

# CHILD CARE'S STRUGGLE TO SURVIVE COVID-19: STATE IMPACTS AND RESPONSES

*Initial Report as of May 12, 2020*

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Child care programs and the child care workforce have been dramatically affected by the coronavirus public health crisis. Many child care programs have been forced to close or have seen a steep drop in enrollment, and are struggling to stay in business and pay their teachers and staff. Other child care programs remain open to serve children of essential workers, and are struggling to ensure the safety and well-being of the children and families they serve as well as their teachers and staff while managing the additional financial costs and emotional burdens of doing so. The impacts of this crisis are being felt by all types of child care providers, from centers to family child care homes to family, friend, and neighbor care providers.

The fate of child care during and after the crisis will, in turn, help determine whether relief and recovery efforts are equitable, given that child care workers are [predominantly women and disproportionately women of color](#) and women shoulder a disproportionate share of family caretaking responsibilities. If substantial support is not provided to sustain the child care sector, the women and women of color who operate or are employed by child care programs will continue to bear a steep financial burden; already, [over 350,000 child care workers have lost their jobs](#) in the past two months. And if child care is not available as businesses reopen, [most mothers will find it impossible to go back to work](#).

To help assess the current status and future prospects of our critical child care sector, this report examines how the pandemic and recession are affecting state child care systems, how states are responding to the impacts on their child care systems, and what gaps remain in efforts to sustain these systems. The report reflects information collected by the National Women's Law Center through a survey of state child care administrators from late March to early May 2020.

The federal government has taken an initial step to help states in addressing the challenges faced by child care programs and providers. The Coronavirus Aid, Relief, and Economic Security (CARES) Act, which was enacted on March 27, 2020, provided \$3.5 billion in additional discretionary funding for the federal Child Care and Development Block Grant (CCDBG), a program that provides funding to states to help low- and moderate-income families afford child care and to improve the quality of care. The additional funding for CCDBG, which does not require a state match and which is not subject to the program's usual requirements specifying that certain portions of the funding be set aside for quality improvements and other purposes, can be used by states to:

- Provide continued payments and assistance to child care providers in the case of decreased enrollment or closures related to coronavirus, and to assure providers are able to remain open or reopen as appropriate;
- Provide child care assistance, without regard to income, to health care sector employees, emergency responders, sanitation workers, and other workers deemed essential during the response to coronavirus; and
- Provide funding to child care providers who were not participating in child care assistance programs prior to the public health emergency for the purposes of cleaning and sanitation and other activities necessary to maintain or resume the operation of programs.

While the CARES Act funding provides valuable support for states' child care systems, it addresses only a fraction of their needs. According to [estimates from CLASP and the National Women's Law Center](#), our system will need at least \$9.6 billion each month to survive the COVID-19 epidemic. These funds would enable closed providers to retain their staff at full pay, be prepared to reopen at the appropriate time, and eliminate cost burdens for families whose providers are closed. These funds would also allow open providers to offer safe, comprehensive emergency care, with premium pay for staff, at no cost to an estimated 6 million children of essential workers.

Many child care providers, which were already in a precarious financial position prior to this crisis, will have a difficult time reopening without substantial assistance. In a March [survey by the National Association for the Education of Young Children](#) (NAEYC) of 6,000 providers (including centers and family child care providers) from across the country, 17 percent said that they would not survive a closure of any amount of time without significant public investment and support, another 30 percent said that they would not survive a closure of more than two weeks without support, and another 16 percent said that they would not survive longer than a month without support. Similarly, in an April [survey of South Carolina child care providers](#) (primarily centers), 32 percent reported that they could not financially survive a closure of any length, another 10 percent could survive only two weeks, and another 16 percent could survive just one month, without additional government or philanthropic assistance.

*"Without steady income, most programs will not be able to pay for basic needs (rent, utilities, insurance, etc.) during the shutdown nor have the capital to reopen once the state of emergency has ended." -Kentucky Division of Child Care*

Additional investments are critical to ensure that essential workers have the child care they need during the current public health emergency, that all parents have the child care they need to return to work or school after the current crisis, and that child care workers can support themselves and their own families during and after the crisis. And only by sustaining child care programs and providers during and after the crisis can we [restore the nation's economy](#).

## State Child Care Impacts and Actions: Summary

States are seeing significant impacts of COVID-19 on their child care systems, and are using their new CCDBG funds to respond with range of strategies to help child care providers and the families they serve. Among the 24 states that have reported their plans thus far, the funds are being used (or are under consideration of being used) to:

- Offer grants to child care providers that are closed to help them sustain their businesses and/or reopen in at least eleven states.
- Offer grants to child care providers that remain open during the public health emergency in at least ten states.
- Provide child care assistance or free child care to essential workers in at least eight states.
- Offer incentives or bonuses to child care programs serving children of essential workers in at least four states.
- Provide incentive pay to child care workers serving children of essential workers in at least three states.
- Purchase cleaning supplies for child care providers or make grants to child care programs so they can purchase cleaning supplies in at least five states.

- Pay providers for additional days when children are absent or pay based on enrollment in at least six states.
- Cover copayments for families receiving child care assistance in at least four states.
- Cover full-day school-age care during school closures for children receiving child care assistance in at least three states.

Yet, funding is far from sufficient to cover all of these activities for all child care providers that need help, for as long as they will likely need help, to ensure that child care is available for essential workers for the duration of the public health emergency and that child care programs that are currently closed or operating with reduced enrollment can safely resume full operations when appropriate. Funding is also not close to sufficient to build a newly resilient child care system that offers high-quality child care to children, reliable child care for parents, and fair compensation for child care workers.

## ABOUT THIS REPORT

The National Women's Law Center surveyed state child care administrators to help assess how COVID-19 was affecting child care in their states, how they were using their additional CCDBG funding to address the needs of their child care providers during the public health crisis, and what additional resources are needed to sustain child care in their states. This report reflects information collected through the survey from state administrators from late March to early May 2020, supplemented with information from state agency websites and other sources. (Note that this report does not cover all child care-related activities that states have undertaken in response to COVID-19, some of which were implemented prior to the receipt of the new CCDBG funds using existing CCDBG funding or other resources.) This report will be updated as additional states report how they are using their new CCDBG funds and other developments. A summary of information reported by states is below, followed by individual states' responses.

## CHILD CARE PROGRAM CLOSURES OCCUR THROUGHOUT THE COUNTRY

States reported widespread child care program closures, demonstrating the impact of the public health emergency on the child care sector. For example:

- **Alabama** reported that only 12 percent of its child care facilities were operating as of early April.
- **Connecticut** reported that 48 percent of its child care providers were closed (and another 14 percent did not respond to the state's survey) as of April 13; programs were operating at an estimated 15 percent of their usual capacity.
- **Georgia** reported that only 37 percent of its child care programs—including just 27 percent of its centers—were open as of mid-April.
- **Iowa** reported that 50 percent of its child care programs were temporarily closed, and those centers that remained open were not at full capacity, as of early April.
- **Louisiana** reported that, as of April 13, approximately 70 percent of its child care providers had decided to close their doors during this health crisis.
- **South Carolina** reported that 53 percent of its child care providers were closed.
- **Utah** reported that more than 40 percent of its licensed child care centers and 15 percent of its licensed family child care providers were temporarily closed as of April 8, and that many providers that remained open had a decrease in child attendance or had to limit group sizes.
- **Virginia** reported that 2,648 of its over 6,000 child care providers were temporarily closed as of April 24.

