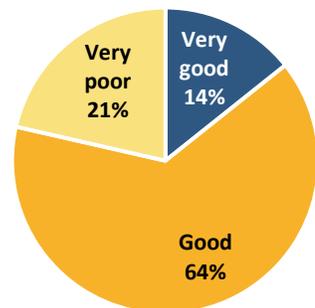


Table 61. Possible Improvements to Quality of Child Care in White Mountain

n=14	Percent of Respondents (%)
More appropriate child care facilities	57
More space for children	50
More child care provider training	43
Better nutrition for children	36
More interaction between the child care provider and children	29

## CHILD CARE NEEDS AND CHALLENGES

White Mountain respondents report no facility for child care and a lack of child care providers as challenges. Also, finding affordable child care is a challenge for several respondents. One mentioned it would be nice to be able to pay a grandparent or sibling for care services.

In response to those challenges, respondents expressed need for a **child care facility**, particularly because some homes are not fit for watching children. They also note the community needs **reliable, quality child care providers year-round**, including during the summer and to support household travel needs.

Eighty-two percent of White Mountain respondents anticipate they are very likely to need care in their home over the next five years, with the same percentage anticipating need for Head Start services. Over half of respondents anticipate a need for public preschool (64%) and 55% EHS.

**Table 62. Likelihood of Needing Care in the Next Five Years in White Mountain**

Type of Care	Very Likely	Somewhat Likely	Not Likely
Early Head Start n=11	55%	27%	18%
Head Start n=13	82%	27%	9%
Private preschool n=4	0%	18%	18%
Public preschool n=9	64%	18%	0%
Child care center n=9	36%	36%	9%
Care at someone else's home n=11	45%	45%	9%
Care in your home n=11	82%	18%	0%
Before or after school care n=10	45%	36%	9%
Summer child care n=9	27%	45%	9%

## IMPACTS OF CHILD CARE CHALLENGES

Half (53%) of White Mountain respondents report that a household member is not employed or working fewer hours because of a lack of access to child care. Many respondents also report they cannot engage in subsistence activities as much as they would like.

If adequate child care were available, 83% of respondents note that children would have a safe place to go, the same percentage of respondents report that a household member could then participate in further education or workforce training. Two-thirds (67%) say they could then engage more in subsistence activities.

**Table 63. How Adequate Child Care Would Benefit the Family, White Mountain**

n=12	Percent of Respondents (%)
Children would have a safe place to go	83
A member of the household could participate in further education or workforce training	83
Our household could engage in more subsistence activity	67
School readiness	58
Other family members would get the care they need	50
More time for health care appointments	50
Better nutrition	42

**WHITE MOUNTAIN CHILD CARE PRIORITIES**

1. Child safety and wellness.
2. Child care facility.
3. Reliable child care providers.
4. School readiness.

## Child Care Facilities Analysis

Both surveys and interviews indicate a strong need for child care and youth activity facilities in all communities within the Bering Strait region. Public schools are often the primary facilities for children in villages, which leaves the community without secondary places for children outside of their homes. This is particularly an issue on weekends and during the summer. While Nome has the widest array of youth facilities, few options other than Head Start and Nome Preschool Association exist for children under 6 years of age.

Representatives from all communities indicate a need for child care facilities during the day, as well as evenings and weekends for parents who work outside regular business hours. Nome offers the greatest range of options for child care, and yet even in the regional hub, child care needs remain unmet due to the number of working parents relative to child care availability.

Outlying communities lack child care centers and infrastructure that is especially needed in areas with a shortage of housing. The lack of housing in many Bering Strait communities forces larger numbers of people to cohabitate, often with six or more people. Crowded homes make it difficult to establish adequate space for in-home child care. In addition, a larger number of household members means a greater number of people must pass background checks for domestic violence and other criminal activity, which in turn makes it harder for people to become licensed providers. Survey and interview respondents stated that communities would greatly benefit from child care centers at which providers could find employment or rent space for their own child care business.

### Existing Facilities

Existing facilities that house child care services or provide space for children's activities include public schools, HS/EHS centers, preschools, and a few youth recreation centers.

