

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

*Updated Report as of July 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 were forced to close for an extended period of time or remain closed. Child care programs that have remained open to serve children of essential workers have struggled 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. And child care programs that have reopened as parents return to work have had tremendous challenges sustaining their businesses as enrollment remains low and as they strive to meet new health and safety standards. 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; there were [237,000 fewer child care workers](#) employed in June 2020 compared to the previous June. 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 National Women's Law Center published an initial report in May based on information collected through a survey of state child care administrators from late March to early May 2020. This updated report includes additional information provided by state administrators through early July.

The federal government took 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

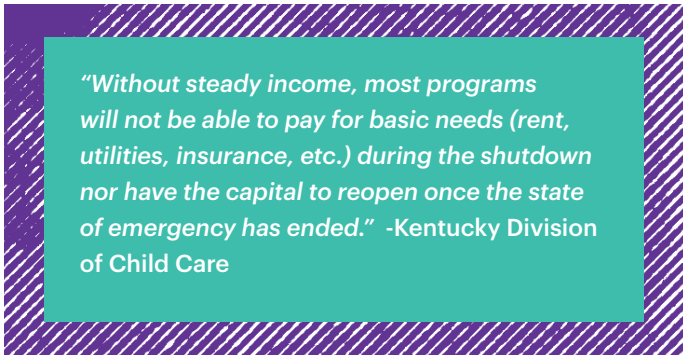
requirements specifying that certain portions of the funding be set aside for quality improvements and other purposes, can be used by states to:

- 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. The [Child Care Is Essential Act](#), which passed the House on a bipartisan vote in July, would address this funding need by providing \$50 billion to states for grants to stabilize the child care sector and help child care providers safely reopen and operate.

Many child care providers, which were already in a precarious financial position prior to this crisis, will have a difficult time reopening or remaining open without substantial assistance. In a June [survey by the National Association for the Education of Young Children \(NAEYC\)](#) of more than 5,000 providers (including centers and family child care providers) from across the country, approximately two out of five respondents—and half of those businesses owned by people of color—said they were certain that they will close permanently without additional public assistance. Nationally, 18 percent of child care centers and 9 percent of family child care homes remained closed, and among those programs that were open, enrollment was down by 67

percent. At the same time, 72 percent of centers reported additional costs for staff, 81 percent reported additional costs for personal protective equipment, and 92 percent reported additional costs of cleaning supplies.



*"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 40 states that have reported information to the National Women's Law Center thus far, the funds are being used (or are under consideration of being used) to:

- Offer grants to child care providers that closed to help them sustain their businesses and/or reopen in at least 23 states.
- Offer grants to child care providers that remain open during the public health emergency in at least 22 states.
- Provide child care assistance or free child care to essential workers in at least 22 states.
- Offer incentives or bonuses to child care programs serving children of essential workers in at least 12 states.
- Provide incentive pay to child care workers serving children of essential workers in at least four states.
- Purchase cleaning supplies and/or protective equipment for child care providers or provide grants

or targeted funding to child care programs so they can purchase cleaning supplies and/or protective equipment in at least 13 states.

- Pay providers for additional days when children are absent or pay based on enrollment (so that providers do not lose income while closed or while children are not attending due to the public health emergency) in at least 15 states.
- Cover copayments for families receiving child care assistance in at least 13 states.
- Cover full-day school-age care during school closures for children receiving child care assistance in at least five 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—and can respond to any additional needs for care for school-age children whose schools do not reopen on a full-time schedule. 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. An initial report published in May included information collected from late March to early May 2020; this updated report includes additional information provided by state administrators through early July. Information reported by state administrators was 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 continue to 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 more detailed reports for individual states.

## MANY CHILD CARE PROGRAMS THROUGHOUT THE COUNTRY REMAIN CLOSED

After widespread child care program closures during the initial stages of the public health emergency, many programs began to reopen in May and June, as executive orders mandating closures were lifted in states that had them and as more parents returned to work. However, a significant proportion of child care programs remain closed, due to programs’ concerns about the health and safety of staff, children, and families, parents’ reluctance to send their children back to child care, and programs’ difficulties in sustaining their businesses with reduced enrollment—and thus reduced revenues—and increased costs for health and safety measures. For example:

- **Alabama** reported that only 34 percent of its child care facilities were operating as of early June.
- **Connecticut** reported that 45 percent of its child care providers were closed, with another 10 percent not indicating their status, as of June 23.
- **Georgia** reported that 43 percent of its child care providers were closed as of mid-June.
- **Maryland** reported that 2,744 (35 percent) of its 7,858 licensed child care programs remained closed as of early July.
- **Oklahoma** reported that it had 2,361 active child care facilities as of May 31, compared to 2,986 prior to the public health emergency, and that active facilities were operating at 65 percent of capacity.

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

States are using their increased federal Child Care and Development Block Grant (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:

- **Alabama** is using the funds to provide child care assistance to parents employed as emergency responders or health care workers and to provide a weekly sustainability payment to all subsidized child care providers, whether they are open or closed.
- **Arkansas** is using the funds to provide resources to programs for cleaning and sanitation, supplemental payment amounts for programs that have stayed open and served children receiving child care assistance, and child care assistance to essential workers regardless of income.
- **California** is using the funds for payments to child care providers that remained open or intended to reopen during the emergency, for health, safety, and cleaning supplies; child care assistance for children of essential workers, at-risk children, and children with disabilities or special health care needs; costs for waived copayments for families receiving child care assistance; payments to providers serving families receiving child care assistance based on certified need rather than attendance; and a flat-rate stipend to providers serving families receiving child care assistance.
- **Colorado** is using the funds to pay child care providers serving families receiving child care assistance that temporarily closed or had children who exceeded the normally allowed number of absences in March, April, May, and June; pay open providers for five absences per month through July and August; reduce parent copayments; cover the cost of child care for essential workers; give sustainability grants to child care providers that are open; hire additional early childhood mental health specialists; and deliver bleach, hand soap, gloves, and other health and safety items to child care providers across the state.
- **Connecticut** is using the funds to provide \$200 to \$825 per week to licensed child care programs serving essential workers and to help support child care assistance for children of frontline workers. The state is also using the funds for a package of supports for child care providers, including a one-time kick-start grant to licensed providers that are open or in the process of reopening to help cover operational expenses; supply subsidies to ensure that providers can afford adequate personal protective equipment and maintain a healthy environment for staff and children; subsidies to cover the costs of medical training for staff; business coaching; and support for quality improvement.
- **Delaware** is using the funds to pay providers based on enrollment rather than attendance; support closed providers by continuing child care assistance payments based on their February enrollment; cover parent copayments during the crisis; and provide an enhanced payment to providers to assist with the purchase of personal protective equipment.
- **Florida** is using the funds to provide access to child care for first responders and health care workers; provide grants for open child care providers that they can use for infrastructure, staff payments, bonuses for retention, cleaning supplies, and other costs to ensure healthy and safe environments; provide grants to help high-quality, closed providers reopen and ensure healthy and safe environments; implement summer programs for rising kindergartners needing assistance with language and literacy skills; and pilot a statewide progress monitoring system for the transition from prekindergarten to kindergarten.
- **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 is 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. The state is also using its additional CCDBG funds to create 500 new subsidized child care slots for essential workers



and to pay providers serving children receiving child care assistance based on enrollment rather than attendance.

- **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.
- **Illinois** is using its funds to extend child care assistance for those families whose eligibility period ended in March, April, May, and June; reduce copayments for all families receiving child care assistance to \$1; pay child care providers serving families receiving child care assistance based on enrollment rather than attendance; increase payment rates for emergency child care services by 30 percent; provide personal protective equipment and cleaning supplies to emergency child care providers; and expand eligibility for child care assistance to include children of essential workers.
- **Iowa** used 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 had 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; 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; revenue replacement supplements for providers that had been serving children receiving child care assistance to cover the difference between the payments they previously received and the payments they receive during the public health emergency; and bonuses to licensed child care programs that are open and serving children of health care and emergency workers.
- **Kentucky** used 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); total tuition payment for families receiving child care assistance and enrolled in a Limited Duration Child Care program throughout the shutdown; and cleaning stipends for child care programs.
- **Louisiana** has used the funds for Emergency Child Care Relief Grants to help providers that closed during the public health emergency to resume operations; and for Emergency Child Care Development Fund Response Grants to support child care providers that remained open or reopened during the stay-at-home order to offer care for the children of frontline and critical infrastructure workers.
- **Maine** used 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.
- **Maryland** used the funds to cover the cost of child care for children of essential personnel; grants to providers that were serving essential personnel at the beginning of the pandemic; increased payment rates for providers serving children of essential personnel; and grants for providers that reopen and agree to follow health and safety guidance, to help them pay for cleaning and related costs.
- **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 while the provider receives grant funds.