*Alabama reported that only 12 percent of its child care facilities were operating as of early April.*

## STATES USE NEW CHILD CARE FUNDS TO SERVE ESSENTIAL WORKERS AND SUSTAIN PROVIDERS

States are using or planning to use their new federal CCDBG funds for a variety of creative and important strategies to make child care available to essential workers during the public health emergency and help child care programs survive during and after the emergency. For example:

- **Arkansas** was tentatively planning to use the funds to cover children's absences resulting from COVID-19, pay based on enrollment rather than attendance, provide funds to programs for cleaning and sanitation, and offer incentive money for programs that stay open and serve children receiving child care assistance.
- **Connecticut** is using the funds for bonuses of \$200 to \$825 per week for licensed child care providers that continue to serve children of essential workers, and for resource and referral services and a child care subsidy of \$200 per week to help frontline workers to access child care.
- **Delaware** will use the funds to pay providers based on enrollment rather than attendance; support closed providers by continuing child care assistance payments; cover parent copayments during the crisis; and relax the state's policy on paying for days when children are absent (which usually limits paid absent days to five days per month).
- **Georgia** is using a portion of the funds for Short Term Assistance Benefit for Licensed Entities (STABLE) payments that are available to all licensed child care providers in the state. The amount of funding a provider receives will be based on the program's attendance before COVID-19 and its current status (open or closed). The payments may be used to pay for salaries and benefits for lead teachers, assistant teachers, and other employees; substitute teachers; tuition relief for families; lease or mortgage payments; utilities; cleaning supplies; classroom materials and supplies; unreimbursed food; and additional supplies required by Centers for Disease Control (CDC) guidelines.
- **Idaho** is using its funds for emergency grants that are available to child care programs currently licensed by the state or their city and/or currently certified for the Idaho Child Care Program. The grants can be used to cover qualifying expenses incurred from March to July 2020. The provider must be open and caring for children in the months for which reimbursement is being requested. Funds can be used to cover costs including rent, utilities, supplies, and payroll, as well as additional health and safety requirements imposed during the pandemic.
- **Iowa** is using the funds to: provide a monthly stipend of \$2,000 to open licensed child care centers and \$500 to open registered family child care homes; provide an additional monthly stipend of \$2,000 to licensed centers and \$500 to registered homes providing a 25 percent discount to essential services personnel; pay providers for unlimited absences and full-day care for school-age children; provide hand sanitizer and other cleaning supplies directly to providers; cover the cost of background checks for employees at temporary emergency sites; waive copayments for families receiving child care assistance and cover full tuition amounts to providers serving these families; and provide a rejuvenation grant to providers that have closed to assist them in reopening.
- **Kansas** is using the funds to support child care assistance for essential workers with incomes of 250 percent of poverty or less; sustainability stipends for all licensed centers, licensed family child care providers, and relative providers to help providers with decreased enrollment pay ongoing expenses; and supply grants for all open licensed child care facilities and relative providers to cover the costs of more rigorous cleaning regimens and daily wellness assessments. The state is also proposing to provide revenue replacement supplements for providers that had been serving children receiving child care assistance; grants will cover the difference between the payments they previously received and the payments they receive during the public health emergency. Finally, the state is proposing a health care/emergency worker support bonus of \$250 per child for open licensed child care facilities and relative providers.



- **Kentucky** will use the funds for sustainment stipends of \$225 per child for all child care programs, to help them pay for employee salaries, facility costs, utilities, insurance premiums, and other fixed expenses; “hero bonuses” for all child care workers employed at Limited Duration (Emergency) Child Care programs (centers approved to provide temporary emergency child care to essential personnel); and total tuition payment for families receiving child care assistance that are enrolled in a Limited Duration Child Care program throughout the shutdown.
- **Louisiana** is using the funds for Emergency Child Care Relief Grants, which will support providers to remain operational after the public health emergency, and Emergency Child Care Development Fund Response Grants, which will support child care providers that have remained open or reopened during the Stay at Home order to offer care for the children of frontline and critical infrastructure workers.
- **Maine** is using the funds for child care assistance for essential employees, one-time stipends to child care providers, and grants to help child care providers resume operations following the public health emergency.
- **Michigan** is using its full CCDBG appropriation through the CARES Act, along with existing resources, for a Child Care Relief Fund that aims to provide grants to all child care providers in the state. Every provider that receives a grant is required to take steps to make care more affordable for families by lowering tuition and eliminating fees to hold a child’s spot for at least 30 days after the provider applies for funding.
- **Missouri** will use the funds to provide temporary child care assistance, for up to 90 days, for low-income unemployed parents searching for work; simplify and expand transitional child care assistance, so that families with incomes from 138 percent to 215 percent of poverty have a greater portion of their child care costs covered and so that families not previously receiving full child care assistance benefits can qualify for this transitional assistance; make one-time payments to providers that remain open to serve essential personnel; pay a stipend to all licensed or license-exempt providers that provide care during nontraditional hours; pay providers that serve children receiving child care assistance based on authorized care instead of actual attendance for April, May, and June; and provide one-time grants to higher education institutions to establish on-campus child care programs that reserve a certain portion of their slots for families receiving child care assistance.
- **New Mexico** is using its additional CCDBG funds to provide incentive pay for child care professionals who work at licensed and registered child care facilities that remain open during the public health emergency; child care stabilization and recovery grants (ranging from \$2,000 to \$34,500) for licensed child care centers and family child care homes to cover lost income resulting from closure, response and recovery operation costs, and other expenses; free child care for first responders, health care workers, and other essential personnel; and differential payments for providers that have stayed open to serve other essential workers.
- **New York** is using its funds for a child care scholarship fund for the children of essential workers required to work outside their homes. The state is also using the funds for emergency cleaning, personal protective equipment, and other safety supplies for child care providers—including masks, gloves, diapers, baby wipes, baby formula, and food.
- **Ohio** was exploring the option of providing grants for child care programs that prior to the public health emergency were serving families receiving child care assistance, to support their reopening and their purchase of personal protective equipment. The state was also considering using the funds for workforce recruitment and retention with direct support to child care professionals through wages.
- **Oklahoma** will use the funds to support 60 days of child care assistance to parents searching for work due to the loss of employment during the COVID-19 crisis, as well as several changes that were implemented earlier, including paying full-time weekly rates for school-age care, paying for three additional absent days in March, and allowing parents to remain eligible for child care assistance when they lose their employment.
- **Pennsylvania** was considering using the funds to support child care providers that had experienced a loss in revenue due to the non-collection of copayments from families receiving child care assistance and tuition payments from private-paying families during the COVID-19 crisis.