#### PUBLIC SCHOOLS

Schools in the two districts, Nome Public Schools and Bering Strait School District, are important centers for activities for children 5 years of age and older in the Bering Strait region. Schools provide space for open gyms, athletic programs such as basketball and cross-country skiing, tutoring, literacy, art, and family fun nights. While schools often are at the heart of youth activities in villages, their summer closures leave children without a place to go during the months of the year in which they have the most free time.

#### HEAD START AND PRESCHOOL FACILITIES

As described earlier in this report, Nome Preschool Association operates a facility, which includes a playground. The Bering Strait School District runs preschools in Unalakleet and

Wales. RurAL CAP operates Head Start facilities in Savoonga and Stebbins. Kawerak oversees Head Start programs in Brevig Mission, Elim, Gambell, Golovin, Koyuk, Nome, St. Michael, Shaktoolik, Shishmaref, Teller, and White Mountain. Kawerak operates Early Head Start in Nome, Brevig Mission, Elim, and Shishmaref.

### **KAWERAK HEAD START FACILITIES**

Kawerak owns buildings for Head Start programs in Nome, Elim, Brevig Mission, Gambell, and Teller. In Nome, Kawerak operates Head Start, Early Head Start and the Uiviilat Play and Learn Center in the same facility, which allows Kawerak to offer full-day services to children. Space and facilities are adequate for Kawerak programs in most of the buildings Kawerak owns. Exceptions are Brevig Mission, where another classroom is needed so children are not waitlisted in some years, and Nome, where more office spaces are needed.

In Shishmaref, Kawerak rents space in two buildings, one owned by the City of Shishmaref and one by Shishmaref Native Corporation, because one building alone lacked enough space for Head Start and Early Head Start programs. Kawerak is building a facility of its own to house Shishmaref programs at one site. The building will open for the 2022-23 school year.

In addition, Kawerak rents space for EHS/HS in other communities from the following entities:

- Golovin - one classroom in the Chinook Eskimo Community Building, which houses offices.
- Koyuk - the National Guard Armory, at no charge.
- St. Michael - a room and an office from the City of St. Michael.
- Shaktoolik - a building from the City of Shaktoolik.
- White Mountain - one classroom in an office building owned by the Native Village of White Mountain.

New buildings are needed in Koyuk, Golovin, Saint Michael, and White Mountain, where current spaces are not large enough for all enrolled children in high-enrollment years. Multi-purpose rooms for developing gross motor skills are needed in most communities. Nome operates a multi-purpose room, as well as Elim, Saint Michael, and Gambell. These spaces are particularly important because most Head Start sites do not have playgrounds.

Most of the rented properties do not have a kitchen, except for St. Michael, so Kawerak is dependent on BSSD food services to prepare meals. Head Start managers would like to have space in which to prepare meals, as well as office space for supervisors and family advocates.

### **RECREATIONAL AND OTHER YOUTH FACILITIES**

As the region's hub, Nome has the most facilities available for children, including the following.

## NOME

### *Nome Community Center*

The Nome Community Center is a private nonprofit that provides social services and oversees or houses the following programs for young people.

- **Boys & Girls Club** provides a safe place for young people, 7 to 18 years of age to go after school. The club typically serves 30 to 50 young people on weeknights.
- **Nome Children's Home** provides emergency, temporary housing for children removed from their homes by the State of Alaska Office of Children's Services.
- **Nome Youth Court** is a restorative justice system in which juvenile offenders may keep crimes off the record by going on trial before their peers. Sentences are intended to promote responsibility, rather than solely serve as punitive measures.

### *Nome Eskimo Community*

Nome Eskimo Community (NEC) is a federally recognized tribe that partners with other organizations, such as Nome Public Schools and Nome Community Center, to provide cultural outings, basketball camps, summer camps, and after school programs for children from kindergarten to 12th grade. NEC sponsors a summer Outdoors Club, in which children 6 to 12 years of age gather plants and fish, make jam, and play Eskimo games. During spring break, a one-week program includes making traditional fishing jiggers and ice-fishing for tomcod. No fees are charged for NEC youth activities. Prior to the COVID pandemic, fees were charged for basketball camps, but since 2020, no fees have been charged due to grant funding.

