

Report to Congress on CRRSA Act Funding for Child Care



ADMINISTRATION FOR
CHILDREN & FAMILIES

INTRODUCTION

The Department of Health and Human Services submits this report to the Committees on Appropriations of the House of Representatives and the Senate; the Committee on Education and Labor of the House of Representatives; and the Committee on Health, Education, Labor and Pensions of the Senate, as required by the Coronavirus Response and Relief Supplemental Appropriations (CRRSA) Act (Pub. L. 116-260).

The CRRSA Act (the Act) provided \$10 billion in supplemental Child Care and Development Fund (CCDF) funding to prevent, prepare for, and respond to coronavirus. The Act required all states, territories, and tribes to submit a report describing how funds appropriated in CRRSA will be spent. The Office of Child Care (OCC) provided instructions for submitting these reports in Program Instruction CCDF-ACF-PI-2021-01.¹

These CRRSA Act reports outline how states, territories, and tribes planned to use their CCDF CRRSA Act awards at the time of report submission (i.e., the reports were due by February 25, 2021). States, territories, and tribes have until September 30, 2022, to obligate, or legally commit, the funds and may choose to revise or change how they actually spend their allocations. States, territories, and tribes are not required to update their reports if their CRRSA plans change. The CRRSA Act did not call for OCC to approve these reports, so OCC has not determined that all planned uses of the funds comply with CCDF and CRRSA Act requirements at this time. This determination will be made through other OCC compliance determination mechanisms, such as a review of CCDF Plans and other existing mandated reports, a federal monitoring process, and audits.

SUMMARY OF FINDINGS FOR STATES AND TERRITORIES

All states, the District of Columbia (DC), and the territories submitted a report describing their planned use of CRRSA funds (56 responses). In their reports, three CCDF lead agencies indicated that they had not yet determined or finalized how they planned to spend all the CRRSA funds, and other lead agencies lacked plans for a portion of their CRRSA funds. Some states were waiting for additional guidance on allowable uses and other requirements. OCC provided written guidance, including allowable CCDF activities to lead agencies on CRRSA Act funds on April 14, 2021.²

OCC recognizes that the actual use of CRRSA Act funds may differ from what states indicated in these initial reports. Lead agencies are not required to update their reports if they make changes to how CRRSA CCDF funds are used. Final use of funds will be collected through a separate report required by the CRRSA Act due by October 31, 2022, as well as existing CCDF reporting forms.

This summary of findings highlights how states and territories plan to use their funds and is organized by five categories of allowable uses (i.e., direct services, virus mitigation, grants to

¹ <https://www.acf.hhs.gov/occ/policy-guidance/planned-use-child-care-and-development-fund-ccdf-coronavirus-response-and>.

² <https://www.acf.hhs.gov/sites/default/files/documents/occ/CCDF-ACF-IM-2021-01.pdf>.

stabilize, non-subsidy providers, and other activities or assistance).³ Reports were reviewed and analyzed by OCC staff in order to prepare this summary. The posted copies of the reports for states and territories can be found on the OCC website at <https://acf.hhs.gov/occ/data/2021-crrsa-60-day-reports-states-and-territories>. The CRRSA 2021 allocations for states and territories can be found at <https://www.acf.hhs.gov/occ/data/crrsa-2021-allocations-states-and-territories>.

Table 1. Summary: Planned Use of CRRSA Act Funds—All States, DC, and Five Territories (56 Total Responses)

State/Territory	Direct Services	Virus Mitigation	Grants to Stabilize	Non-Subsidy Providers	Other
Overall	50 reported	41 reported	53 reported	50 reported	41 reported
Alabama	X	X	X	X	X
Alaska	X	X	X	X	X
American Samoa	X	X	X		
Arizona	X	X	X	X	X
Arkansas	X	X	X	X	
California	X	X	X	X	X
Colorado	X	X	X	X	X
Connecticut	X	X	X	X	X
Delaware	X	X	X	X	X
District of Columbia	X	X	X	X	X
Florida	X	X	X	X	X
Georgia	X	X	X	X	X
Guam	X	X	X	X	X
Hawaii	X	X	X	X	
Idaho	X		X	X	X
Illinois			X	X	X
Indiana	X	X	X	X	X
Iowa	X		X	X	X
Kansas	X	X	X	X	X
Kentucky	X	X	X		X
Louisiana	X	X	X	X	X
Maine	X	X	X	X	X
Maryland	X	X	X	X	

³ The CRRSA Act provides flexibilities that allow CRRSA funds to be used for purposes and activities that would not be allowable under regular CCDF without a waiver—for example, waiving copayments for all families or waiving income eligibility for essential workers.