- **South Carolina** plans to use the funds for several purposes, including: child care for essential workers; sanitation/cleaning grants to all regulated child care providers and license-exempt providers enrolled in its quality rating and improvement program; child care assistance to cover full-time care for school-age children who had previously been in part-time child care but now need full-time care due to school closures; child care assistance for foster parents of school-age children who previously did not need child care but now need it due to school closures; and revision of the state's absence policy so that parents will not lose their child care assistance for not bringing their child to their child care center.
- **Tennessee** is using the funds for its COVID-19 Essential Employee Child Care Payment Assistance program, which will provide child care assistance to essential employees with no income requirements.
- **Utah** is using the funds for Child Care Operations Grants for licensed child care centers and family child care providers that remain open and operating during the COVID-19 pandemic. The funding allows programs to meet expenses including rent, utilities, supplies, and payroll, as well as the additional costs of complying with health and safety requirements established during the pandemic. The amount of the grant will be up to 75 percent of the difference between a program's average monthly tuition income for January and February 2020, and all issued or obligated child care assistance payments on the date funding is calculated by the state child care agency.
- **Vermont** is using the funds for its stabilization program, which supports regulated child care programs that are closed during the COVID-19 response.
- **Virginia** is using the funds to provide incentive grants to any existing child care providers that remain open to serve essential employees in April, May, and June; temporarily eliminate copayments for families receiving child care assistance; extend additional paid absence days to subsidized child care providers that are temporarily closed but plan to reopen; and provide resources to schools that open temporary child care programs in communities where the private market cannot meet the demand during the pandemic period.
- **Washington** is using the funds for grants for licensed child care providers that remain open and are providing child care on the date of the grant release. A flat amount, based on licensed capacity, will be provided to each open provider that applies for the one-time grant. Providers can spend their grant funds for rent, personnel, utilities, food, and supplies related to health and safety and cleaning.
- **Wisconsin** is using the funds to support the costs of providing care for essential workers; provide incentive pay to child care workers serving children of essential workers; and provide funds to temporarily closed child care programs to help them reopen.

*"Many child care centers have had to close their doors due COVID-19, but their services are vital for the critical workers on the front lines of this public health crisis. I thank our child care providers who work each and every day to ensure our youngest Virginians are receiving quality early childhood care and education, and are going to extraordinary lengths to keep them healthy and safe during these unprecedented and challenging times."*  
-Virginia Governor Ralph Northam

## SUPPORT FOR STATE CHILD CARE SYSTEMS FALLS SHORT

While states are using the CARES Act funds for important purposes, they also note that the funds will not be sufficient to address all of the costs related to preserving their child care programs during and after the crisis. For example:

- **South Dakota** reports that the amount of additional CCDBG funding it is receiving under the CARES Act would not cover the costs that have already been incurred by its providers during this crisis.
- **Vermont** expected that its allocation of CCDBG funding through the CARES Act would only last through mid-April, leaving a gap of six to eight weeks of funding for its stabilization program.
- **Virginia** expects its additional CCDBG funding through the CARES Act will not be enough to continue the strategies its implementing to support its child care programs significantly past June.

*"The additional [CCDBG] funding is substantial and needed, but given the landscape ahead, it is not sufficient to address the entire system and to support and reopen programs." -Georgia Department of Early Care and Learning*

## State Child Care Impacts and Actions: Individual State Reports

**Alabama:** Only 12 percent of child care facilities were operating in the state in early April. Providers are requesting support to keep their businesses afloat during this emergency period. The state would use additional funding (beyond the additional CCDBG funding provided through the CARES Act) to offer sustainability grants to child care providers until emergency orders are lifted.

**Arkansas:** Based on employment/unemployment data, there is an increase in the number of individuals needing child care, and many school-age children may need full-time instead of part-time assistance. As a result of school closures, almost 2,000 school-age children that were receiving part-time care now need full-time care.

The state was tentatively planning to use its additional CCDBG funds to cover absentee days due to COVID-19 for children receiving child care assistance, pay child care providers that serve children receiving assistance based on enrollment rather than attendance, provide funds to programs for cleaning and sanitation, and offer incentive money for programs that stay open and serve children receiving child care assistance.

**California:** An estimated 2.6 million children in the state are eligible for child care assistance based on their family income being below 85 percent of state median income (\$69,620 per year for a family of three) and having a need (for example, the parent is working, in school, looking for work, or medically incapacitated). An estimated 1.6 million of these income-eligible children are eligible for emergency child care due to their parents being essential workers, including approximately 230,000 children of parents who work in the health care, public health, and emergency services sectors. In addition, another 1.6 million children of essential workers who do not meet the typical income eligibility requirements are now eligible for emergency child care after all other priorities are met. By contrast, the state agency only had enough resources in 2018-19 to serve

approximately 430,000 children. The state estimates that it would cost approximately \$2.6 billion per month to serve all children of essential workers at all income levels. (Note that these figures may overestimate the number of children who need emergency child care due to several factors; for example, some of the children have parents who work in essential industries but may be able to work from home, or may have a second parent or other family member available to provide child care.)

As of the beginning of May, the state agency was still working with the legislature and the governor to determine how its additional CCDBG funds available through the CARES Act would be spent. The state had made policy decisions to respond to COVID-19 that had already incurred additional costs, so the state appreciated the additional funds to address needs going forward.

Further funding would go a long way to help enable the state to serve essential workers and provide wages to child care workers to ensure a sufficient supply of care. Additional funding could also help address health and safety issues and ensure providers have sufficient supplies to keep child care facilities clean and safe.

Even prior to the current public health crisis, families were struggling to afford child care, and the state did not have sufficient resources to assist them with these costs. California ranks as one of the least affordable states in the nation when it comes to child care. In a family with two low-wage working parents, each parent would have to work 147 hours per week to be able to pay no more than the federally recommended 7 percent of income for the care of one infant. The state's allocation of CCDBG funding does not take into account the state's higher cost of living.

**Connecticut:** The state's Office of Early Childhood is working closely with the United Way of Connecticut, the state child care resource and referral agency, and the University of Connecticut, a contracted research partner embedded at the agency. The agency receives daily updates from both partners about openings and closures of all center-based child care, family child care, and license-exempt child care programs, as well as estimates of supply and demand for child care by essential workers.

As of April 13, 48 percent of all child care providers in the state reported being closed, with another 14 percent not responding. The state estimated that programs were operating at only 15 percent of their usual capacity across all provider types. Those programs that remain open are subject to group-size restrictions, per public health guidelines of no more than 10 children per class and 30

children per facility. In part because family child care providers already operate with small group sizes, they represent the majority of open providers. Families may also be continuing to bring their children to family child care providers because they are small and intimate settings. However, these family child care providers typically operate on very thin margins. They have been the backbone of the emergency response thus far but are in need of additional financial support.

In March, the Office of Early Childhood began working closely with hospital human resource departments and nearby center-based child care providers. Because Connecticut did not mandate the closure of child care facilities, the goal of this initiative was to connect existing providers that reported open spaces with hospital employees in need of child care. As of mid-April, there were 26 child care operators participating in this initiative, with a capacity to serve 672 children ages 0 to 12. Participating providers are paid \$11,750 per week for operating three classrooms; payment is prorated appropriately if operating fewer classrooms. Hospital administrators play a key role in managing staff outreach, assessing demand, and working directly with providers throughout the referral process. In this arrangement, providers are not expected to maintain full enrollment, but rather be prepared to meet the ebbs and flows of demand among hospital employees. This initiative, referred to as Project 26, is supported by \$3 million from Dalio Philanthropies.

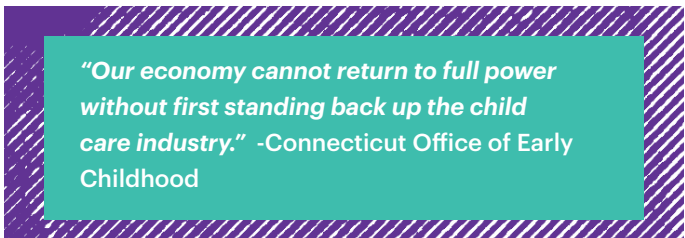
The state's supply of child care for essential health care workers and first responders appeared to be adequate as of mid-April, as the take-up rate of existing slots statewide was approximately 73 percent. However, the state noted the possibility that the demand for care for children of essential workers could increase as COVID-19 cases surged in different parts of the state; Fairfield County was expected to experience its peak of COVID-19 cases in mid-April, while other parts of the state such as New Haven and Hartford County could experience their peak a month later. The University of Connecticut and Yale University estimated that there were 47,000 children of essential workers in Connecticut who could need child care during this public health emergency. The state saw additional funding as critical to weathering surges in cases, and meeting the resulting increase in demand for child care, over four to six weeks from mid-April to mid-May.