- **Minnesota** is using the funds to expand its Peacetime Emergency Child Care Grants. These emergency grants, which the state began offering prior to the receipt of the new CCDBG funds, are available to licensed child care providers serving essential workers during the public health emergency. The state is also using the funds to increase flexibility for child care providers, including by paying providers that serve children receiving child care assistance for additional days when the children are absent.
- **Mississippi** is using the funds to provide child care assistance to essential workers, with no income requirements; pay an enhanced rate to child care providers serving essential workers; waive all copayments for families receiving child care assistance; and pay providers serving families receiving child care assistance based on enrollment, rather than attendance.
- **Missouri** is using 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.
- **Montana** is using the funds to provide one-time, non-competitive grants to licensed child care providers that are open or plan on reopening; cover copayments for families receiving child care assistance during March, April, and May; pay providers serving families receiving assistance their full authorized amount beginning in March, regardless of a child's attendance; and provide financial support for temporary emergency child care programs serving families of essential workers.
- **Nebraska** is using the funds for Child Care Provider Stabilization Fund grants, which are designed to help programs make up for lost income as a result of reduced enrollment and cover the costs of cleaning supplies and other expenses related to COVID-19; and for Incentive to Reopen Child Care Programs Fund grants, which are designed for child care providers that discontinued operations temporarily due to COVID-19 and that plan to reopen.
- **New Hampshire** is using the funds for the its Child Care Recovery and Stabilization Program (CCRSP), which awards funding to providers to assist them in offering healthy, safe, and stable services as they transition from offering emergency child care, newly reopen, or adapt to a new environment; in recovering and stabilizing from the impact of the pandemic; and in connecting parents and employers with healthy and safe child care options.
- **New Jersey** used the funds to provide grants to emergency child care centers and family child care providers serving essential workers for the purpose of cleaning and sanitizing their facilities; enable its statewide child care resource and referral network to purchase emergency care kits (with hand sanitizer, bleach, disinfectant, and other cleaning items) for registered family child care providers; and support the Emergency Child Care Assistance Program (ECCAP), which helped essential workers access and afford child care.
- **New Mexico** has used the 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** used its funds for child care scholarships for the children of essential workers required to work outside their homes. The state also used 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. In addition, the state is using its funds to assist child care programs in reopening and/or expanding capacity by providing

one-time grants that programs can use to purchase materials and supplies and temporary operating assistance grants that programs can use to help cover costs as enrollment remains below licensed capacity.

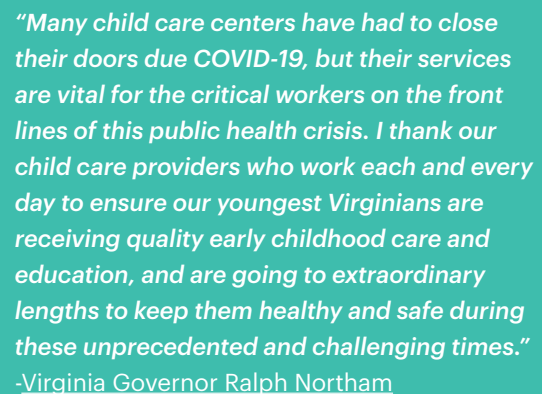
- **North Carolina** used its funds to help support several initiatives and policy changes it implemented to support families and child care providers. During April and May, the state provided emergency child care assistance for essential workers with incomes below 300 percent of poverty; paid higher rates to child care programs serving essential workers; provided bonus pay for all teaching and non-teaching employees working on-site at child care facilities approved to provide emergency child care; paid providers based on enrollment rather than attendance for the child care assistance program; covered copayments for families receiving child care assistance; and paid providers that served school-age children receiving child care assistance the difference between the state's school-age care blended rate and the full-time rate. The state also provided operational grants to licensed child care facilities that were open for all or part of April, May, and June.
- **Ohio** used its funds to provide payments to programs that were approved to remain open during the public health emergency to serve children of essential workers (temporary pandemic programs); payments to programs that were closed during the state-mandated stay-at-home order; and grants to child care programs once they reopened.
- **Oklahoma** has used the funds to support several changes it implemented in response to the public health emergency, including providing 60 days of child care assistance to parents searching for work due to the loss of employment during the COVID-19 crisis; paying an increased rate to providers serving families receiving child care assistance; paying full-time weekly rates (instead of part-time rates) for school-age care; paying providers for three additional days of children's absences in March and April; covering the copayment for parents receiving child care assistance; extending the eligibility period for 12 months for all families whose eligibility for child care assistance was due to be renewed during April, May, and June; and paying for in-home relative child care for emergency responders. In addition, for its scholarship program for child care professionals completing coursework in early childhood education, the state is covering the portion of costs typically covered by the participating child care professional.
- **Oregon** is using the funds for non-competitive grants to assist open child care providers during the COVID-19 crisis. Grant funds may be used to pay for a lease or mortgage, utilities, insurance, food, supplies, staff compensation and benefits, and other reasonable operating costs. Providers that receive grants must prioritize child care for individuals in the essential workforce, limit the number of children to stable groups of 10 in a home or classroom, and adhere to health and safety guidelines.
- **Pennsylvania** is using the funds to help providers prepare to reopen and cover increased costs for additional staffing, cleaning, and sanitation to ensure a safe environment for children. Funding awards are distributed to eligible, licensed child care providers, with the amount of the award based on the type and size of provider, number of active enrollments in the child care assistance program, child care capacity, licensure status, and whether the provider operates in a county determined to have moderate or acute capacity issues.
- **Rhode Island** was considering using the funds to help support several changes to its child care assistance policies that the state implemented in response to COVID-19, including: paying for child care assistance based on enrollment instead of attendance; waiving all family copayments during closure, with the state covering the cost; allowing providers to upgrade attendance of school-age children from part-time to full-time during school; extending certifications for child care assistance beyond the 12-month limit; and providing a temporary payment rate enhancement for providers to support reopening costs during COVID-19.
- **South Carolina** planned to use the funds for several purposes, including: child care for essential workers; sanitation and 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 needed 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 needed it due to school closures; and revision of the state's absence policy so that parents would not lose their child care

assistance for not bringing their child to their child care center.

- **South Dakota** was using the funds for one-time, non-competitive grants to help child care programs begin operating again. Grants were available to licensed and registered child care providers that had either remained open and agreed to cap fees charged to families for absent days for a period of four weeks, or been closed but planned to reopen during the grant period. Grant funding could be used for child care staff salaries or operating costs such as food, rent, and cleaning supplies.
- **Tennessee** is using the funds to help support child care assistance for essential employees, with no income requirements; free child care for school-age children of essential workers through a partnership with the YMCA and Boys and Girls Clubs; grants for child care providers that have lost income due to closure during the public health emergency; grants to help providers cover costs associated with operating during the pandemic; and a waiver of all parent copayments for the child care assistance program through the end of August 2020.
- **Utah** is using the funds for grants for licensed child care centers and family child care providers that remain open and operating during the COVID-19 pandemic; grants for summer programming; grants to help child care providers make changes to comply with new health and safety protocols; and a free, temporary child care system for health care workers and first responders. The state is also using the funds to support several temporary changes in its child care assistance policies, including covering copayments for families receiving assistance, increasing the entry and exit income eligibility limits to 85 percent of state median income, and paying child care providers based on enrollment instead of attendance.
- **Vermont** used the funds for its stabilization program, which supports regulated child care programs that are closed during the COVID-19 response.
- **Virginia** used the funds to provide incentive grants to any existing child care providers that remained open to serve essential employees in April, May, and June; temporarily eliminate copayments for families receiving child care assistance; extend additional paid absent days to subsidized child care providers that were temporarily closed but planned to reopen; and provide resources to schools that opened temporary child care programs in communities

where the private market could not meet the demand during the pandemic period.

- **Washington** used the funds for grants for licensed child care providers that remained open and were providing child care on the date of the grant release. A flat amount, based on licensed capacity, was provided to each open provider that applied for the one-time grant. Providers could spend their grant funds for rent, personnel, utilities, food, and supplies related to health, safety, and cleaning.
- **Wisconsin** is using the funds to support the costs of providing care for essential personnel; provide incentive pay to child care workers serving children of essential personnel; 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 additional CCDBG funds available under the CARES Act 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. Several states have already expended all of their additional CCDBG funds or are close to doing so, even as their child care programs continue to need support. For example:

- **Alabama** reported in June that it would have liked to continue making sustainability payments to assist child care providers with their loss of revenue, but due to limited funding, did not expect to be able to do so much longer.
- **Delaware** expected to exhaust its additional CCDBG funding by the end of June, and needed additional funds to adequately support the full reopening of the state's child care programs.



- **Illinois'** initiatives funded by the additional CCDBG dollars ended on June 30, but child care providers are still not able to operate at full capacity, creating uncertainty for providers and families.
- **South Dakota** reported that the amount of additional CCDBG funding it was receiving under the CARES Act would not cover the costs that had been incurred by its child care providers during this crisis even before the state received those funds.
- **Vermont's** allocation of CCDBG funding through the CARES Act only lasted through mid-April, so the state had to use other CARES funding to cover a gap of six to eight weeks of funding for its child care stabilization program.
- **Virginia** expected that its additional CCDBG funding through the CARES Act would not be enough to continue the strategies it was 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:** In early April, only 12 percent of child care facilities were operating in the state. In early June, there were still just 34 percent (842 of 2,449) of child care facilities in the state that were operating (including 32 percent of licensed child care centers, 50 percent of licensed family child care homes, and 20 percent of license-exempt child care facilities). Child care facilities must have 32 square feet of space per child according to the state's minimum standards. Programs have reported not being able to obtain needed supplies and personal protective equipment to reopen.

The state is using its additional CCDBG funds available through the CARES Act to provide child care assistance to parents employed as emergency responders or health care workers. As of early June, the state was providing child care assistance to 862 children of these essential workers.

The state is also using the additional CCDBG funds to provide a weekly sustainability payment to all subsidized child care providers, whether they are open or closed. The

stabilization payment is calculated based on 50 percent of a facility's enrollment prior to the pandemic and using the state's current payment rates. The state would like to continue making sustainability payments to assist providers with their loss of revenue, but due to limited funding, the state will not be able to do so much longer.

**Arkansas:** As of June 4, the state had 1,154 licensed facilities open with 846 licensed facilities closed (the majority of which were public schools and Head Start programs). The state was aware of six facilities that had permanently closed due to COVID-19. Most child care businesses, whether they have remained open or are now reopening, have seen a significant drop in attendance and children have been slow to return; in many cases, parents have made other arrangements for their children or are keeping their children with them while working from home. Attendance at open facilities was estimated at 80 percent as of early June.