State/Territory	Direct Services	Virus Mitigation	Grants to Stabilize	Non-Subsidy Providers	Other
Massachusetts		X	X	X	X
Michigan	X		X		X
Minnesota	X	X	X	X	
Mississippi	X	X	X	X	X
Missouri	X	X	X	X	X
Montana	X	X	X	X	X
Nebraska	**	**	**	**	**
Nevada	X	X	X	X	
New Hampshire	X	X	X	X	X
New Jersey	X	X	X	X	
New Mexico	X	X	X	X	X
New York	X	X	X	X	
North Carolina	X	X	X	X	X
North Dakota	X	X	X	X	X
Northern Mariana Islands (CNMI)	X	X	X	X	X
Ohio	X	X	X	X	
Oklahoma	X		X	X	
Oregon	X	X	X	X	X
Pennsylvania	X		X	X	X
Puerto Rico	X	X	X	X	X
Rhode Island	X	X	X	X	X
South Carolina	X	X	X	X	X
South Dakota	X	X	X	X	X
Tennessee	X		X	X	X
Texas	X		X	X	X
Utah	X	X	X	X	X
Vermont			X	X	
Virgin Islands	**	**	**	**	**
Virginia	X	X	X	X	X
Washington	X		X	X	
West Virginia	X		X	X	X
Wisconsin	**	**	**	**	**
Wyoming	X		X	X	X

**Nebraska, Wisconsin, and Virgin Islands provided reports, but were not included, because information given indicated they had not finalized plans as they were still planning or awaiting guidance from OCC or state entities. OCC provided written guidance to lead agencies on CRRSA Act funds on April 14, 2021.

Summary: Planned Use of CRRSA Act funds for Direct Child Care Services (Subsidies)

Lead agencies were asked if they planned to use CRRSA Act funds to provide direct child care services, including child care subsidy assistance to healthcare sector employees, emergency responders, sanitation workers, farm and other food service workers, and/or other workers deemed essential or frontline during the response to coronavirus, and to include a description if yes.

Supporting Families	Supporting Providers
<ul style="list-style-type: none">• Serve healthcare sector employees, emergency responders, sanitation workers, farm and other food service workers, or others deemed essential or frontline<ul style="list-style-type: none">○ Disregard income eligibility or copay for these workers• Increase or change income eligibility<ul style="list-style-type: none">○ Allow job search as initial eligibility activity• Reduce or waive copays	<ul style="list-style-type: none">• Continue payment to providers based on children's enrollment rather than attendance• Pay for additional fees/costs (virus mitigation, reduced enrollment)• Increase provider reimbursement rates or tiered rates• Pay for bonuses (e.g., nontraditional hour care, school-age child care, retention bonuses, recruitment bonuses)• Fund contract slots

Twenty-six states reported plans to waive or reduce copayments or make parent fees affordable to families receiving child care subsidies (Alaska, Arizona, Colorado, Connecticut, Delaware, Florida, Georgia, Hawaii, Idaho, Iowa, Kentucky, Maine, Michigan, Mississippi, Montana, Nevada, New Mexico, North Carolina, North Dakota, Oklahoma, Oregon, Rhode Island, South Dakota, Tennessee, Utah, and Virginia).

Nineteen states reported plans to base subsidy payment to child care providers on children's enrollment not attendance, or using or expanding paid child absences (Colorado, California, Delaware, Iowa, Louisiana, Maine, Michigan, Missouri, Nevada, New Hampshire, New Jersey, North Dakota, Oklahoma, Oregon, Rhode Island, Tennessee, Utah, Virginia, and Wyoming).

Eighteen states and four territories reported plans to support direct child care services to healthcare sector employees, emergency responders, sanitation workers, farm and other food service workers, and/or other workers deemed essential or frontline by the state, such as waiving child care subsidy income eligibility, copay, and payment based on enrollment (Alabama, American Samoa, Arkansas, California, Guam, Hawaii, Indiana, Kansas, Maryland, Minnesota, Missouri, Nevada, New Mexico, New York, North Carolina, Northern Mariana Islands, Oklahoma, Oregon, Puerto Rico, Tennessee, Utah, and West Virginia).