Using additional CCDBG funds available under the CARES Act, Connecticut launched the CT Cares for Child Care initiative. This initiative provides bonuses to licensed providers that continue to serve children of essential workers. Bonuses range from \$200 to \$825 per week, paid

on a monthly basis. The bonuses are intended to offset the additional costs of current public health restrictions, as well as recognizing the critical role providers are playing during this emergency.

The state is also using its additional CCDBG funds to offer resource and referral, and a child care subsidy of \$200 per week, to help frontline worker families to access child care. Up to \$10 million of the CCDBG/CARES Act funding will be applied to this program, which began April 20. The benefit is offered to families earning up to 85 percent of state median income (\$82,755 for family of three). Frontline workers include direct care workers, grocery workers, health care workers, child care workers, and first responders, among others.

Looking ahead, the state will need to support the reopening of child care providers as parents return to work. Of all providers currently open, only 25 of those are child care centers. Since child care centers contain the majority of the state's normal capacity, averaging 80 slots per center, it will be a priority to reopen centers that closed due to COVID-19 and return centers currently operating with reduced numbers of slots to full capacity. If the state does not bring these centers back online as the economy reopens, many families will be expected to return to work but will have no safe place to bring their children. The state's economy cannot return to full power without first standing back up the child care industry.



*"Our economy cannot return to full power without first standing back up the child care industry." -Connecticut Office of Early Childhood*

**Delaware:** The state will use its additional federal CCDBG funds available through the CARES Act to pay providers based on enrollment rather than attendance; support closed providers by continuing child care assistance payments; cover parent copayments during the crisis; and relax the state's policy on paying for days when children are absent (which usually limits paid absent days to five days per month).

Funding beyond the recent increase could be used to help providers purchase additional health and safety cleaning supplies and equipment, such as bleach, masks, and gloves. Funding could most effectively be delivered through grants so that providers could use funds in the way they need.



**Georgia:** Thirty-seven percent of providers in the state—including just 27 percent of centers—had declared themselves open for businesses, while other programs had voluntarily closed, as of mid-April. (A higher proportion of family child care programs than centers remained open.) Eighty percent of children receiving child care assistance were not attending a child care facility at the time, but the state was still paying for their child care (by paying based on enrollment). A portion of the new federal CCDBG money was expected to go toward funding enrollment, but it was uncertain how long that funding would last. The additional funding is substantial and needed, but given the landscape ahead, it is not sufficient to address the entire system and to support and reopen programs.

The state is continuing to pay for the child care assistance program as well as its state prekindergarten program for the foreseeable future. It will continue to pay out over \$100 million just to those populations for child care assistance and prekindergarten over the course of two months (\$6.5 million per week for child care assistance enrollment, \$35 million per month for prekindergarten enrollment), but that only represents one-third of the total early care and education capacity of the state. The state is focusing on supporting those programs that are not currently receiving any assistance at this point in time, and are most at risk of not being able to open back up.

The state recommends that open providers serve children of essential personnel first, but there is not a requirement that they be given priority. For those programs that are open, classrooms are not allowed to serve more than 10 children. Information is not available about what percentage of parents are able to pay for slots. The state is giving priority for child care assistance to the essential workforce, and is looking at the cost of serving those families depending on how broadly that group is defined. At this time, the state will only serve essential workers if their incomes do not exceed 85 percent of state median income, the federal limit for CCDBG assistance; the state is not waiving that limit at this time, although it is allowed to do so in emergency situations.

The first portion of the CCDBG funding the state received through the CARES Act (\$144 million) will be used for Short Term Assistance Benefit for Licensed Entities

(STABLE) payments from the Georgia Department of Early Care and Learning (DECAL). All licensed Georgia child care providers are invited to apply for the payments. The amount of funding a provider receives will be based on the program's attendance before COVID-19 and its current status (open or closed). The payments may be used to pay for salaries and benefits for lead teachers, assistant teachers, and other employees; substitute teachers; tuition relief for families; lease or mortgage payments; utilities; cleaning supplies; classroom materials and supplies; unreimbursed food; and additional supplies required by CDC guidelines. The state is providing this money to sustain providers and to help with additional cleaning costs to comply with more stringent regulations and costs for supplies and materials to maintain the health and safety of the environment.

The state will focus in on how to support providers to get back off the ground. Providers might be able to reopen, but they may not have enough enrollment for the first month or two because parents may still be staying at home. For example, if schools are closed through the end of the school year, parents may decide to stay home with both their school-age children and their younger children. In addition, workers might not be ready and comfortable to re-enter the workforce. It is unknown how long it will take for recovery. Even if programs reopen, it is uncertain how they will get back to full operations and what will be in the future. They can't reference what's always been done. The unknowns will be daunting.

There is concern about using the new child care funds for a long-term solution; they want to use it for something that is impactful, but it is one-time money, so they do not want to expand child care assistance long-term when the funding is temporary. There is also concern that as a result of lower state revenues, and because the state does not have the flexibility that the federal government has to run a deficit, the state might have to cut back on its spending. Such cuts which would affect support for child care, since the state provides about \$10 million in additional state funds for child care beyond its required CCDBG match.

**Idaho:** The state is using its additional CCDBG funds available through the CARES Act for Idaho Child Care Emergency Grants, which are available for most child care programs that provide work-related child care and that are currently licensed by the state or their city and/or currently certified for the Idaho Child Care Program. The grants can be used to cover qualifying expenses incurred in the months of March to July 2020. The provider must be open and caring for children in the months for which reimbursement is being requested. Funds can be used to cover costs including rent, utilities, supplies, and payroll, as well as additional health and safety requirements imposed during the pandemic. Child care providers can request as much in grant funding as they determine is needed to stabilize and maintain their business and staff (and that is not covered by other grants or loans).

**Iowa:** Fifty percent of the state's licensed centers were temporarily closed as of early April, and those that remained open varied in the number of children served, but they were not at full capacity. Many families have lost their jobs and cannot afford to continue to pay for child care services. Yet child care businesses rely on fees from enrolled families for the majority of their revenue, and these providers still have expenses they must pay, such as rent or mortgage, even if children are not attending. Providers that do not have sufficient funding during the crisis may permanently close.

In its initial response, the state bought supplies for its child care providers, and substantially increased the technical assistance offered by the child care resource and referral agency, with which the state contracts for that service. The state has been flexible where possible in regulatory oversight.

Iowa's Department of Human Services tailored its longer-term sustainability plan to address the need to ensure access to child care for the essential workforce during the emergency and the need to ensure access to child care after the emergency. The state's child care sustainability plan will use CCDBG funds available through the CARES Act to: provide a monthly stipend of \$2,000 to open licensed child care centers and \$500 to open registered family child care homes; provide an additional monthly stipend of \$2,000 to licensed centers and \$500 to registered homes providing a 25 percent discount to essential services personnel; pay providers for unlimited absences and full-day care for school-age children; provide hand sanitizer and other cleaning supplies directly to providers; cover the cost of background checks for employees at temporary emergency sites; waive copayments for families receiving child care assistance

and cover full tuition amounts to providers serving these families; and provide a rejuvenation grant to providers that have closed to assist them in reopening.