The state is using its CCDBG allocation available through the CARES Act to provide funding for all licensed child care programs for cleaning, sanitation, and personal protective equipment that support the program to care for children safely. The state is also using its allocation to provide funding for licensed programs that close due to positive or potential COVID-19 cases for deep cleaning and sanitation.

In addition, the state is using the funding to provide supplemental payment amounts for child care providers serving children receiving child care assistance from March to August. Providers receive an additional \$10 per day per child for care for infants and toddlers, \$7 per day per child for care for preschoolers, and \$5 per day per child for care for school-age children.

Finally, the state is using the funding to provide child care assistance to essential workers regardless of income.

**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 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 estimated 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.)

California received \$350.3 million in additional CCDBG funding through the CARES Act. The state transferred \$152.3 million of these funds to reimburse the state's general fund for state fiscal year 2019-20 for payments made to child care providers for COVID-19 pandemic-related assistance between March 4 and August 28. Of that funding, \$50 million was allocated to non-local educational agency child care providers that remained open or intended to reopen during the COVID-19 emergency, for health, safety, and cleaning supplies; \$50 million was allocated for vouchers for early learning and care for children of essential workers, at-risk children, and children with disabilities or special health care needs whose individualized education programs or individualized family service plans include early learning and care services; \$41.3 million was allocated for the estimated costs of provider closures, waived copayments for families receiving child care assistance, and other assistance; and \$11.3 million was allocated for the estimated costs of waived copayments for families participating in the CalWORKs (cash assistance) program and receiving child care assistance, and extending the family copayment waivers for all programs through June 30.

California will allocate the remaining \$198 million of its additional CCDBG funds for use in state fiscal year 2020-21 for pandemic-related relief and assistance for child care providers, the families they serve, and essential workers. Of this funding, \$62.5 million will be used to pay voucher providers based on certified need rather than attendance for 2020-21, or until funding is exhausted; \$62.5 million will be used for a flat-rate stipend for voucher providers based on the number of subsidized children they serve and the regional average cost of care; and \$73 million will be used to provide an additional 90 days of child care to children of essential workers, at-risk children, and children with disabilities or special needs who have been receiving an emergency child care voucher funded with CARES funding in 2019-20.

The state reports that, based on anecdotal information, many of its providers would have gone out of business without the CARES Act funding. Having this funding has

allowed California to stabilize the supply of child care by holding providers harmless for attendance that was lower than usual, helping providers acquire supplies, and continuing to pay providers when they were required to be closed during the public health emergency. The CARES Act funds have also enabled many of the state's essential workers to access child care.

The state legislature and governor have identified a number of needs for additional federal funding, and have included language in the 2020-21 Budget Act appropriating additional funds for certain priorities, should additional funds become available. The first priority would be providing \$100 million for voucher child care programs to extend services to children currently enrolled in emergency child care and to enroll additional children of essential workers, children with disabilities and other special health care needs, and at-risk populations in emergency child care. The second priority would be to provide \$50 million for the state's General Child Care program (which uses state contracts with child care centers and family child care networks to provide child care and development services) and the California State Preschool Program, with an emphasis on expanding infant and toddler care and then on full-day, full-year preschool. The third priority would be to provide \$25 million in stipends to assist licensed child care providers that are closed with costs associated with reopening. Finally, the fourth priority would be \$125 million in stipends to support the increased cost of care during the public health emergency; these stipends would be based on regional costs and the number of subsidized children served both by direct contract providers and voucher providers.

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.

**Colorado:** The state received \$42 million in additional CCDBG funding under the CARES Act. The state is using \$21 million of these funds for its child care assistance program, including \$11.5 million to pay child care providers that accept subsidies and had to temporarily close or had children who exceeded the normally allowed number of absences (generally one to three days per month, depending on the county) in March, April, May, and June;

\$4.2 million to pay open providers for five absences per month through July and August; and \$5.4 million to reduce monthly parent copayments. The reduction in copayments extends through next June, and state officials are working to make the changes permanent.

The state used \$10.4 million of the additional CCDBG funding, along with smaller contributions from foundations and other groups, to cover the cost of child care for essential workers. Under this initiative, 518 providers cared for 5,240 children from late March to late May.

In addition, the state is using \$9 million of the additional CCDBG funding for sustainability grants for child care providers. Providers will be eligible for initial grants of \$1,000 to \$3,000 depending on their enrollment capacity. The state expects to start distributing these grants to providers in late August or early September. The initial round of grants will be open to any of the state's 4,500 licensed child care providers that are currently operating. The second round of grants will be targeted at providers serving high-priority populations, including children from low-income families, those with special needs, or those learning English.

The state is using another \$1.4 million of the additional CCDBG funds for early childhood mental health specialists. Starting in August, the state will support 14 consultants, in addition to the 34 specialists already employed by the state, to help children, families, and child care teachers and staff cope with stress from the pandemic.

The state also used \$315,000 of the additional CCDBG funds to cover extra staff time needed for regional child care referral organizations to match the children of essential workers to providers when emergency child care was offered, and \$235,000 for a public-private effort to deliver bleach, hand soap, gloves and other items to child care providers across the state who were unable to obtain these items due to local shortages of cleaning supplies.

**Connecticut:** The state's Office of Early Childhood (OEC) works closely with the United Way of Connecticut, which operates the state child care resource and referral agency, and the University of Connecticut, a contracted research partner embedded at the agency. The agency receives regular updates from both partners about openings and closures of 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 at the time. As of June 23, 45 percent of child care providers reported being closed, with another 10 percent not reporting their status; 65 percent of licensed family child care providers and 37 percent of child care centers reported being open. Family child care providers have been more likely to reopen or stay open because they usually operate with small group sizes and generally have not had to make adjustments to meet state limitations on group size. In addition, families may be more likely to continue bringing 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 but are in need of additional financial support.

In a survey of the state's child care providers in May, 86 percent of those that were closed at the time reported that they planned to reopen in the future. However, these closed providers cited several barriers to reopening, with 84 percent saying they needed help with health and safety supplies (such as gloves, masks, and cleaning spray), and 70 percent saying they were concerned about complying with the evolving safety measures prescribed by federal, state, and local governments. The state will need to address these barriers and support the reopening of child care providers as parents return to work. If the state does not bring these providers 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.

Using additional CCDBG funds available under the CARES Act, Connecticut launched the CTCARES for Child Care initiative in April. This initiative provides \$200 to \$825 per week to licensed programs serving essential workers and makes payments based on enrollment rather than attendance. As of June 15, 8,222 children were enrolled in programs benefitting from the initiative, with over \$4.24 million in payments made.

The state is also using its additional CCDBG funds, along with other funds, to help pay for child care for children of frontline workers (direct care workers, grocery workers, health care workers, child care workers, and first responders, among others). This assistance is available to frontline worker families earning up to 85 percent of state median income (\$82,755 for family of three). This initiative

began on April 20 and as of June 15, 2,064 families with 3,342 children were enrolled and using the assistance, and \$1.36 million in subsidies had been paid.

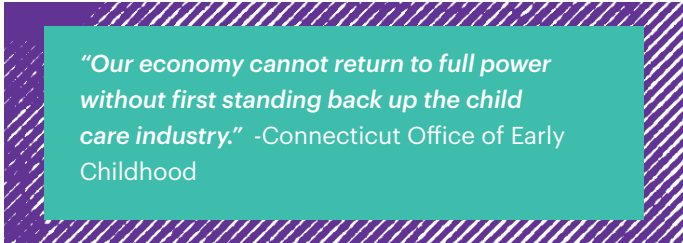
CTCARES for Child Care Business, which started in mid-June, commits \$12.9 million in CARES Act and CCDBG funding to help providers offset their expenses. This package's activities include: a one-time kick-start grant to licensed providers that are open or in the process of reopening to support operational expenses; supply subsidies to ensure that providers can afford adequate personal protective equipment and maintain a healthy environment for staff and children; subsidies to cover the costs of medical training for staff; business coaching, application support, and incentives coordinated by the Women's Business Development Council; and support for quality improvement.

Two additional programs to support the child care industry were established through philanthropic donations. One program, CTCARES for Hospital Workers (known as Project 26), started in late March and served 319 children of hospital workers and placed another 247 in child care through United Way 211 (Connecticut's child care resource and referral agency). With a \$3 million gift from Dalio Philanthropies, OEC committed an additional \$500,000 and developed partnerships with 29 licensed child care providers within a three-mile radius of Connecticut hospitals. The second program supported with private funding, CTCARES for Family Child Care, offers opportunities for family child care providers to participate in individual phone consultations with behavioral health experts as well as consultations and webinars with members of the Connecticut Nurses Association related to health and safety, cleaning, and disinfection. In addition, through a combination of OEC funds and gifts from both the CT Early Childhood Funder Collaborative and 4-CT (Connecticut COVID-19 Charity Connection), grants to support operational expenses are available to the state's family child care providers.

The state experienced challenges in implementing its relief programs given the time pressures. It had to start the application process without as much testing and feedback from the field as it would have liked. The state originally offered two ways to apply for funds to allow for maximum flexibility among providers, but ended up needing to reconcile duplicate applications. The state's data and payment systems have also been strained by the rapid design and implementation of relief programs. In addition, allocating scarce resources in a time of crisis is always difficult; the state decided that, rather than dividing relief funding equally among all providers, it would focus aid

where it was needed most and in the way it could be most impactful.

To help ensure clear and timely communication to providers and families about the latest guidance and best practices for keeping child care staff and children safe, and about risk factors and safety measures that can inform families' decisions about child care, OEC expedited the creation of a new user-focused website with a page dedicated to COVID-19. The agency has also worked with a communications firm to create user-friendly child care guides for centers, group child care homes, and family child care homes as well as informational flyers, both in English and Spanish.