Fifteen states, DC, and American Samoa reported plans to increase child care subsidy payment rates, tiered payment rates, or provide differential payment rates for underserved, special populations or nontraditional hours (American Samoa, Arizona, Colorado, DC, Delaware,

Georgia, Hawaii, Kansas, Michigan, Mississippi, Missouri, Montana, Ohio, Pennsylvania, Rhode Island, South Carolina, and West Virginia).

Eleven states reported plans to change child care subsidy income eligibility, activity requirements or eligibility based on risk of abuse and neglect, or special healthcare needs (California, Hawaii, Idaho, Michigan, Montana, North Dakota, Ohio, Oklahoma, Virginia, Utah, and Wyoming).

Seven states reported plans on school-age child care strategies (Hawaii, Minnesota, New Hampshire, New Jersey, Oklahoma, Tennessee, and Washington).

Other planned state strategies included suspension of the child care waitlist; social marketing or outreach to promote parental choice; child care scholarships for students for higher education in nursing, early childhood education or K-12 education; expanding access to license-exempt in-home providers who meet criteria; contracts for infant and toddler care and preschool; and hazard pay for providers.

Please see Table A-1 in Appendix A for more specific information on planned use of CRRSA Act funds for direct child care services.

Summary: Planned Use of CRRSA Act funds for Implementation of Virus Mitigation Policies and Practices

Lead agencies were asked if they planned to use CRRSA Act funds to provide resources, supplies, and/or technical assistance (TA) to child care providers to support implementation of health and safety practices and policies in line with guidance from state and local health departments and the Centers for Disease Control and Prevention (CDC), and to provide a description if yes.

Virus Mitigation
<ul style="list-style-type: none"> • Resources, supplies and TA to providers and families for understanding COVID-19 practices and policies • Personal Protective Equipment (PPE) • Cleaning and sanitation supplies, equipment, and services • Specific COVID-19 repair or renovation, and hands-free equipment (faucets, touchless towel dispensers, classroom dividers, door openers, soap machines, sanitizer stations or appliances, air purifiers) • Consultants for and online delivery of health and safety training

Thirty-six states, DC, and four territories reported plans to provide resources, supplies and TA to child care providers to support implementation of health and safety practices, and purchase PPE, cleaning and sanitation supplies and services, equipment, repairs and renovations, and consultants (Alabama, Alaska, American Samoa, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, DC, Florida, Georgia, Guam, Hawaii, Indiana, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Minnesota, Mississippi, Missouri, Montana, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota,

Northern Mariana Islands, Ohio, Oregon, Puerto Rico, Rhode Island, South Carolina, South Dakota, Utah, and Virginia).

Please see Table A-2 in Appendix A for specific information on virus mitigation.

Summary: Planned Use of CRRSA Act funds for Grants or Assistance (Other than Subsidies) to Stabilize Child Care Providers

Lead agencies were asked if they planned to use CRRSA Act funds to support the stability of the child care sector to help child care providers (program facilities and workforce) pay for increased operating expenses during the COVID-19 public health emergency, and to provide a description if yes.

Grants to Stabilize Child Care Providers
<ul style="list-style-type: none"> • Stabilization grant programs <ul style="list-style-type: none"> ○ Continue operations and prevent closure with supplies, materials, and equipment ○ Provide one-time or monthly stipends or voucher payments ○ Pay for increased operating expenses, including rent, salaries ○ Serve critical needs and underserved populations, including supplemental payments or incentives for infant/toddler, preschool, nontraditional hours, and child care deserts • Quality supply building and retention grants and support <ul style="list-style-type: none"> ○ Support workforce recruitment and retention, staff wage enhancement grants and bonuses ○ Supplement staff salaries for added responsibilities ○ Strengthen business supports and training ○ Support family child care networks; family, friend, and neighbor care; shared services; and school-age child care ○ Provide early childhood mental health consultation ○ Enhance resource and referral

Forty-two states, DC, and three territories reported plans to provide a child care stabilization grant program or payments to help child care providers pay for increased operating expenses, such as retaining/hiring employees; staff salaries and benefits, including substitute teacher pay, professional development, licensing fees, and liability insurance; tuition and registration relief for families; lease and mortgage payments; utilities; cleaning and sanitizing supplies; classroom materials and supplies; and additional supplies required to support implementation of health and safety (Alabama, Alaska, American Samoa, Arizona, Arkansas, Connecticut, Delaware, DC, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Northern Mariana Islands, Ohio, Oklahoma, Oregon, Puerto Rico, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Washington, West Virginia, and Wyoming).