**Kansas:** If the state were to provide child care for the children of all essential staff, excluding those where other adults or older siblings are caring for them, for 12 months, the total cost would be \$449.7 million (based on [Yale University estimates](#) of child care needs of essential workers). If the state were to provide child care for the children of all essential staff with incomes below 250 percent of poverty for 12 months, the cost would be \$48.3 million, which is more than the state's allocation of CCDBG funding through the CARES Act.

The state plans to use its CCDBG funding through the CARES Act for several purposes under its Hero Relief Program. First, the state is implementing a plan to provide child care assistance, with no copayment, to essential workers with family incomes of 250 percent of poverty or less. The state is doing this by expanding the definition of social service child care to include medical professionals, health care workers and other essential medical staff, first responders, food and agriculture workers, workers providing essential services in the judicial branch, National Guard members, frontline child and adult protection specialists, and child care providers caring for children of eligible workers listed above that need a safe and healthy environment for their children to go to during this time. The fiscal impact will be \$15.2 million for a six-month plan.

Second, the state is providing sustainability stipends for all licensed child care centers, licensed family child care providers, and relative providers to help those with decreased enrollment pay ongoing expenses. Stipends will be monthly and may be available for at least six months. The cost is expected to be \$8.1 million plus administrative expenses.

The state is proposing to provide revenue replacement supplements for providers that had been serving children receiving child care assistance prior to this public health emergency. The state would support these providers by making a grant payment in the amount of the difference between their previous six-month average amount (for September 19 to February 20) and their current amount received for each COVID-19 impacted month beginning with March 2020. These grants may continue for six months, although the state agency may end them earlier if the COVID-19 emergency declaration is ended for Kansas. The cost is expected to be nearly \$3.3 million for six months.

The state also plans to use the funds for a supply grant for all open licensed child care facilities and relative providers to cover the costs of more rigorous cleaning regimens and daily wellness assessments. The total fiscal impact is expected to be \$3.4 million plus administrative costs.

Finally, the state is proposing a health care/emergency worker support bonus of \$250 per child for open licensed child care facilities and relative providers. The total fiscal impact is expected to be \$6.3 million.

Additional funding, beyond the new CCDBG funds through the CARES Act, would allow for continued support to child care providers, including school-age programs.

*"We know these essential workers are risking their health every day to protect others. The Hero Relief Program is our way of saying 'we've got your back' by making sure families have access to quality affordable child care."*  
-Kansas Governor Laura Kelly

**Kentucky:** On March 14, 2020, Governor Andy Beshear advised all child care centers to make plans to close within 72 hours of notification. On March 17, Governor Beshear announced all licensed, certified, and registered child care providers were mandated to cease operation by close of business March 20. At that time, the child care capacity in the state was a little over 165,000 slots, although not all of these slots were being used due to a staffing crisis.

Without steady income, most programs will not be able to pay for basic needs (rent, utilities, insurance, etc.) during the shutdown nor have the capital to reopen once the state of emergency has ended. Kentucky was planning to amend its Child Care and Development Fund (CCDF) State Plan to allow child care assistance payments to be made based on enrollment versus attendance and to allow the state to cover all parent copayments during the declared state of emergency. The state hopes these two amendments will allow those child care programs that predominantly serve families receiving child care assistance to remain in operation.

Kentucky has been awarded \$67,741,412 in CCDBG funds through the CARES Act. Due to extended provider closures, the primary concern of the Kentucky Division of Child Care (DCC) during the pandemic is preserving the child care capacity throughout the state, so these funds will be directed

to providers with the intent that their centers can sustain the closures and reopen as part of state's phased reopening plan.

The funds will be used for sustainment stipends of \$225 per child for all child care programs, to use towards employee salaries, facility costs, utilities, insurance premiums, and other fixed expenses; "hero bonuses" for all child care providers working in Limited Duration (Emergency) Child Care programs (centers approved to provide temporary emergency child care to essential personnel); and total tuition payment for families receiving child care assistance that are enrolled in a Limited Duration Child Care program throughout the shutdown.

The Division of Child Care will begin to disperse these funds as soon as all child care providers sign an agreement to comply with the designated uses of the funds in alignment with the federal CARES Act.

Preservation of the state's child care industry will be the sole focus of any additional child care funding beyond that provided under the CARES Act. Without additional funding, child care within the state of Kentucky may not be able to recover. Over half of the state's 120 counties are considered child care deserts.

It would be most effective if funds could be made available for direct dispersal to child care providers with an established set of guidelines as to how the money can be used (i.e. for direct staff costs and operations, not program expansion).

**Louisiana:** During the COVID-19 crisis, there is a need for additional funding for child care providers that remain open, as well as for those that are temporarily closed. Child care providers that remain open are offering an essential service of caring for children of frontline health care and other critical infrastructure workers. However, these providers have higher operational costs for sanitation and additional staffing costs, yet must accept fewer children to meet the COVID-19 guidelines on group sizes and other restraints issued by the Louisiana Department of Health. Other providers, for a variety of reasons, have had to temporarily close; as of April 13, 2020, approximately 70 percent of providers had decided to close their doors during this health crisis, which has caused difficulties in paying their bills and sustaining their staff. The Policy Institute for Children estimated in March that 78 percent of the state's child care providers had experienced a loss in revenue, with collective losses due to COVID-19 totaling almost \$1.7 million in just one week after the executive order went into effect; while another survey has not been taken, it is anticipated that the loss in revenue has increased for most providers.

In response to this crisis, the state is taking a number of actions, including paying certified providers for all authorized children for the full weekly amount (the state maximum rate) regardless of the number of days or hours the children are in attendance; waiving copayments for families receiving child care assistance; extending family redeterminations for three months and extending reporting deadlines for eligibility determinations for child care assistance; requesting child care resource and referral agencies to provide respite care services in needed locations, including hospitals; securing early childhood mental health consultation services for individuals affiliated with licensed child care centers, family child care providers, individuals working in respite child care centers, and other individuals that have children in their care; waiving child care licensing fees; and waiving a portion of child care criminal background check fees.

The Louisiana Department of Education is using the additional CCDBG funds available through the CARES Act to offer two types of Louisiana Child Care Assistance Provider (LaCap) Relief Grants—the Emergency Child Care Development Fund Response Grant and the Emergency Child Care Relief Grant. These grants are aimed at offsetting some of the financial burdens experienced by child care providers during and in the aftermath of the COVID-19 crisis. The grants will help ensure that the early childhood field can rehabilitate during and after this crisis and continue offering high-quality care that helps to prepare children for kindergarten. (Head Start and Early Head Start grantees are not eligible for these grants as there is a separate allocation for Head Start and Early Head Start from the CARES Act.)

The Emergency Child Care Relief Grant will support providers to remain operational after this period. A portion of these funds are encouraged to be used to pay staff salaries and wages. Other operational costs are allowable, such as supplies, rent, and utilities. All providers certified for the child care assistance program (CCAP), including CCAP-certified family child care and in-home providers, are eligible for the grant; programs do not currently have to be serving children receiving child care assistance to be eligible for funding. The grant award amount is anticipated to be \$125 per child in licensed capacity.

The Emergency Child Care Development Fund Response Grant will support CCAP-certified child care providers that have remained open during the Stay at Home order (which began March 23) or reopened during the Stay at Home Order to offer care for the children of frontline and critical infrastructure workers. A portion of these funds are

encouraged to be used to pay the salaries or wages of staff and to cover the additional costs associated with operating during this pandemic, such as costs for sanitation supplies and utilities. All providers certified for CCAP, including certified family child care and in-home providers, that were open at any point during the Stay at Home Order are eligible for the grant. The grant award amount is anticipated to be \$62.50 per child in licensed capacity.