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

**Delaware:** As of early June, the state was operating at 50 percent of its child care capacity. During Phase I Reopening, which started June 1, all providers could open but had to apply to operate as emergency providers. During Phase II Reopening, which started June 15, all providers were permitted to reopen but had to submit a comprehensive plan demonstrating the ability to follow the more stringent guidelines as set forth by the Department of Public Health and the Department of Services for Children, Youth and Their Families. Some of the challenges for providers include meeting the restrictions on classroom size, no longer being allowed to use half walls as barriers, sustaining their programs with decreased enrollment, and accessing personal protective equipment.

The state has used 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 based on their February enrollment; cover parent copayments during the crisis; and provide an enhanced payment to providers to assist with the purchase of personal protective equipment. The state will resume paying based on attendance and requiring parent copayments in August.

Each of the state's approximately 1,100 child care programs was supported by the use of the CARES Act funding in one or more the ways described above. The state expected to exhaust this funding by the end of June. Additional funds will be needed to adequately support the full reopening of Delaware's child care programs.



The state anticipates several concerns, including parents who may still be unable to pay copayments due to lack of employment or needing to catch up on other bills; providers that may not have full enrollment but will still need to operate a full facility; children who may need mental health support as they return to programs, particularly if they have suffered child abuse while at home or experienced trauma; and programs that need assistance affording health and safety equipment and supplies, including thermometers, gloves, masks, and cleaning supplies. The state was also focused on supporting family child care providers, which account for a large proportion of the child care supply in Delaware.

**Florida:** The state is using \$44 million of its CCDBG funds available through the CARES Act to ensure first-responders and health care workers have access to child care. The state is also using the additional CCDBG funds to support \$55 million in grants for open child care providers that they can use for infrastructure, staff payments, bonuses for retention, cleaning supplies and services, and other costs to ensure healthy and safe environments; and \$17 million in grants to help high-quality, closed providers reopen and ensure healthy and safe environments. In addition, \$21 million of the additional CCDBG funds will be used to implement summer programs for rising kindergartners needing assistance with language and literacy skills, and to pilot a statewide progress monitoring system for the transition from prekindergarten to kindergarten.

**Georgia:** As of mid-April, 37 percent of providers in the state—including just 27 percent of centers—had declared themselves open for businesses, while other programs had voluntarily closed. (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). As of mid-June, 57 percent of providers indicating their operating status reported being open, with the remaining 43 percent reporting that they were closed.

The state has continued to make payments for the child care assistance program as well as its state prekindergarten program. The state pays out over \$100 million just for those two programs over the course of two months (\$6.5 million per week for child care assistance enrollment, \$35 million per month for prekindergarten enrollment). Yet those programs represent only one-third of the total early care and education capacity of the state. The state has focused on supporting those programs that had not been receiving assistance from other sources and that were most at risk of not being able to open back up.

The state is using a portion of the CCDBG funding it received through the CARES Act 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 were invited to apply for the payments. The amount of funding a provider receives is 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 during a time of closure or low enrollment 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. As of mid-June, STABLE payments had been issued to 3,821 licensed child care providers (85.6 percent of those that applied) at a total cost of \$38.4 million.

The state is also using its additional CCDBG funds to create 500 new subsidized child care slots for essential workers to assist them in obtaining child care so they can continue to perform their necessary jobs during the pandemic. The state has established essential workers as a priority group for child care assistance. Initially, this group was defined to include law enforcement, public safety, first responder personnel, medical personnel who provide direct care to patients and the personnel who support direct care to patients, pharmacy personnel, and child care personnel; as of May 1, this group was expanded to also include food and grocery personnel. The state only serves 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.

In addition, Georgia's child care assistance program began paying child care providers based on enrollment versus attendance on March 16, and was still doing so as of mid-June. Child care providers that serve families receiving child care assistance can bill at the full-time rate for any child with an active scholarship who attended the program at least once since March 1. This policy applies whether a program is open or closed, and whether the child is currently attending or not.

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.

It is unknown how long it will take for recovery. Even as 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 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).

**Illinois:** In the initial months of the public health emergency, the state used general revenue funds to give one-time stipends to programs that provided emergency child care. Before the initiative ended in May, the state awarded 2,916 stipends to programs serving 21,888 children. Eligible programs included licensed child care centers, license-exempt child care centers, and family child care homes that were licensed and actively providing care prior to the public health emergency. Programs that received the stipends had to provide care to children of essential workers only, and were expected to provide care only when essential workers had no other options available. Child care centers could have no more than 10 children per classroom and 50 children per site; family child care providers could care for no more than six children (including their own). The stipends amounts were \$750 for family child care homes providing care during standard hours; \$1,000 for family child care homes providing care during the second and/or third shift; \$2,000 for child care centers with up to two classrooms; and \$3,000 for child care centers with three to five classrooms.

The state used its additional CCDBG funds available through the CARES Act for several other strategies to support families and providers during the public health crisis. The state implemented an automatic extension of child care assistance for those families whose eligibility period ended in March, April, May and June; this step was taken centrally without any action required by parents or providers. The state also automatically reduced copayments for all families receiving child care assistance to \$1 for April, May, and June.

Payment to child care providers serving families receiving child care assistance was based on enrollment rather than attendance for March, April, May, and June. Most providers had to sign and submit a form certifying they were continuing to pay staff in order to get the exemption; however, FFN providers received this exemption automatically without having to submit a form.

The state also expanded its eligibility for child care assistance to include children of priority essential workers in its protective services category. In addition, the state increased the payment rate for emergency child care services for families receiving child care assistance by 30 percent, and provided personal protective equipment and cleaning supplies to emergency child care providers.

There was uncertainty about what would happen to child care providers and families as of June 30, when these initiatives were expected to end even as providers were still not able to operate at full capacity.

**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 had lost their jobs and could not 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 had expenses they had to pay, such as rent or mortgage, even if children were 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 used 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 had 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 is using its additional CCDBG funding through the CARES Act for several purposes under its Hero Relief Program. First, the state implemented 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 did 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 grants to licensed child care centers, licensed family child care providers, and relative providers to help those with decreased enrollment pay ongoing expenses. The cost was expected to be \$8.1 million plus administrative expenses.

Third, the state is providing supply grants for 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 was expected to be \$3.4 million plus administrative costs. As of July 1, 67 percent of all eligible family and group child care homes and 76 percent of child care centers had applied for one or both grants, and 107 applications had been received from relative care providers. To ensure that all eligible programs are aware of and have the opportunity to apply for the grants, the state's child care resource and referral agency (Child Care Aware of Kansas) is calling programs that have not yet sent in an application for the grants.

Fourth, the state is providing revenue replacement supplements for providers that had been serving children receiving child care assistance prior to this public health emergency. The state is supporting 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 could continue for six months, although the state agency could end them earlier if the COVID-19 emergency declaration is ended for Kansas. The cost was expected to be nearly \$3.3 million for six months. There were 725 providers that qualified for these reimbursement stipends for May.

Finally, the state is providing bonuses to licensed child care facilities and relative providers that are open during the public health emergency and are serving children of health care and emergency workers. The bonuses are designed to help programs with the increased costs of additional protective measures to ensure a healthy and safe environment for all children in their care, including costs for additional staffing, operating for additional hours, personal protective equipment, and cleaning equipment and supplies. The bonuses range from \$500 for family child care providers with up to three children actively attending to \$6,750 for large child care centers (centers with a licensed capacity of more than 100 children) with 21 or more children actively attending. The total fiscal impact was 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 17, Governor Beshear announced that 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. Home-based programs were allowed to reopen on June 8, and center-based programs were allowed to reopen on June 15; child care programs that reopen must follow new guidelines.

Due to extended provider closures, the primary concern of the Kentucky Division of Child Care during the pandemic has been to preserve the child care capacity throughout the state. To help programs pay for fixed costs (such as rent, utilities, and insurance) during the shutdown, Kentucky amended its Child Care and Development Fund (CCDF) State Plan to allow child care assistance payments to be made based on enrollment rather than attendance until September 30, 2020. The state also directed the \$67,741,412 in CCDBG funds it was awarded under the CARES Act with the intent of enabling providers to sustain the closures and reopen as part of state's phased reopening plan.

The additional CCDBG funds were used for sustainment stipends of \$225 per child for all child care programs, to help pay for 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); total tuition payment for families receiving child care assistance and enrolled in a Limited Duration Child Care program throughout the shutdown; and a cleaning stipend based on the size of the child care program (ranging from \$1,500 for home-based programs, to \$3,000 for licensed center-based programs with capacity of 100 or less, to \$6,000 for licensed center-based programs with capacity over 100).

The Division of Child Care began to disperse these funds as soon as child care providers signed 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 would 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, had to temporarily close; as of April 13, approximately 70 percent of providers had decided to close their doors during this health crisis, which caused difficulties in paying their bills and sustaining their staff. In a [survey conducted by the Louisiana Policy Institute for Children](#) in April, 87 percent of the state's child care providers reported experiencing financial losses due to COVID-19, with losses averaging \$26,000 per center, which would translate to an estimated collective loss of \$37 million statewide.

In response to this crisis, the state is taking a number of actions, including paying certified providers for all authorized children receiving child care assistance 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 Louisiana Child Care Assistance Provider (LaCap) Relief Grants. 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 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.)

In the first round of grant funding, the state offered two types of grants, with applications due in April. Emergency Child Care Relief Grants were aimed at supporting providers to remain operational after the public health crisis. The state encouraged providers to use a portion of these funds to pay staff salaries and wages; other operational costs were 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, were eligible for the grant; programs did not have to be serving children receiving child care assistance to be eligible for funding.

The other type of relief grant, the Emergency Child Care Development Fund Response Grant, supported CCAP-certified child care providers that 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 were 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 were eligible for the grant.

The state released a second round of LaCap relief grants in June for CCAP-certified licensed centers and certified home-based providers that were operational by June 1. The grant funding could be used for operational costs such as staff salaries, staff recoupment bonuses, supplies, rent, and utilities. Providers could receive \$187.50 per child in licensed capacity. In July, the state announced a third round of relief grants that will be available to providers that are operational by August 1.