Fourteen states, DC, and Guam reported plans to provide grants or stipends for addressing systemic sustainability, such as building supply, boosting quality, and recruiting workforce (Colorado, DC, Guam, Idaho, Indiana, Louisiana, New Mexico, Ohio, Oregon, Rhode Island, South Carolina, South Dakota, Tennessee, Utah, Virginia, and Washington).

Seven states reported plans to provide grants, microloans, targeted package of business supports and payments, and business training and coaching for providers to access paycheck protection program and other small business federal supports (Illinois, Indiana, Louisiana, Minnesota, Oklahoma, Tennessee, and Texas).

Six states reported plans to provide TA and support to family child care providers or networks, shared services, or family, friend, and neighbor care (Minnesota, Montana, New Hampshire, New Mexico, Tennessee, and Washington).

Four states reported plans to address the mental health impact of the pandemic on children and staff by providing resources or trainings to improve social and emotional capabilities or mental health consultation and inclusivity (Colorado, South Dakota, Tennessee, and Virginia).

Three states reported plans to provide funds for school-age grants to cover school-age current costs or revenue loss (Georgia, Mississippi, and South Carolina).

Colorado reported plans to provide funds for enhanced child care resource and referral with an emphasis on infant and toddler care and grants for inclusive child care.

Please see Table A-3 in Appendix A for specific information on planned use of CRRSA Act funds for grants or assistance to stabilize child care providers.

Summary: Planned Use of CRRSA Act funds for Assistance to Providers Not Participating in the Subsidy System Prior to the Pandemic

The CRRSA Act requires lead agencies to use a portion of their CRRSA awards to provide assistance to CCDF-eligible child care providers not participating in the subsidy system prior to the COVID-19 public health emergency. Lead agencies were asked to describe how they planned to meet that requirement.

Assistance to Nonsubsidy Providers
<ul style="list-style-type: none"> • Stability, restoration and relief grants, stipends, bonuses, and maintenance payments • Grants for workforce retention and community innovation • Training, TA, and business supports • Access to mental health consultation • Family, friend, and neighbor providers becoming licensed • PPE, cleaning and sanitizing supplies, masks, equipment and other supplies

Forty-six states, DC, and three territories reported plans to provide assistance to providers not participating in the subsidy system prior to the pandemic through stability and relief grants, stipends, payments, training and TA, mental health consultation, helping providers become licensed, PPE, and cleaning and sanitizing supplies and equipment (Alabama, Alaska, Arizona,

Arkansas, California, Colorado, Connecticut, Delaware, DC, Florida, Georgia, Guam, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Louisiana, Maine, Maryland, Massachusetts, Minnesota, Mississippi, Missouri, Montana, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Northern Mariana Islands, Ohio, Oklahoma, Oregon, Pennsylvania, Puerto Rico, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, and Wyoming). This is a required CRRSA provision and a few states are still planning or needing additional guidance.

Please see Table A-4 in Appendix A for specific information on planned use of CSRRRA Act funds for assistance to providers not participating in the subsidy system prior to the pandemic.

Summary: Planned Use of CRRSA Act funds for Other Activities and Assistance

Lead agencies were asked if they planned to use a portion of CRRSA Act child care funds for any other activities or assistance not described in the other categories, and to describe if yes.

Thirty-seven states, DC, and three territories reported plans to use CRRSA funds for other activities and assistance (Alabama, Alaska, American Samoa, Arizona, California, Colorado, Connecticut, Delaware, DC, Florida, Georgia, Guam, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Massachusetts, Michigan, Mississippi, Missouri, Montana, New Hampshire, New Mexico, North Carolina, North Dakota, Northern Mariana Islands, Oregon, Pennsylvania, Puerto Rico, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia, and Wyoming). Several activities that states reported as “Other” fit in the categories described above. To provide a more complete view of each spending category, some activities were redesignated from the “Other” section to the more appropriate area. Some of the activities listed as “Other” included:

- Administrative and systems investments: Systems updates to respond to the pandemic, including subsidy eligibility systems (payment, processing, online applications) and data and accountability systems, training registry system, background check system; evaluating implementation and outcomes of CRRSA activities; and additional staffing and administrative support.
- Professional development and support of child care workforce: Online training and professional development; apprenticeships; background check and licensing fees; family, friend, and neighbor and family child care networks; and business start-up, practices, and shared services.
- Quality and system-level supports: Increasing resource and referral support; mental health/social-emotional and trauma services and campaigns; Quality Rating Improvement System and other quality activities; renovation of child care facilities; grants to higher education to offer on-site child care; partnerships with pre-K and workforce development; and addressing rural child care challenges and summer learning loss.
- Family outreach and engagement: Outreach and education campaigns, family engagement, and training.