Any additional funding, beyond the newly approved federal funding, would be used to serve children, provide support and technical assistance to early learning centers, and improve access to high-quality child care in the state.

**Maine:** The state received approximately \$11 million in additional CCDBG funding through the CARES Act. The state will be using the funds for three strategies: child care assistance for essential employees; one-time stipends to child care providers; and grants to help child care providers resume operations following the public health emergency.

The child care assistance for essential employees will be available to households where all parents/guardians are essential employees, working outside of their homes, and in need of regular child care provided by a nonrelative (until June 30, 2020 or two weeks after the end of the civil emergency, whichever is soonest). Any households where all parents/guardians are deemed essential employees under the civil state of emergency can apply, regardless of income. All other state child care assistance rules apply, except COVID-19-related exemptions. Payment will be made directly to child care providers on behalf of essential employees that qualify. Essential employees may choose their own child care provider; providers that had not already been accepting child care assistance payments will be required to complete a provider agreement.

The child care provider stipend is a one-time payment available to all licensed child care providers and all license-exempt nonrelative providers participating in the child care assistance program. The payment is made automatically after providers complete the survey sent to them. The stipend is \$75 per licensed child care slot for providers that are closed and not providing care (as of the week of April 6); \$175 per licensed child care slot for providers that are open and providing care; and \$225 total to each license-exempt nonrelative provider participating in the child care assistance program.

The recovery grants will be made to child care providers through an application process; details of the grant and grant process are still being determined.



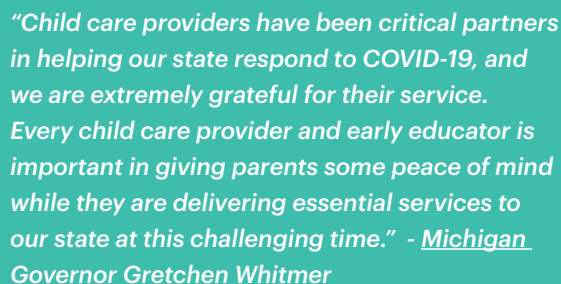
**Michigan:** Anecdotal information from the field indicates that those providing child care for essential workers are struggling to cover their costs due to low enrollment and are searching for needed cleaning supplies. Meanwhile, providers that have closed will have start-up and cleaning costs. In addition, some providers find it more financially beneficial to apply for unemployment benefits than to continue providing care, given the limited wages and income received by child care workers and child care businesses.

Michigan is using its full CCDBG appropriation through the CARES Act of \$100 million, along with an existing \$30 million in child care funding, for a Child Care Relief Fund to help providers stay afloat and make care more affordable for families. The goal is for all of the state's child care providers to receive a grant. Licensed child care centers, family and group child care homes, tribal child care, disaster relief child care centers, Head Start and state prekindergarten programs that also provide tuition-based child care, and license-exempt child care providers serving children who receive child care assistance are eligible for the grant.

Grants start at \$1,500 for home-based providers and \$3,000 for child care centers. Additional funds will be awarded based on the size of the provider, whether they are open and serving essential workers, and their quality rating. License-exempt subsidized providers are eligible for a one-time payment of \$550. Grant recipients must commit to reducing their tuition for families by at least 10 percent, and provide care for children of essential workers regardless of where their parents or caregivers work. Grant recipients must also agree not to charge a fee to hold a child's spot in a program while receiving grant funds. Funds are very flexible and can be used to support a range of expenses including, but not limited to, payroll, mortgage and rent, utilities, insurance, and supplies and equipment.

The relief fund is necessary because child care providers are a critical part of Michigan's efforts to fight the pandemic and restart its economy. Since the state of emergency was announced, child care providers have been on the front lines making sure all essential workers—from health care workers to grocery store staff—were able to keep serving their communities. Now, as the state's economy slowly reopens, quality, affordable child care will be essential. This service, however, has been costly to providers, which operate on razor-thin margins. These grants are intended to help providers stay afloat so they can serve the state's communities now and in the future. In addition, this pandemic has had a significant impact on families, and these grants will be used to make care more affordable for them.

Additional funding beyond the new CCDBG funds might allow the state to increase the entrance eligibility limit for child care assistance and remove the family contribution.



*"Child care providers have been critical partners in helping our state respond to COVID-19, and we are extremely grateful for their service. Every child care provider and early educator is important in giving parents some peace of mind while they are delivering essential services to our state at this challenging time." - [Michigan Governor Gretchen Whitmer](#)*

**Missouri:** The state plans to use its additional CCDBG funds available through the CARES Act for several purposes. First, the funds will be used for temporary child care assistance, for up to 90 days, for low-income unemployed parents searching for work.

Second, the state will simplify and expand transitional child care assistance. These changes will increase the amount of assistance many families will be able to receive, with 80 percent of child care fees (up to the state's base payment rate) covered for families with incomes from 138 percent to 176 percent of poverty, and 60 percent of child care fees covered for families with incomes from 177 percent to 215 percent of poverty. In addition, from May 1 through August 31, this transitional child care assistance will be available to all eligible families, including those not previously receiving full child care assistance benefits. This expansion is designed to make child care assistance available to first responders and other essential employees with low incomes.

Third, the state will make one-time payments to providers that remain open to serve essential personnel. The payment is based on the child care provider's capacity and ranges from \$1,000 (for those serving fewer than 10 children) to \$7,500 (for those serving over 200 children).

Fourth, the state will pay a stipend to all licensed or license-exempt providers that provide care during nontraditional hours (hours outside of 6 am through 7 pm on Monday through Friday), regardless of whether they serve children receiving child care assistance. Eligible providers will be able to receive \$100 per slot per month during April, May, and June. Currently, 284 of the state's providers care for 12,579 children during nontraditional hours, and the state estimates that the number of providers offering

nontraditional-hour care could increase by 10 percent with the incentive.

Fifth, the state will pay the 2,400 providers that serve children receiving child care assistance based on authorized care instead of actual attendance for April, May, and June.

Finally, the state has set aside \$10 million for one-time grants to higher education institutions to establish on-campus child care programs that reserve a certain portion of their slots for families receiving child care assistance. The grants will be made through a competitive process and payment will be scaled based on provider capacity.

**New Mexico:** The state will use a portion of its additional CCDBG funds available under the CARES Act to provide incentive pay to early childhood professionals who are working at licensed and registered child care facilities that remain open during the public health emergency. Full-time early childhood workers—including staff, directors, and administrators—will be eligible for \$700 per month in pay for each month worked from April to June, and part-time early childhood workers will be eligible for \$350 per month for each month worked during the same period.