Any additional funding, beyond the additional federal funding already received, 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:** As of mid-June, 399 of the state's licensed child care programs remained closed.

The state received approximately \$11 million in additional CCDBG funding through the CARES Act. The state is 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 was available to households where all parents/guardians were 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 was soonest). Any households where all parents/guardians were deemed essential employees under the civil state of emergency could apply, regardless of income. All other state child care assistance rules applied, except COVID-19-related exemptions. Payment was made directly to child care providers on behalf of essential employees that qualified. Essential employees could choose their own child care provider; providers that had not already been accepting child care assistance payments were required to complete a provider agreement. The state estimated that it would spend \$1 million on this strategy.

The child care provider stipend was 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 was made automatically after providers completed the survey sent to them. The stipend amounts were \$75 per licensed child care slot for providers that were closed and not providing care (as of the week of April 6); \$175 per licensed child care slot for providers that were open and providing care; and \$225 total to each license-exempt nonrelative provider participating in the child care assistance program. The state estimated the cost of this strategy to be \$5,229,650.

The recovery grants were available to all eligible licensed child care providers that were open and providing child care in June, or expected to reopen and resume providing care by the end of June. The application period lasted from

June 8 to June 21, and grant awards were expected to be issued by mid-July. Child care centers could receive a one-time grant of \$3,000 and family child care providers could receive a one-time grant of \$750. The state expected to spend all of its remaining CCDBG/CARES Act funds on this strategy, an estimated \$4,723,820.

In addition, though July 3, the state used CCDBG funds to cover copayments for families receiving child care assistance.

**Maryland:** The state closed all child care programs as of Friday, March 27; child care programs could reopen on Monday March 30, but only if they were approved sites for serving essential personnel, or were serving essential personnel at school-age sites. During the public health emergency, the state relaxed regulations for YMCAs and centers to provide school-age-only services, with these programs only required to have inspections and background checks for staff; this relaxation of regulations was expected to end as of July 20. During the emergency, the state also allowed family, friend, and neighbor providers caring for up to five children to be exempt from licensing; usually, the state does not allow providers caring for any non-related children to be exempt from licensing. The state planned to end this exemption in July.

As the state has reopened businesses, child care programs can now serve families with parents employed in those businesses, rather than being limited to serving children of essential personnel. Of the state's 7,858 licensed child care programs, 65 percent (5,114) were open as of early July; 2,744 remained closed, including 40 that did not plan to reopen for a variety of reasons. According to anecdotal reports, programs that are open are not at full capacity because of limits on group size and because parents are wary about sending their children back to child care.

The state received \$45 million in additional CCDBG funds through the CARES Act. A portion of these funds were used to cover the cost of child care for children of essential personnel. Essential workers were able to receive child care assistance regardless of income and had no copayments. The state provided child care assistance to an estimated 25,000 children of essential personnel. This assistance for essential personnel ended as of June 7.

The state also used its additional CCDBG funds for grants of \$2,000 to providers that were serving essential personnel at the beginning of the pandemic; payment rates for providers serving children of essential personnel of \$350 per week for care for children under age three and \$250 per week for care for children ages three and older, which exceeded the

state's usual payment rates for child care assistance; and grants of \$800 for family child care providers and \$1,600 for centers that reopen and agree to follow health and safety guidance, to help them pay for cleaning and related costs.

The state would use additional child care funding, beyond that received through the CARES Act, to help providers that struggled through three months of being closed or being open at very low capacity. Grants could enable providers to deal with financial hardship.

The public health emergency was a wake-up call showing how important child care is for every other industry. The federal government and states need to invest in child care at the same kind of level as public education and provide a system of affordable or free child care for as many people as possible in order to weather economic downturns and build a thriving economy. This system should be available not just in times of adversity, but at all times.



*"The public health emergency was a wake-up call showing how important child care is for every other industry." -Maryland Department of Education, Division of Early Childhood*

**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 had closed have start-up and cleaning costs as they reopen. In addition, some child care workers found 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 are 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 or 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 those CCDBG funds provided through the CARES Act 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*

**Minnesota:** The state estimated that, during the public health emergency, approximately 270,000 children would need care, and approximately 120,000 were likely to need and use licensed child care settings. The state's COVID-19 Response Package, signed into law by the governor on March 28, included \$30 million in funding for Peacetime Emergency Child Care Grants, emergency grants for licensed child care providers serving essential workers

during the COVID-19 public health emergency. Selected applicants receive an award on a month-to-month basis starting at \$4,500, with an additional \$1,000 available for programs providing care during nontraditional hours, care for children whose first language is not English, and/or care for children who have special needs. Providers that are licensed to serve 15 or more children are eligible for an additional amount of up to \$15,500 per month. Child Care Aware of Minnesota is administering the grants.

To receive an emergency grant, an eligible child care program must agree in writing to: prioritize spaces in their program for children of essential workers; maintain service for the period of the grant (one month with opportunity for monthly renewal) or until the public health emergency ends, whichever is first (unless a service disruption is necessary for health reasons); use health and safety practices that prevent the spread of COVID-19 in a child care environment based on state agency guidance; not require fees (including copayments) from families whose children attended prior to the public health emergency but are no longer attending; and re-enroll previously enrolled families who temporarily stopped attending their program during the public health emergency (provided there is sufficient capacity available).

To ensure equitable distribution of the grants, applications are prioritized taking into account the geographic distribution of the grants; child care shortages experienced in the provider's area; financial risk experienced by the provider; equitable access for families needing child care; hospital or other essential service needs in the community; and balance by provider type.

The first round of grants were made in April, with approximately 25 percent of providers that applied being awarded grants and a total of \$9.8 million awarded. The state awarded its second round of grants in May, with 30 percent of applicants awarded grants and a total of approximately \$10 million awarded. The state used its additional CCDBG funds available through the CARES Act to double funding for the third round of grants, which were awarded in June, to approximately \$20 million. In addition, in the third round of grants, the state was able to expand eligibility to include nonprofit certified centers, which are programs that primarily provide care for school-age children and participate in the child care assistance program.

The state is also using its additional CCDBG funds through the CARES Act to help increase access to support to reduce child care costs and to provide flexibility for child care providers, including by paying providers for additional days when children receiving child care assistance are absent

and enabling concurrent payment to a provider who needs to temporarily close and a replacement provider selected by the family receiving child care assistance.

In addition, in July, the state approved the use of \$56.6 million from the Coronavirus Relief Fund (CARES Act funding allocated to state, local, and tribal governments) for grants to eligible providers to help address the cost of adhering to public health guidance during a time of decreased revenue. Family child care providers will receive up to \$1,200 per month and licensed centers will receive up to \$8,500 per month, for three months, scaled based on the number of eligible applicants. To be eligible, providers must be open and caring for children as of June 15 and through the duration of the three-month grant period; have revenue losses or increased costs associated with COVID-19; provide financial incentives for working staff; and have a license in good standing.

**Mississippi:** Child care programs are considered essential businesses in the state and were never ordered to close or limit operations, but many programs chose to temporarily cease operations out of concern for limiting the spread of COVID-19. The number of licensed child care programs operating in the state declined from 1,482 in March to 504 in April. While the number of licensed programs in operation has increased since April, there were still just 669 programs operating in June.

In response to the public health emergency, the state requested waivers of certain CCDBG policies. The state requested that it be allowed to use CCDBG funds to serve families not meeting the usual income and other eligibility requirements; waive copayments for families receiving child care assistance; and issue emergency child care certificates that may not necessitate 12 months of care.

The state is using its additional CCDBG funds available through the CARES Act to provide child care assistance to essential personnel (which include workers such as public safety and first responders, law enforcement, fire prevention and response personnel, emergency medical technicians, and health care workers). Emergency child care certificates are issued without income eligibility requirements and without requirement for cooperation with child support enforcement. Child care providers serving families with emergency certificates are paid at an enhanced rate and the parents' copayments are waived. As of early June, 906 applications for emergency certificates had been approved. In addition, since March 1, all non-emergency certificates are paid based on enrollment, rather than attendance, and all family copayments have been waived.

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

Second, the state simplified and expanded transitional child care assistance. These changes increase the amount of assistance many families are 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 is 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 made one-time payments to providers that remained open to serve essential personnel. The payment was based on the child care provider's capacity and ranged from \$1,000 (for those serving fewer than 10 children) to \$7,500 (for those serving over 200 children).

Fourth, the state paid a stipend to all licensed or license-exempt providers that provided care during nontraditional hours (hours outside of 6 am through 7 pm on Monday through Friday), regardless of whether they served children receiving child care assistance. Eligible providers were able to receive \$100 per slot per month during April, May, and June. Prior to the incentive, 284 of the state's providers were caring for 12,579 children during nontraditional hours, and the state estimated that the number of providers offering nontraditional-hour care could increase by 10 percent with the incentive.

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

Finally, the state allocated \$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 were to be made through a competitive process with payment scaled based on provider capacity.

**Montana:** The state had 859 licensed child care programs open at the beginning of March 2020, just before it entered a COVID-19 state of emergency on March 12. By the first week of April, approximately 40 percent of the state's licensed child care providers in the state had suspended



services. With guidance from the state, many of those programs have since resumed services. As of June 3, 794 programs were open and serving families and 122 programs were still closed. Of those closed programs, 24 had permanently closed their doors, including 17 that cited COVID-19 as the reason. Another 98 programs were closed but planning to reopen. (There were also 25 new licensed programs and 12 programs pending.)

While a large proportion of the state's child care programs have reopened, programs still face logistical and financial challenges in providing services. In following CDC guidelines and recommendations, many providers have reduced classroom size, reduced hours of operation, limited interclass interactions, and changed drop-off and pick-up procedures for children. Programs have seen declines in enrollment and attendance hours—and a corresponding decline in revenue.