SUMMARY OF FINDINGS FOR TRIBES

Of the 265 tribal lead agencies that received CRRSA Act funds, 251 lead agencies submitted a report describing their planned use of CRRSA Act funds. Of these responses, 21 tribal lead agencies reported that they had not developed their plans yet. There were 14 tribes that did not submit a report and OCC contacted these tribes in February and March 2021 to request a report. Many tribal lead agencies were still at the early stages of planning their use of CRRSA Act funds. Some tribal lead agencies were waiting for additional guidance on allowable uses and other requirements. As mentioned above, OCC provided this guidance with its release on April 14, 2021. Many tribal lead agencies provided extensive lists of available options but had not yet chosen specific uses from those lists. This summary of findings highlights how the tribal lead agencies plan to use their funds organized by five categories of allowable uses (i.e., direct services, virus mitigation, grants to stabilize, non-subsidy providers, and other activities or assistance).

Reports were reviewed and analyzed by OCC staff to prepare this summary. The posted copies of tribal lead agency reports can be found on the OCC website at <https://www.acf.hhs.gov/occ/data/2021-crrsa-60-day-reports-tribes>. The CRRSA 2021 Allocations for Tribes can be found at <https://www.acf.hhs.gov/occ/data/crrsa-2021-allocations-tribes>.

Summary: Planned Use of CRRSA Act funds for Direct Child Care Services (Subsidies)

Tribal lead agencies reported plans to support direct services or covering the cost of child care to eligible families who are healthcare sector employees, emergency responders, sanitation workers, farm and other food service workers, and/or other workers deemed essential or frontline by the tribe, which included waiving income eligibility and copays. Tribal lead agencies reported plans to waive eligibility requirements for tribal families who do not meet income requirements, and changing eligibility for grandparents, foster care families, and children in protective services. Many tribal lead agencies specifically described direct services to their tribally operated centers. Tribal lead agencies also reported plans to increase provider rates; provider payments based on children's enrollment rather than attendance; hazard pay and wage enhancements for providers; hiring and retention bonuses; payments for offering nontraditional hours, infant and toddler, and family and relative care; and payments for operating or fixed costs.

Summary: Planned Use of CRRSA Act funds for Implementation of Virus Mitigation Policies and Practices

Tribal lead agencies reported plans to provide resources, supplies, TA, training, and grants and stipends to child care providers to support implementation of health and safety practices and procedures, including hiring health professionals to monitor the physical health and mental health of staff and children; paying for substitute staff; hiring consultants to update health and safety practices, mitigation strategies, and culturally relevant materials; purchasing PPE, masks, cleaning and sanitation supplies, and deep cleaning services; paying for equipment, repairs, and renovations, such as hands-free faucets, towel dispensers, classroom dividers, door openers, soap machines, sanitizer stations or appliances; buying air purifiers and updating air filtration systems; providing COVID-19 testing for providers and families; providing safety kits and care packages for families; and producing health and safety videos available online to families and providers.

Summary: Planned Use of CRRSA Act funds for Grants or Assistance (Other than Subsidies) to Stabilize Child Care Providers

Tribal lead agencies reported plans to provide temporary incentive bonus pay and pay increases for providers and staff; grants to programs for supply building, quality and retention, professional development and wage enhancements; stipends and mini-grants to fund increased operating expenses, including hiring new staff, materials, equipment, repairs, and renovations; technology equipment for professional development; mental health consultants and language and cultural preservation teams; incentives and welcome packages for new providers; quality improvement mini-grants for centers and family child care home providers; and grants to install distance-learning equipment, including for school-age child care virtual tutoring, outreach events, and summer learning.

Summary: Planned Use of CRRSA Act funds for Assistance to Providers Not Participating in the Subsidy System Prior to the Pandemic

Tribal lead agencies reported plans to provide assistance to providers not participating in the subsidy system prior to the pandemic through stability and relief grants, stipends, and payments; training and TA; mental health consultation; helping providers become licensed; and purchasing PPE and cleaning and sanitizing supplies and equipment.