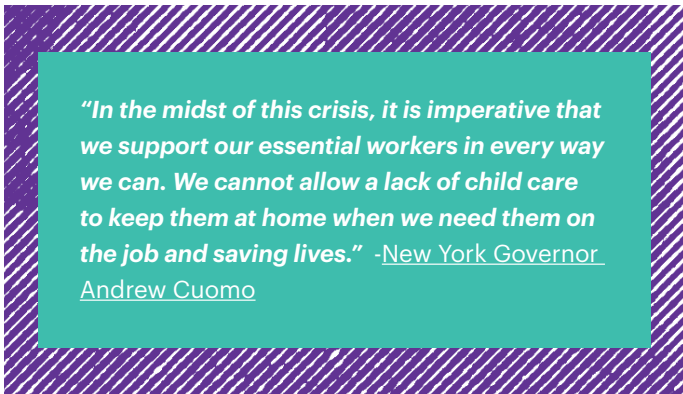
The state will also use the additional CCDBG funds for child care stabilization and recovery grants. The tiered grant awards will be available to licensed child care centers and family child care homes to cover lost income resulting from closure, response and recovery operation costs (including enhanced cleaning and sanitation), and other expenses. Grants will range from \$2,000 to \$34,500, with the amount depending on the program's setting (home or center), size, quality level, and percentage of children receiving child care assistance. (Registered family child care homes are not eligible for these grants, but they can apply for incentive pay.)

In addition, the state is using the new CCDBG funds to provide free child care to first responders, health care workers, and other essential personnel, and to offer differential payments to providers that have stayed open to serve other essential workers. The state has waived copayments for parents receiving child care assistance as well.

**New York:** The state has allocated \$20 million of its additional CCDBG funding through the CARES Act for a child care scholarship fund that will provide scholarships for the children of essential workers required to work outside their home. Essential workers with incomes up to 300 percent of poverty are eligible for the scholarships, which will cover child care costs up to the market rate for each region. The scholarships are being administered by

the state's child care resource and referral agencies via a streamlined application process. The scholarships will be paid directly to licensed and registered providers that have applied and been approved (via a streamlined process) to provide care to scholarship recipients.

The state has also allocated about \$8.5 million of its additional CCDBG funds for emergency cleaning, personal protective equipment, and other safety supplies—including masks, gloves, diapers, baby wipes, baby formula, and food—for child care providers. The supplies will be purchased by child care resource and referral agencies and distributed to providers that remain open. Child care resource and referral agencies will receive grants totaling approximately \$600 per provider.



*"In the midst of this crisis, it is imperative that we support our essential workers in every way we can. We cannot allow a lack of child care to keep them at home when we need them on the job and saving lives." -New York Governor Andrew Cuomo*

**Ohio:** All regular child care programs were required to cease operations at 11:59 pm on March 25, 2020. Only "pandemic" child care programs that receive a temporary license to provide care to children of essential workers could operate, and had to do so with much lower child-teacher ratios. Currently only families determined eligible for child care assistance are having their child care being paid by the state.

Approximately 2,284 programs have been approved and are operating as temporary pandemic programs with a greatly reduced capacity and therefore reduced income. The state is looking at how it can support child care programs once they can resume normal operations.

The state is exploring the option to provide grants for child care programs that prior to the public health emergency were serving families receiving child care assistance, to support their reopening and their purchase of personal protective equipment. The state was also considering bolstering workforce recruitment and retention with direct support to child care professionals through wages.

**Oklahoma:** Enrollment is down in all child care facilities in the state. The state planned to use additional funding to help families of frontline workers access child care during the crisis. The state was also considering issuing sustainability grants to providers; they were still in the decision-making phase as of mid-April. A major issue is how to support providers that were not contracting with the state to serve families receiving child care assistance prior to the public health crisis.

The state has implemented several changes in its child care policies in response to the crisis, including changing blended payment rates to full-time weekly rates for school-age children that need full-time care during school closures, paying for three additional absent days in March, and allowing parents to remain eligible for child care assistance if they have lost their employment.

As of May 1, the state began offering 60 days of child care assistance to parents searching for work due to the loss of employment during the COVID-19 crisis. The state will use its additional CCDBG funds through the CARES Act to support this policy.

With additional funding, the state could increase provider payment rates, offer a more liberal absent day policy for the full-time weekly rate, and support additional free trainings for providers.

**Pennsylvania:** Strategies are currently being developed to use the new federal CCDBG funding to support child care providers that have experienced a loss in revenue due to the non-collection of copayments from families receiving child care assistance and tuition payments from private-paying families during the COVID-19 crisis.

Pennsylvania's focus for any newly approved federal funding beyond that already approved is to continue support for providers so that their business operations are financially viable and they are able to reopen and serve children when social distancing restrictions are lifted.

To the extent possible, the state intends to use existing information technology systems (PELICAN) and partnerships (Early Learning Resource Centers) to deliver support to providers. The state notes that, while much attention has been given to the Small Business Administration (SBA) loan programs serving nonprofit and for-profit businesses with under 500 employees, this system is already taxed beyond capacity; recognizing the significance of child care to the economy, it could be helpful to have an SBA strategy limited to child care.

**Rhode Island:** The state has implemented several changes to its child care assistance policies in response to COVID-19, including: paying for child care assistance based on enrollment, not attendance (at a cost of \$28,000 per attendance week), waiving all family copayments during closure with the state covering the cost (at a cost of \$87,600 per attendance week), and allowing providers to upgrade attendance of school-age children from part time to full time during school closures (at a cost of \$46,900 per attendance week).

The state was planning to pilot emergency child care once it had enough enrollment of essential workers, at a cost of approximately \$275,000 per week (\$1.1 million per month).

**South Carolina:** The state's providers' enrollments were greatly reduced due to parents being afraid to take their children to their child care facility. Many providers also closed or were forced to close due to such low enrollments. As a result, 53 percent of the state's child care providers closed.

The state plans to use its additional CCDBG funds available through the CARES Act for several purposes, including: providing child care for essential workers; providing a sanitation/cleaning grant to all regulated child care providers and license-exempt providers enrolled in its quality rating and improvement program; providing child care assistance for full-time care for school-age children that had previously been in part-time child care, but whose schools are now closed; revising the state's absence policy so that parents will not lose their child care assistance for not bring their child to their child care center; and providing child care assistance to foster parents of school-age children that now need assistance due to school closures.

**South Dakota:** The state's plans for spending the additional CCDBG funds available through the CARES Act had not been finalized as of mid-April. The state was waiting for guidance from the Office of Child Care and intended to consider those goals for the funding in its decisions. The estimated amount to be received by the state would not cover the costs that had already been incurred by its providers during this crisis.

*South Dakota reports that the amount of additional CCDBG funding it is receiving under the CARES Act would not cover the costs that have already been incurred by its providers during this crisis.*

**Tennessee:** The state announced the COVID-19 Essential Employee Child Care Payment Assistance program on April 17. It will be available during the public health crisis to essential employees. This category of care has no income limits and is designed to serve children from six weeks of age to age 13 in licensed child care settings. This is a time-limited program for the period of April 15 to June 15 to meet an immediate need for the essential workforce.

**Utah:** As of April 8, the state reported that it had more than 40 percent of its licensed child care centers and 15 percent of its licensed family child care providers temporarily closed due to issues related to COVID-19. Many providers that remain open have had a decrease in child attendance or have had to limit group sizes in order to comply with current emergency conditions to maintain the health and safety of children and employees. Additionally, essential workers have the challenge of finding child care when fewer options are available. The state child care agency is concerned about the immediate and long-term fiscal impacts the COVID-19 pandemic is having on the child care industry. Additional funding is needed in order to be able to support families and providers through this unprecedented time.