Montana's Early Childhood and Family Support Division (ECFSD) received \$10,113,887 in CCDBG funds through the CARES Act. ECFSD is using the money for several initiatives that support the state's child care businesses and the families who rely on their services, especially those families of emergency workers.

The state is using the funds for one-time, non-competitive grants to licensed providers that are open or planning on reopening. The grant award amounts are \$3,000 for family child care homes, \$5,000 for group child care homes, and \$8,000 for child care centers. As of late June, the state had provided \$4,227,490 in emergency grant funding for licensed providers. These funds were distributed to 775 licensed programs, representing 98 percent of open eligible licensed programs.

The state has also used the funds to cover copayments for families receiving child care assistance during March, April, and May, and to pay providers serving families receiving assistance their full authorized amount beginning in March, regardless of a child's attendance. Montana's child care assistance program (Best Beginnings Child Care Scholarships) used \$1,419,479 in CARES Act funding to cover family copayments and full child care authorizations for three months.

In addition, the funds were used to provide financial support for temporary emergency child care programs serving families of essential workers. These programs helped address the demand for child care as schools and child care programs closed. The state provided a total of \$782,771 to 15 emergency child care programs. Awards for individual programs ranged from \$5,000 to \$90,000, with an average

grant size of approximately \$50,000. In their applications, 69 percent of programs indicated they would use a portion of the funds toward personnel costs, 83 percent cited cleaning and sanitizing costs, 92 cited operating expenses, and 42 percent cited other purposes such as health and safety supplies and facility upgrades.

Initial feedback indicates that the funds for these various initiatives have helped programs stay open and families maintain continuity of care. However, it is uncertain if these funds will be enough to buoy programs throughout the crisis. Accurate and reliable data about Montana's child care landscape will be critical in guiding the state's future supports; the state plans to use its child care market rate survey to capture data from before and after the public health emergency to better understand its impact on the state's child care supply.

Montana has provided guidance to providers and families through the [Early Childhood Services Bureau's homepage](#) with a resource section devoted to COVID-19 supports. The state has also held virtual town halls to explain available financial supports and rule waivers and to answer questions. Other communications have been carried out via email and correspondence to providers and families through the state's child care resource and referral agencies.

**Nebraska:** The state is using a portion of its additional CCDBG funds available through the CARES Act for Child Care Provider Stabilization Fund grants for programs that are open. The grants are designed to help providers make up for lost income as a result of having reduce the number of children they care for to comply with state-directed health measures and to help cover the costs of cleaning supplies and other expenses related to COVID-19. Providers must be open and operating at least 30 days prior to application. Family child care homes are eligible for a one-time award of \$3,500, and child care centers are eligible for a one-time award of \$5,550. Funding can be used on expenses such as utility payments, rent or mortgage payments for child care programs, staff salaries, cleaning supplies, personal protective gear, and supplies to care for children.

The state is also using the additional CCDBG funding for Incentive to Reopen Child Care Programs Fund grants. The grants are designed for child care providers that discontinued operations temporarily due to COVID-19. Priority for these grants is given to providers that commit to reopen within 30 days of receipt of funds, participate in state quality improvement initiatives, and serve low-income children or children of essential and emergency workers. Family child care homes are eligible for a one-time grant of

\$2,000, and child care centers are eligible for a one-time grant of \$3,000. A provider would not be eligible for both the stabilization grant and the incentive to reopen grant.

To better facilitate the disbursement of these funds, the state Department of Health and Human Services has partnered with the Nebraska Children and Families Foundation to process applications and provide payments for child care providers seeking either grant.

**New Hampshire:** The state is using its CCDBG funds available through the CARES Act for the New Hampshire Child Care Recovery and Stabilization Program (CCRSP), which awards funding to providers to assist them in offering healthy, safe, and stable services as they transition from offering emergency child care, newly reopen, or adapt to a new environment; in recovering and stabilizing from the impact of the pandemic; and in connecting parents and employers with healthy and safe child care options.

Child care centers, family child care programs, school-age care programs, and other early childhood programs, as well as license-exempt providers (except for those related to the children in their care) are eligible for funding through CCRSP. The amount of funding a provider can receive takes into account the request by the provider, the area of the state in which the provider operates, the number of children served, the number of children expected to be served, the provider's connection with other programs and resources, and the provider's ability to serve children who are considered vulnerable.

Providers can use the funds received through this program for operational and staff activities including, but not limited to, financial stability; targeted assistance for recovery, including meeting health and safety guidelines; operational expenses, including pay differentials for staff; and/or cost and program modeling.

**New Jersey:** To support essential workers, the state allowed approximately 500 child care centers to remain open and provide emergency child care to those workers who were deemed essential. The state used its additional CCDBG funding available under the CARES Act to make grants to those emergency child care centers and family child care providers for the purpose of cleaning and sanitizing their facilities to prevent the spread of coronavirus. These grants allowed providers to purchase additional cleaning and sanitizing materials and supplies and personal protection equipment and have their facilities professionally deep cleaned.

The state also used the additional CCDBG funds to enable its statewide child care resource and referral network to purchase emergency care kits—consisting of hand sanitizer, bleach, disinfectant, and other cleaning and sanitizing items—for 2,500 registered family child care providers.

In addition, the state used its increased CCDBG funds to support the Emergency Child Care Assistance Program (ECCAP). Through ECCAP, emergency child care centers and family child care providers received funding to serve over 10,000 children of essential workers, regardless of income. The CARES Act funds were used to develop and implement an online application system, along with enhanced consumer education and resource and referral services educating parents on quality child care and available emergency child care centers and providers.

In May, the state made \$20 million in grants available to assist child care centers and youth camps in meeting health and safety guidelines in response to COVID-19. Child care centers can receive up to \$5,000, while youth camps can receive up to \$2,000. The grants can be used to purchase additional cleaning products; personal protective equipment such as masks, gloves and thermometers; and other products and services to assist centers in complying with appropriate guidelines.

For the child care assistance program, the state continued to pay providers based on their subsidized enrollment in March and waived copayments for parents who requested it due to impacts from COVID-19.

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

The state also used the additional CCDBG funds for child care stabilization and recovery grants. The tiered grant awards were 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 ranged 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 were not eligible for these grants, but they could apply for incentive pay.)

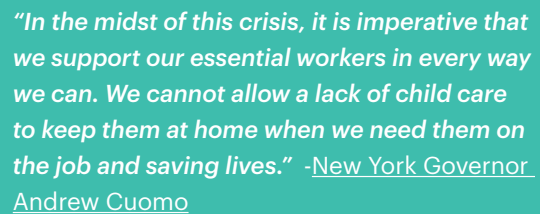
In addition, the state used the new CCDBG funds to provide free child care to first responders, health care workers, and other essential personnel, and to offer differential payments to providers that stayed open to serve other essential workers. The state waived copayments for parents receiving child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

**New York:** The state allocated \$20 million of its additional CCDBG funding through the CARES Act to provide child care scholarships for the children of essential workers required to work outside their home. Essential workers with incomes up to 300 percent of poverty were eligible for the scholarships, which were available through June 30 and covered child care costs up to the market rate for each region. The scholarships were administered by the state's child care resource and referral agencies via a streamlined application process. The scholarships were paid directly to licensed and registered providers that applied and were approved (via a streamlined process) to provide care to scholarship recipients.

The state also allocated about \$10 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 were purchased by child care resource and referral agencies and distributed to providers that remained open. Child care resource and referral agencies received grants totaling approximately \$600 per provider.

In addition, the state is using \$20 million of the increased CCDBG funds for one-time grant awards to assist child care programs with reopening and restructuring. Funds can be used for materials to support a more socially distant model, and for supplies and activities associated with reopening and expansion, such as partitions or short-term rental of space. Grant awards range from \$300 to \$1,600, depending on the size of the program. The state is using another \$45 million of the additional CCDBG funds for temporary operating assistance grants to cover 50 percent of the cost of a newly opened classroom, with a maximum grant of \$6,000. The grants will be phased out over the second and third months as programs move closer to full enrollment. To be eligible for either type of grant, child care programs had to have either been closed as of June 15 with a plan to reopen within two weeks of applying or been operating

below their licensed capacity with an interest in expanding. Programs had to submit a detailed plan for the use of the grant funds and commit to remain open at least through the end of the year. Applications for the grants were due on July 22.



*"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*

**North Carolina:** The state's Division of Child Development and Early Education (DCDEE) implemented several supports for child care providers and families during the coronavirus crisis. The state has used its additional CCDBG funds available through the CARES Act to fund these supports, which are described below.

The state created the Emergency Child Care Subsidy program for essential workers who had no other options for safe child care and with household income below 300 percent of poverty. The program began on April 1 and ended as of May 31. Payment rates for providers serving essential workers through this program were set at \$200 above the state average for the 75th percentile of 2018 market rates for each age group and type of care. Parents qualifying for this program did not have any copayments. The state estimated this program cost approximately \$15 million for two months.

DCDEE also provided bonus pay for all child care employees working on-site at child care centers and family child care homes approved to provide emergency child care in April and May. Bonus payments were available to both teaching staff (including lead, assistant, and other resource teachers working directly with children in the classroom) and non-teaching staff (including administrators, directors, cooks, and janitorial staff). Bonus payment amounts were \$950 per month for full-time teachers (\$475 per month for part-time) and \$525 per month for full-time non-teaching staff (\$262.50 per month for part-time).

The state paid based on enrollment rather than attendance for child care assistance, whether programs were open or closed, during March, April, and May. (As of June, the state is only making child care assistance payments to providers that are open.) DCDEE projected that it would spend an estimated \$110 million to pay for child care assistance

based on enrollment, compared to an estimated \$108 million under normal circumstances and paying based on attendance.