Summary: Planned Use of CRRSA Act funds for Other Activities or Assistance

Tribal lead agencies reported plans to use CRRSA Act funds for other activities and assistance. Some of the areas listed included:

- Administrative infrastructure and technology: Data management; administrative costs and hiring new staff to develop plans; technology upgrades and internet; distance-learning technology; supports and opportunities for providers, families, and children; and financial assistance for providers' internet costs.
- Facility updates and other improvements: Renovations, including automated hand washing, door openings, and other automatic building systems; social distancing barriers; additional classrooms; new isolation and activity rooms; construction;⁴ building repairs, maintenance, and ventilation systems; outdoor furnishings and drainage; playground equipment and toys; generators, heavy equipment, appliances, and kitchen upgrades; and vehicles to support providers and families.
- Outreach, engagement, and education: Outreach and education campaigns; trainings and incentives; new and additional technology or apps for implementing cultural engagement and language opportunities; community resources and referral for specific family needs with emphasis on mental health and well-being; cultural programming, tribal language activities, and community events; culturally appropriate social and emotional materials to provide support; and supports to school-age children in child care.

⁴ Unlike states and territories, tribal lead agencies may submit an application to Administration for Children and Families requesting to use a portion of funds for construction or major renovation.

- Quality improvements and provider supports: Assistance to staff for purchasing online courses and materials to receive certifications; training needs and virtual learning tools for required professional development; healthcare professionals and mental health consultation, therapy, and coaching for trauma and grief; and improvements focused on quality, child care deserts, and infant and toddler care.

CONCLUSION

OCC and the Administration for Children and Families appreciate Congressional support of CCDF in the CRRSA Act and look forward to continued work together to ensure that this significant investment in the nation's child care system reaches the children, families, and child care providers who are struggling due to the COVID-19 pandemic. OCC will continue to help states, territories, and tribes take advantage of the opportunities provided by these additional resources through guidance and TA.

Appendix A: State Plans for CRRSA Act Fund Spending by Category Tables

State and territory report highlights were edited for consistency.

Table A-1. Direct Child Care Services

State/Territory	Planned Use of Funds
Alabama	Services to healthcare employees and emergency responders.
Alaska	Waive copayments.
American Samoa	Social marketing plan to expand parental choice options, continue to waive income eligibility requirements for essential workers, increase subsidy rates by at least 50%, and enhance in-home child care.
Arizona	Continue suspension of the child care waitlist; increase reimbursement rates statewide; reduce parent copayments; allow provider reimbursement for hours when a child is participating in Department of Child Safety services; award funds to public universities and community colleges for child care scholarships for students to pursue a degree in nursing, early childhood education or K-12 education.
Arkansas	Support essential work child care assistance.
California	Child care subsidy assistance to essential workers as well as to children at risk of abuse or neglect and children with disabilities or special healthcare needs.
Colorado	Affordable family copayments by lowering parent fees, increased provider rates, and paid absences.
Connecticut	Affordable parent fees for families and support of the child care business infrastructure.
Delaware	Pay parent copays, increase the number of paid absent days, and implement a provider payment floor, as well as enhanced reimbursement initiative for subsidy and non-subsidy providers to be reimbursed for vacant slots.
District of Columbia	Cover the costs of payments to subsidy providers serving certain Temporary Assistance for Needy Families children.
Florida	Serve additional CCDF-eligible children and families.
Georgia	Families will not be required to pay any additional tuition charged by the provider or the family copay nor pay the provider the full published rate for 12 months.
Guam	Providers may be paid based on enrollment status for certain essential workers. May expand initiatives for license-exempt providers (in-home providers).
Hawaii	Subsidy assistance to healthcare sector employees, essential and emergency responders, and other workers deemed essential. Temporarily waive the income eligibility requirements and activity requirements for impacted families; temporarily waive the family copayment. Increase the payment rates and allow up to full-time care for school-age children.