Under the direction of the governor's office, the Utah Office of Child Care created a task force to address child care needs during the three phases of the pandemic: urgent, stabilization, and recovery. During the urgent phase, several temporary policies have been put in place, including the following:

- One Utah was developed to create emergency child care centers to support essential workers in the health care and public safety fields.
- The entry and exit income limits for child care assistance were increased to 85 percent of state median income to support other essential workers who need assistance but who typically would not qualify. (The estimated cost to increase the income limits to 85 percent of state median income is \$2.7 million annually.)
- The state's policy for its child care assistance program was changed to pay providers based on enrollment. Providers may continue to receive payment even if they are temporarily closed as long as the parent does not report a change in providers.
- Copayments were waived for all families receiving child care assistance, as the pandemic has directly or indirectly affected everyone. (The estimated cost to waive copayments for all families is \$12 million annually.)

- Reviews to determine families' continued eligibility for child care assistance were extended for an additional 12 months for families who do not meet the state's minimum work requirements in the review month.

The Stabilization Task Force and Recovery Task Force include membership from the child care community and representation from community partners. Their role is to advise the Utah Office of Child Care and make recommendations on what the private child care sector needs on a long-term basis to fully recover.

Utah is using the additional CCDBG funds available through the CARES Act for the Child Care Operations Grant, which provides funding to licensed child care centers and family child care providers that remain open and operating during the COVID-19 pandemic. The funding allows programs to meet expenses including rent, utilities, supplies, and payroll, as well as the additional costs of complying with health and safety requirements established during the pandemic. The amount of the grant will be up to 75 percent of the difference between a program's average monthly tuition income for January and February 2020, and all issued or obligated child care assistance payments on the date funding is calculated by the state child care agency. (The grant is not available to programs operating with an emergency child care license under One Utah.)

Additional funding, beyond that provided through the CARES Act, could be used to support stabilization and recovery of the child care industry. States should have maximum flexibility on how to use the funds to support the needs within each state.

**Vermont:** The state has established two financial aid programs for child care in response to COVID-19: a stabilization program for regulated child care programs closed during the COVID-19 response, and essential persons support that includes tuition and incentive payments to programs that are serving children of essential workers.

The state is using its CCDBG CARES Act allocation of approximately \$4.2 million to fund its stabilization program, which is estimated to cost approximately \$1.2 million per week. The state began this program the week of March 16 and anticipated that it would expend its CARES Act funding by mid-April. The state will likely have a gap of six to eight weeks of funding totaling approximately \$9.6 million.



*"Teachers, child care providers, and school support staff are going to be as critical to our response as our doctors, nurses, and health care support staff. That's why, even as we ask the public to step back to help slow the spread of this virus, we are asking others, including our educators and child care providers, to step in and provide a critical service so those who are on the front lines of our response can continue to care for the sick, protect the public, and manage this evolving challenge. I am incredibly proud of the selflessness of these public servants at this time of need."* -[Vermont Governor Phil Scott](#)

**Virginia:** It is imperative that the child care sector survive the pandemic and successfully return to operational status when the pandemic subsides and parents return to work. In Virginia, 2,648 child care providers out of over 6,000 were temporarily closed as of April 24. Factors affecting decisions to close include concerns over the transmission of the virus; the governor's request that parents stay at home and keep their children at home if possible; and social distancing and group size restrictions currently in place that in practice reduce the number of children that can be in a provider's care. These conditions have caused numerous centers to close or reduce the scope of their operations.

It is likely that all child care providers will need short-term assistance through the pandemic, and immediately thereafter, to ensure their return to full-scale operations. The provision of some level of salary and wage support for child care teachers and staff throughout the pandemic would help ensure their return to full-scale operations.

Virginia is using its CCDBG funds available through the CARES Act for four strategies. First, the state is providing incentive grants (CARES Grants) to any existing child care providers that remain open to provide care for essential employees in April, May, and June 2020. Funds are available to any licensed child care center, religious-exempt child care center, family child care home, voluntarily-registered family child care home, local-ordinance-approved provider, and any provider that participates in the Child Care Subsidy Program (CCSP). Providers could apply for a grant for April, attest that they were following enhanced health and safety guidelines, and have to renew for May and June.

Second, the state has eliminated copayments for families participating in CCSP on a temporary basis for April, May, and June 2020.

Third, the state has extended additional paid absence days to temporarily closed CCSP providers that plan to reopen. In March 2020, Virginia increased the number of paid absent days from 36 to 76 for each child participating in CCSP. This increase was limited to providers that remained open. As of mid-April, providers reporting a temporary closure related to COVID-19 are able to request additional absence payments to help maintain an adequate supply of child care; this policy will remain in effect until June 30, 2020.

Fourth, the state will provide resources to schools that open temporary child care programs in communities where the private market cannot meet the demand during the pandemic period. Schools are being encouraged to collaborate with local leaders to plan for and provide emergency child care on an as-needed basis during the crisis. The Virginia Department of Social Services (VDSS) and the Virginia Department of Education (VDOE) have established a Memorandum of Agreement to transfer funds and VDOE will ensure that all divisions track attendance and would allocate this supplemental funding based on attendance. This state anticipates implementing this initiative through the end of June 2020.

Should additional funds become available, options for the use of those funds that could be considered include: maintaining the child care workforce by providing temporary salary assistance to child care teachers and staff that are not being compensated through other temporary assistance programs; establishing guaranteed sources of health and safety supplies needed by child care providers to ensure their ability to comply with CDC guidelines; providing funds for deep cleaning of child care facilities where there have been confirmed or suspected cases of COVID-19; depending on the duration of facility closures, making online educational programs available for families unable to attend child care—supports provided in this arena could help minimize instances of potential abuse and neglect that could occur during this high stress time period; maintaining the strategies that the state has already implemented using CARES funds should the pandemic extend significantly beyond June, since the state anticipates that a large portion of the CARES Act funds will be expended during April, May, and June 2020; and establishing better mechanisms for maintaining up-to-date data on child care provider vacancies that would be especially beneficial during periods such as the current COVID-19 crisis.

Virginia would recommend that additional CCDBG funding continue to flow to the lead agency, and that states continue to have the authority to determine their highest priorities and most appropriate strategies.

**Washington:** The state is using its CCDBG funding available through the CARES Act to fund grants for licensed child care providers that remain open on the date of the grant release and providing child care. A flat amount, based on licensed capacity, will be provided to each open provider that applies for the one-time grant. The funding amount will be \$6,500 for small-sized providers (licensed capacity of less than 50), \$11,500 for medium-sized providers (licensed capacity of 50 to 99), and \$14,000 for large-sized providers (licensed capacity of 100 or greater). Providers can spend their grant funds for rent, personnel, utilities, health and safety and cleaning supplies, and food.

**Wisconsin:** The state plans to use its increased CCDBG funds available through the CARES Act for three COVID-19 emergency payment programs. First, the state will provide funding to child care programs that prioritized and provided care to children of essential workers. Funds can be used for paying staff, reimbursing families, and other allowable expenses. Depending on available funding, the base amount

is expected to be \$9,000 for licensed group and public school programs, and \$6,000 for licensed family, certified family, provisional certified family, in-home provisional certified, and in-home regular certified child care programs. Programs can receive up to an additional \$1,200 per child in full-time care (and \$900 per child in part-time care), as well as up to \$400 per child if the provider operated during nonstandard hours, or served children with prioritization for funding.

Second, the state will provide incentive pay for child care workers who cared for children of essential workers. Qualified child care workers will receive an incentive of \$5 per hour, for up to 40 hours a week during the state of emergency.

Third, the state will provide support to temporarily closed child care programs to help them with the costs of retaining staff and reopening. Funds must be used for reopening within 30 days of receiving funding. Depending on available funding, eligible programs are expected to receive \$1,000 for each full-time staff person and up to \$700 for each part-time staff person, with an overall payment amount maximum of \$10,000.