DCDEE covered parents' copayments for families receiving child care assistance during April and May. (As of June, DCDEE is only covering parent copayments for providers that are open.) The cost of this support was estimated to be \$8 million.

DCDEE paid child care providers serving school-age children receiving child care assistance the difference between the state's school-age care blended rate (83 percent) and the full-time rate in April and May. The actual attendance of school-age children recorded by child care providers was used to calculate the amount paid.

DCDEE provided operational grants to licensed child care facilities that were open for all or part of April, May, and June. The operational grants were aimed at helping child care programs cover monthly fixed operating costs at a time when their revenues from parent tuition fees were significantly lower than usual. Child care centers could receive between \$500 and \$30,000 per month that they were open, and family child care homes could receive between \$359 and \$2,500 per month that they were open. Programs' grant amounts depended on the total number of children they served prior to the public health crisis, their quality rating, whether they served infants and toddlers, and/or whether they served children receiving child care assistance in the past 12 months. In addition, programs that had a lower percentage of their children receiving child care assistance—and thus were more dependent on parents' private tuition—received larger grants, since the state was already covering the cost of care for children receiving child care assistance by paying based on enrollment and covering parent copayments.

In another step to support child care programs, the state added a part-time child care health consultant to the existing statewide child care health consultant and resource contract for 2020-2021.

To supplement these supports, North Carolina's Smart Start partnerships are assisting child care programs with finding needed resources, including food, diapers, and cleaning supplies. The state's child care resource and referral network has also established a toll-free parent telephone hotline to help families identify child care vacancies in their area if their child care program is closed.

**Ohio:** Between March 25 and May 31, only "pandemic" child care programs (programs that received a temporary license to provide care to children of essential workers) could operate, and had to do so with much lower child-teacher ratios than usual. All other child care programs were required to suspend operations during this time. As of June 7, 3,844 out of 4,012 licensed centers in the state reported they were reopening, with 9 reporting they were closing and 159 not reporting; 2,314 out of 2,468 licensed family child care homes reported they were reopening, with 5 reporting they were closing and 149 not reporting. Child care programs are dealing with challenges including locating and purchasing cleaning supplies, addressing staff concerns about the risk of providing care in a group setting, and maintaining reduced group sizes.

The state used a portion of its additional CCDBG funds available through the CARES Act to provide payments to temporary pandemic child care programs. The state had approximately 2,500 pandemic programs and paid for child care for approximately 24,000 children; 65 percent of the children in temporary pandemic programs were children receiving child care assistance. The state also used its additional CCDBG funds to provide payments to programs that were closed during the state mandated stay-at-home order and to offer grants to child care programs once they reopened.

**Oklahoma:** As of May 31, there were 2,361 active child care facilities, compared to 2,986 active facilities prior to the public health emergency. In addition, active facilities reported that they were operating at 65 percent of capacity.

The state implemented several changes in its child care policies in response to the public health emergency, and used its additional CCDBG funds available through the CARES Act to support these changes. The state is covering the copayment for parents receiving child care assistance until the state of emergency ends. For all families whose eligibility for child care assistance was due to be renewed during April, May, and June, assistance was extended for 12 months. The state also began offering 60 days of child care assistance to parents searching for work due to the loss of employment during the COVID-19 crisis, with no financial eligibility requirements. In addition, unemployment benefits authorized through the CARES Act are not counted when determining eligibility for child care assistance.



The state is paying for in-home relative child care for emergency responders, with no financial eligibility requirement. The state also temporarily waived income eligibility requirements for child care assistance for those included in the expanded definition of protective services during the state's COVID-19 emergency response.

The state is paying providers participating in the child care assistance program an additional \$5 per day per child on top of the existing payment rate. The state also paid providers for three additional days when children were absent during March and April. School-age care providers receive the weekly payment rate (instead of the part-time rate) as of April.

For the Scholars for Excellence in Child Care program, which provides scholarships to eligible child care professionals to complete coursework in child development or early childhood education, the state is covering the portion of costs (20 percent) typically covered by the participating child care professional for the spring and summer semesters. The state also increased the amount directors can make per hour to qualify for the scholarship. Free training opportunities were offered as well. In addition, child care providers are awarded stipends after 30 hours of professional development instead 40. Finally, Oklahoma's Center for Early Childhood Professional Development hired two curriculum developers to focus on online learning.

**Oregon:** Many providers reopened between April and June, and the number of child care slots increased from about 20,000 as of April 24 to 27,000 as of June 1; there were also 8,900 vacancies as of June 1. Providers need support in reopening in very challenging circumstances. A survey of child care providers (open and closed) that the state conducted at the end of April illustrated the difficulties providers face. Providers expressed concern about the health and safety of the children and families they serve, their staff, and themselves. Providers also indicated their need for access to COVID-19 testing, personal protective equipment, thermometers, and cleaning supplies, as well as clear instructions on what to do if they suspect a COVID-19 case. In addition, providers reported that they were financially at-risk given the additional health and safety requirements, lowered group sizes, and reduced demand.

The state made several temporary policy changes to the child care assistance program to support families during the public health emergency. The state increased the income limit to qualify for child care assistance from 185 percent of poverty to 250 percent of poverty or 85 percent of state median income, whichever is greater by family size. Families that were receiving child care assistance prior to July 1,

2020 have no copayment until the end of their current certification period; however, families newly applying or recertifying for child care assistance after July 1 will have to pay their usual copayment based on their family size and household income.

Child care providers can bill the state for up to one full month for families receiving child care assistance, regardless of whether a child attended care, if their absence was COVID-19 related and the child was scheduled to be in care; this policy backdates to March 16, 2020. Child care providers can also bill during temporary closures related to COVID-19; providers may bill for the days and times children receiving child care assistance were scheduled to be in their care during the closure.

In addition to these changes in child care assistance policies in response to the public health crisis, the Early Learning Division distributed supplies including emergency canned food, diapers, formula, toilet paper, paper towels, tissues, gloves, hand sanitizer, soap, cups, plates, and utensils; bleach is available through a special delivery process. Families can receive referrals to child care through 211info (a nonprofit contact center), and child care resource and referral agencies provide up-to-date tracking on vacancies for child care providers. Oregon created a substitute pool as well; about 700 already approved individuals signed up for the pool through a website.

The state is using its additional CCDBG funds available through the CARES Act for non-competitive emergency child care grants to assist open child care providers during the COVID-19 crisis. Grant funds may only be used for allowable costs such as paying for a lease or mortgage, utilities, insurance, food and supplies, staff compensation and benefits, and other reasonable operating costs. Emergency child care providers are required to operate under conditions outlined in an executive order by the governor and a temporary order memo issued by state's Early Learning Division, which include: prioritizing child care for individuals in the essential workforce; limiting the number of children to stable groups of 10 in a home or classroom; and adhering to health and safety guidelines developed in partnership with the Oregon Health Authority.

Applications for Phase 1 grants were available in English and Spanish and due by May 11. Grant amounts ranged from approximately \$900 to \$18,000. In this first round of grants, the state received over 2,200 applications, processed over 1,200 grant agreements, and spent up to \$8 million. For Phase 2, applications were due by July 10 and grant amounts ranged from approximately \$700 to \$9,360. The state planned to spend up to \$10.5 million on this second

round of grants. The state targeted outreach for Phase 2 grants to regulated providers serving families receiving child care assistance and license-exempt (family, friend, and neighbor care) providers. The state also tried to increase outreach in languages beyond English and Spanish. Phase 2 grants were available to providers that did not receive grant funding in Phase 1; providers that did receive Phase 1 funding were not eligible to receive funding for the same classrooms or sites.

The Oregon Emergency Board approved an additional \$30 million of Coronavirus Relief Funds to support grants to emergency child care providers to cover additional operating costs, as well as grants to providers to reopen.

**Pennsylvania:** In June, the state distributed \$51 million of its \$106 million in CCDBG funding through the CARES Act to help providers prepare to reopen and cover increased costs for additional staffing, cleaning, and sanitation to ensure a safe environment for children. Funding awards were distributed to eligible, licensed child care providers through regional Early Learning Resource Centers. The amount of the award varied depending on the type and size of provider, number of active enrollments in the child care assistance program, child care capacity, licensure status, and whether the provider operated in a county determined to have moderate or acute capacity issues. Funding awards ranged from \$1,700 to \$4,300 for family child care providers and from \$2,300 to \$51,600 for child care centers. The state planned to distribute an additional \$53 million in financial support for child care providers in July.

The Department of Human Services' Office of Child Development and Early Learning is working with Penn State Harrisburg's Institute of State and Regional Affairs on an impact study to understand challenges for child care providers reopening and resuming operations during COVID-19.

*"Child care providers are the backbone of our economy in many ways. Without their work, children would miss out on an introduction to education that helps them throughout childhood, adolescence, and adulthood, and parents and guardians may have to stay home or not pursue education themselves.... as Pennsylvania reopens, we need a robust and healthy child care system."* -[Pennsylvania Governor Tom Wolf](#)

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 the state's policy limiting allowable absences; waiving all family copayments during closure with the state covering the cost (at a cost of \$87,600 per attendance week); 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); extending certifications for child care assistance beyond the 12-month limit; and providing a temporary provider payment rate enhancement to support reopening costs during COVID-19. The state was considering using its additional CCDBG funds available through the CARES Act to help support these changes.