Idaho	Raise the income limit from 130% of the FPL to 145% of the FPL and decrease copay amounts.
Illinois	Not applicable.
Indiana	Scholarships for essential and frontline workers with income levels between 128%–250% of the FPL.
Iowa	Copay reimbursement for families and unlimited absences.
Kansas	Flexible subsidy eligibility to essential and frontline workers, National Guard, and child care workers. Allow for differential payment rates for underserved populations and special populations.
Kentucky	Pay parent copays; provide sustainment payment funding for regulated child care providers for staff salaries, salary increases or hazard pay, fixed expenses (e.g., rent/mortgage, utilities, insurance premiums, etc.), PPE, and cleaning supplies.
Louisiana	Continue to pay subsidy based on enrollment.
Maine	Waive the copayment for families for a 12-month period and pay for providers based on enrollment rather than attendance.
Maryland	Support child care for emergency and essential employees not covered by Coronavirus Aid, Relief, and Economic Security Act (CARES) Act funds.
Massachusetts	Does not plan to provide direct child care supports; the funds are designed to sustain operations and improve quality.
Michigan	Increase income eligibility for the child care subsidy from 150% of the FPL to 200% of the FPL; pause on the reduction of the family contribution (copay); implement a 10%-increase to all child care provider payment rates; and temporarily pay child care providers based on enrollment, not attendance.
Minnesota	Help pay child care costs for frontline essential workers with lower household incomes, as well as family costs associated with school-age care. Will consider using funds for early learning scholarships.
Mississippi	Cover family copayments.
Missouri	Increase the allocation to child care providers and providers who are serving foster care children will also receive an additional increase; assist essential or frontline families; help families with difference between subsidy amount and provider charge amount; assist providers to stay open when attendance is not steady; provide stipends for nontraditional hours for subsidy and non-subsidy providers.
Montana	Change sliding fee scale from 150% of the FPL to 180% of the FPL. Limit family copayment to max amount of \$200 per month.
Nebraska	Plans have not yet been finalized.

Nevada	Subsidy payments based on enrollment rather than attendance; if second provider is accessed, payments to both providers will be made; children participating in the subsidy program will not be subject to termination based on number of absent days; waiving copayments for families receiving a subsidy who have lost their jobs due to COVID-19; income at intake increased to 85% of state median income for frontline workers.
New Hampshire	Continuation and expansion of school-age child care full-day billing for scholarship providers; continuation and expansion of “absent due to COVID-19” billing program; targeted outreach to parents with child care needs.
New Jersey	Extend state child care subsidies; copayment waiver for school-age child care; new youth camp assistance grant supplemental payment; continue to pay provider based on enrollment rather than attendance.
New Mexico	Waive parent copayments, provide child care assistance for essential and frontline workers, and contract with high-quality facilities to provide infant and toddler care.
New York	Essential worker scholarships.
North Carolina	Pay parent copayments for all families participating in the child care subsidy program, which includes healthcare sector employees and frontline and essential workers.
North Dakota	Eliminate copayments for all CCDF-eligible families; pay providers based on a child’s enrollment in their child care setting, rather than attendance; extend eligibility at the time of application and review to families who are participating in job search.
Northern Mariana Islands (CNMI)	Subsidy assistance to frontline and essential workers.
Ohio	Increase the eligibility threshold to 138% of the FPL and increase to 150% of the FPL for families in need of special needs child care. All base rates for providers meet or exceed the increase to the 25th percentile based on Ohio’s 2020 market rate survey.
Oklahoma	Coverage of subsidy copayment for families; in-home care provided for designated essential and frontline workers; 60 days of child care subsidy for those unemployed due to COVID-19 and currently looking to re-engage in the workforce; continuation of \$5 added to subsidy rate per child per day based on attendance; all school-age children approved for the weekly rate (full-time rate with absent days).
Oregon	Cover cost of copays, eligibility from 185% to 250% of the FPL for essential workers; lenient absence day policies for provider payments; implement a new more graduated family-friendly copay transition and cover the cost of new copay structure for the next biennium; and set aside funds in case of a caseload increase.
Pennsylvania	Rate increases for subsidized child care provider reimbursements.
Puerto Rico	Provide child care vouchers to employees deemed essential.
Rhode Island	Reimburse providers based on enrollment, not attendance; waive allowable absence policy; waive copayments; administer enhanced COVID-19 rates; reimburse at five-star rate or 75th for five-star for providers to support increased costs.