The tribe also provides scholarships for tribally enrolled children to attend preschool. An NEC Relative Child Care Program enables grandparents, aunts, uncles, and siblings to get paid for caring for a relative's child/children while the relative is at work.

### *Nome Recreation Center*

The city-owned Nome Recreation Center provides a range of activities for children, including a youth softball league, open gym, kinder gym, and an afterschool program. Kinder gym operates for children up to 6 years of age. The afterschool program offers sports and other activities for two hours each day for students in 5th through 8th grades. Norton Sound Health Corporation runs parts of its Summercise nutrition and exercise program at the center.

Admission rates are as follows. Organizations sometimes buy punch cards for children whose families are not able to pay for center services.

**Table 64. Nome Recreation Center Fees**

	Youth	Adult	Seniors
Daily Admission	\$6	\$7	\$6
15 Visit Punch Card	\$85	\$100	\$85
30 Visit Punch Card	\$160	\$190	\$160
One Month Membership	\$70	\$80	\$70
One Year Membership	\$450	\$650	\$450

Source: NRC website.

### ***Nome Swimming Pool***

The City of Nome operates a pool that is available to all ages of children. The pool schedule includes regular open and family swims. The pool charges \$6 per youth, \$7 per adult, and \$6 per senior for daily admission. Fifteen-punch passes are available for \$85 for youth, \$100 for adults, and \$85 for seniors, while 30-punch passes are \$160, \$190, and \$160 respectively. Family plans are available upon request.

### **BREVIK MISSION**

#### ***Boys & Girls Club***

The Boys & Girls Club opened a clubhouse in Brevik Mission in 2018. Within months after opening, the club had a membership of 55. The club serves children 7 to 18 years of age. The program is funded through Boys & Girls Clubs of America and grants, and no fees are charged for activities.

### **Communities in Need of Facilities**

As discussed earlier in this report, child care facilities were listed as a high priority in 12 of the 14 communities surveyed in the Bering Strait region. More than half of survey respondents (56%) stated more appropriate child care facilities are needed to improve the quality of care in their community and more than half (55%) stated more space for children is needed.

Among interviewees, representatives from every community named safe child care facilities as a priority, including both space for licensed child care providers and youth activities.

**Table 65. Communities in Need of Child Care Facilities**

Community	Type of Facility	
	Child Care	Children's Activity Center
Brevig Mission	✓	
Elim	✓	✓
Gambell	✓	
Golovin		✓
Koyuk	✓	✓
Nome	✓	✓
St. Michael	✓	✓
Savoonga	✓	✓
Shaktoolik	✓	✓
Shishmaref	✓	✓
Stebbins	✓	
Teller		✓
Unalakleet	✓	✓
Wales	✓	
White Mountain	✓	✓

### Potential Facilities

Interviewees across the Bering Strait region were asked if they were aware of any buildings or spaces that might be used for a child care facility within their community. The following list includes all sites suggested by interviewee either for child care or youth activities. The list is neither conclusive nor complete, though instead lays the groundwork for further, more detailed investigation into feasible locations. Many of the suggested spaces are buildings no longer in use and would require renovation. No suggestions were offered for Brevig Mission, Koyuk, Stebbins, or Teller.

**Table 66. Potential Buildings or Spaces for a Child Care Facility, by Community**

Community	Buildings or Spaces
Elim	Former Boys & Girls Club building
Gambell	Former clinic (in process of being turned into a youth center)
Golovin	City building that is not in use Tribal building housing Head Start
Nome	Former Norton Sound Health Corporation hospital Former Village Health Services building Nome Eskimo Community building Community United Methodist Church of Nome Our Savior's Lutheran Church Former federal building U.S. Post Office building Former courthouse Former Nome Youth Facility
St. Michael	IRA building City gym
Savoonga	Extra classroom at Head Start Former school gym (requires asbestos abatement)
Shaktoolik	City-owned building that was a former clinic next to the school City-owned building call the Annex
Shishmaref	University of Alaska Fairbanks building no longer in use Former Norton Sound clinic Former National Guard barracks near the airport
Unalakleet	Unalakleet High School Unalakleet Covenant Church gym
Wales	IRA building Wales School
White Mountain	IRA building White Mountain School

Source: MRG Interviews.

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