As of early June, 66 percent of the state's licensed child care providers, including 55 percent of centers and 76 percent of family child care homes, had reopened. Providers must submit COVID-19 plans and have them approved in order to reopen. Prior to reopening, virtual professional development sessions were offered to child care providers and assistants in English and Spanish. There were 674 providers that participated in a webinar on reopening; 3,784 educators and child care staff that participated in a webinar on reopening and completed a webinar on enhanced health and safety; and 499 providers that participated in large group technical assistance sessions to support their development of a COVID-19 control plan. The state also partnered with the Rhode Island Association for the Education of Young Children (RIAEYC) and SEIU 1199 to distribute personal protective equipment to providers in advance of their reopening. As of early June, this partnership had delivered approximately 25,000 masks and 2,013 thermometers to 284 centers, and approximately 1,000 masks and 309 thermometers to 309 family child care providers.

**South Carolina:** The state planned to use its additional CCDBG funds available through the CARES Act for several purposes, including: providing child care for essential workers; providing a sanitation and 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 care, but whose schools closed; revising the state's absence policy so that parents would 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 needed assistance due to school closures.

**South Dakota:** The state used its additional CCDBG funds available through the CARES Act to provide one-time, non-competitive grants to help child care programs begin operating again. Grants were available to any eligible licensed or registered child care provider that applied by June 22. Providers were eligible if they had remained open and agreed to cap family absent day fees for a period of four weeks or if they had been closed but planned to reopen during the grant period. (Programs were not eligible if they were closed and charging families full rates to hold a slot, but not paying staff salaries.)

Grant funding can be used for child care staff salaries or operating costs such as food, rent, and cleaning supplies. Funds cannot be used to pay for items such as remodeling or renovations to the program, personal debt, or non-COVID child care related expenses. Grant amounts were based on the number of children cared for, the type of program, and the activities implemented to support COVID-19 recommendations. For example, a registered family child care home with 12 children could receive up to \$2,520; a group family child care home with 20 children could receive up to \$4,600; and a licensed child care center with 100 children could receive up to \$26,000.

While the state is able to help child care programs with these grants, the additional CCDBG funding available was not expected to cover the costs incurred by its providers during this crisis.

**Tennessee:** An increasing number of licensed child care programs were reopening in May; as of early June, 63 percent of child care centers, 83 percent of group child care homes, and 85 percent of family child care homes were open. Some of the programs that have not yet reopened are associated with schools and will not reopen until the schools reopen. However, 37 programs report that they do not plan to reopen (although in some cases, the closures may be the result of retirements or other reasons besides the impact of COVID-19). Among those programs that have reopened, some are experiencing significantly reduced enrollment numbers that could make it difficult to maintain operations if enrollment does not return to pre-pandemic levels.

The state is using its CCDBG funds available through the CARES Act to help support the COVID-19 Essential Employee Child Care Payment Assistance program. 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. The state has broadened the definition of essential employee for this program, allowing more workers to qualify. The program was available beginning April 15, and was originally slated to end on June 15, but has been

extended through mid-August. As of early June, the state had approved 12,984 applications for the COVID-19 Essential Employee Child Care Payment Assistance program.

The Tennessee Department of Human Services (TDHS) is also partnering with the YMCA and Boys and Girls Clubs to establish free child care for school-age children of essential workers. Through this partnership, the YMCA and Boys and Girls Clubs established a network of temporary/emergency child care locations across the state. During the week of May 4 to May 8, the YMCA reported serving more than 1,300 children at its facilities and the Boys and Girls Clubs reported serving 547 children.

In addition, TDHS is distributing two types of grants to child care programs affected by the public health emergency. COVID-19 loss of income grants are available to help cover a program's demonstrated and itemized lost operating income that results from closing due to the emergency. The grants are designed to assist closed programs in paying ongoing expenses such as staff salaries, utilities, and insurance so the programs can remain viable during the process of response and recovery. There have been 742 of these grants approved, for a total of \$12,168,704. COVID-19 operations costs relief grants are available to help providers cover costs associated with operating during the pandemic. There have been 220 of these grants approved, for a total of \$1,905,249.

The state is waiving all parent copayments for the child care assistance program through the end of August 2020 as well.

With many child care programs still closed, access to child care for families receiving child care assistance is limited. To address this problem, the state is exploring strategies such as establishment grants to incentivize opening or expansion of child care slots. These grants would support programs in purchasing the initial furniture, equipment, supplies, materials, and curriculum that they would need to open safe, healthy, and educationally rich programs. Even with these potential strategies, it is difficult to anticipate the variety of needs that may occur and the funding necessary to respond to them.

**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. As of late June, 12 percent of the state's licensed child care centers and 7 percent of its licensed family child care providers remained closed. In recent months, the state has had three child care providers close permanently due to COVID-19 and an additional 88 providers close permanently for other reasons. Providers are

facing challenges such as low enrollment and limitations on group sizes, which make it difficult to survive economically. Providers are also incurring extra expenses due to stringent health and safety restrictions and procedures. There is much uncertainty and providers have many questions.

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 were put in place. For the stabilization and recovery phases, a task force with membership from the child care community and representation from community partners was assigned 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 a number of initiatives in response to COVID-19. The state funded One Utah Child Care, a free, temporary child care system for health care workers and first responders during the COVID-19 pandemic. The state also provided support to all regulated providers to make changes necessary to comply with health and safety protocols, including those required to reduce the spread of COVID-19. Child care providers needing to make facility upgrades or other necessary purchases to meet health and safety requirements could apply for these funds through a grant administered by the state's child care licensing program.

The state provided grants for summer programming as well. Programs applied for funds based on the number of weeks they were willing to operate and the number of groups of 18 children they planned to serve, up to a maximum of three groups. The state is paying \$4,500 per week per group of 18 children and awarded grants to 38 programs.

In addition, the state is using its additional CCDBG 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 is 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. As of early June, 443 providers had been approved to receive a grant. (The grant is not available to programs

operating with an emergency child care license under One Utah.)

The additional CCDBG funds are also being used to support several temporary policy changes for the child care assistance program during the public health emergency. The entry and exit income limits for child care assistance have been temporarily increased to 85 percent of state median income to support 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 has been temporarily 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 have been temporarily waived for all families receiving child care assistance. (The estimated cost to waive copayments for all families is \$12 million annually.) Reviews to determine families' continued eligibility for child care assistance have been extended for an additional 12 months for families who do not meet the state's minimum work requirements in the review month. The state also plans to increase payment rates for providers serving families receiving child care assistance to the 80th percentile of 2017 market rates as of September 2020.

**Vermont:** The state 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 included tuition and incentive payments to programs that were serving children of essential workers.

The state used its CCDBG allocation under the CARES Act of approximately \$4.2 million to fund its stabilization program, which began the week of March 16 and was estimated to cost approximately \$1.2 million per week. After expending all of its additional CCDBG funding by mid-April, the state used other CARES Act funding to continue the stabilization program for another six to eight weeks.

Further CCDBG funding, beyond that already provided, would be dedicated to helping cover the additional costs of care for children under more restrictive health guidance. Programs have additional costs because they need to have smaller group sizes, more staff (as teachers are restricted to single groups and as staff must devote more time to cleaning), personal protective equipment, cleaning supplies, and other materials and supplies to ensure the health and safety of teachers, staff, and the children in their care.



*"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 included 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 that in practice reduced the number of children that could 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 used its CCDBG funds available through the CARES Act for four strategies. First, the state provided incentive grants (CARES Grants) to any existing child care providers that remained open to provide care for essential employees in April, May, and June. Funds were 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 participated in the Child Care Subsidy Program (CCSP). Providers could apply for a grant for April, attesting that they were following enhanced health and safety guidelines, and had to renew for May and June.

Second, the state eliminated copayments for families participating in CCSP for April, May, and June.

Third, the state extended additional paid absent days to temporarily closed CCSP providers that planned to reopen. In March, 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 were able to request additional absence payments to help maintain an adequate supply of child care; this policy remained in effect until June 30, 2020.

Fourth, the state provided resources to schools that opened temporary child care programs in communities where the private market could not meet the demand during the pandemic period. Schools were 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) established a Memorandum of Agreement to transfer funds and VDOE was responsible for ensuring that all divisions tracked attendance and allocated this supplemental funding based on attendance. This state anticipated implementing this initiative through the end of June.

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 implemented using CARES funds beyond June; 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 used its CCDBG funding available through the CARES Act to fund grants for licensed child care providers that remained open on the date of the grant release and providing child care. A flat amount, based on licensed capacity, was provided to each open provider that applied for the one-time grant, as long as funds were available. The funding amount was \$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 could spend their grant funds for rent, personnel, utilities, health and safety and cleaning supplies, and food. Grants were made to 3,600 licensed child care providers. Funding for the grants has been depleted.

**Wisconsin:** The state is using its increased CCDBG funds available through the CARES Act for three COVID-19 emergency payment programs. First, the state is providing 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. During the first payment period, covering March 12 to April 11, licensed child care centers received a base amount of \$8,000, and family child care providers received a base amount of \$5,000; programs could receive an additional \$300 per child in full-time care (and \$175 per child in part-time care), as well as \$50 per child if the provider operated during nonstandard hours. During the second payment period, covering April 12 to May 11, licensed child care centers received a base amount of \$4,000,

and family child care providers received a base amount of \$2,500; programs could receive an additional \$150 per child in full-time care (and \$87.50 per child in part-time care), as well as \$25 per child if the provider operated during nonstandard hours, \$25 per child with a disability, and \$250 if any attending child spoke a language other than English, was experiencing homelessness, had a tribal affiliation, or was living in a rural area. Applications for funds during the third payment period were due on July 10.

Second, the state is providing incentive pay for child care workers who care for children of essential personnel. Qualified child care workers could receive an incentive of \$5 per hour during the first payment period and \$2.50 per hour during the second payment period, for up to 40 hours a week during the state of emergency.

Third, the state is providing 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. Eligible programs could receive \$1,000 for each full-time staff person (\$700 for each part-time staff person), with an overall payment amount maximum of \$10,000, during the first payment period, and \$500 for each full-time staff person (\$350 for each part-time staff person), with an overall payment amount maximum of \$5,000, during the second payment period.