South Carolina	Analyze the most recent market rate survey and will increase provider payment rates.
South Dakota	Temporarily eliminate copayments.
Tennessee	Continue the pandemic/essential employee child care and school-age child care payment assistance; continue to waive all parent copay fees; continue to make subsidy payments for all children enrolled for participating providers who are open.
Texas	Increase funding for low-income child care.
Utah	Continue increased entry and exit income thresholds; waive copayments for certain subsidy groups; pay providers based on enrollment; and develop strategies to broaden the child care support available to essential employees.
Vermont	Does not plan to use CRRSA funds to provide direct child care services.
Virgin Islands	Plans have not yet been finalized.
Virginia	Enroll additional families by including job search that will be added as an allowable activity at the time of eligibility determination; adjust income eligibility and set at 85% of the state median income; eliminate parent copayments; increase the number of allowed absence days for level 2 providers; and provide mixed delivery grants for preschool slots in hard-to-serve communities.
Washington	Pay child care providers at an increased rate equal to the regional preschool rate for school-age children.
West Virginia	Child care assistance for essential workers; temporarily increase reimbursement rates; and increase tiered reimbursement rates.
Wisconsin	Plans have not yet been finalized. Department will be working with the Wisconsin Legislature to adopt a plan.
Wyoming	Subsidies for eligible clients based on enrollment instead of attendance; consider providing subsidies for shift workers; and expand qualified activities eligible for subsidies.

Notes. CCDF = Child Care and Development Fund; CRRSA = Coronavirus Response and Relief Supplemental Appropriations; FPL = federal poverty level; PPE = personal protective equipment.

Table A-2. Virus Mitigation Policies and Practices

State/Territory	Planned Use of Funds
Alabama	Provide resources, supplies, and/or TA to child care providers to support implementation of health and safety practices and policies, including cleaning services, PPE, and costs of measures to limit contact.
Alaska	Supports for resources or TA to child care providers; supplies to providers and/or licensing staff; and/or development of health and safety practices.
American Samoa	Facilitate access to resources, supplies, and TA to implement COVID-conscious practices; reimagine activities such as the virtualization of health and safety modules for pre-service orientation and best practices for opening safely; maintaining operation, facility inspections; and access to PPE, cleaning/disinfecting supplies and professional services.
Arizona	Child Care Stabilization Grant Program.
Arkansas	Provider deep cleaning reimbursement.
California	Provide stipends to subsidized child care providers and state preschool programs to pay for increased operating expenses; increased costs incurred as the result of supporting school-age children who are distance learning; purchase PPE and cleaning supplies; and other added expenses.
Colorado	Provide sustainability grants that will allow providers within the subsidy program, as well as those outside of the subsidy program, to better address the impact of the pandemic; and provide technical resources within child care licensing and statewide early childhood council network to improve the department's response to and support of child care providers.
Connecticut	Provide grants to programs for increased costs due to COVID-19 such as PPE, improved ventilation, reduced class/group size, increased staffing, and other strategies and continue to support programs with TA on health and safety practices.
Delaware	May implement virus mitigation practices, including purchase of supplies, PPE, portable air purification systems, physical barriers, other materials; expand capacity for coronavirus testing and educational technology; lease sites to ensure social distancing; and other costs.
District of Columbia	Cover the costs of deep cleaning services for licensed child care facilities (centers or homes) and build capacity to providers participating in the Quality Rating Improvement System with TA in implementing health and safety procedures.
Florida	No details provided, but details on virus mitigation provided under the "Other" category.
Georgia	Providers are encouraged to use funding.
Guam	Provide TA to child care providers to implement practices and policies, and seek instruction from qualified professional consultation education and training providers through request for proposal process.

State/Territory	Planned Use of Funds
Hawaii	Provide resources, supplies, and/or TA to providers to support implementation of health and safety practices; develop and administer grants for regulated child care facilities and homes and exempt facilities, including those not caring for CCDF children prior to COVID-19, to support the continuity of operations and prevent closure or support the re-opening of child care operations; and cover supplies and additional costs incurred in order to meet additional health and safety requirements.
Idaho	Does not plan to use CRRSA funds to provide resources, supplies, and/or TA to child care providers to support implementation of health and safety practices.
Illinois	Not applicable.
Indiana	Continue financial support to programs that experience closures due to a positive COVID-19 case through the temporary child care closure grant program; targeted TA; partner with the Indiana Department of Education to increase the reimbursement to programs participating in the Child and Adult Care Food Program to support increased costs; and support family awareness and education initiatives that help build family understanding of COVID-19 practices and policies.
Iowa	None.
Kansas	Continue health consultants and supply grants to all licensed child care providers in need of help implementing safety protocols utilizing CRRSA funds, and distribute clear masks to all licensed and enrolled providers.
Kentucky	Continue support for providers to purchase PPE and to receive training on health and safety practices.
Louisiana	Provide a package of operational/quality supports to address technology needs, additional PPE, etc.
Maine	Provide resources and TA to child care providers to support implementation of health and safety practices and policies.
Maryland	Support child care providers' implementation of health and safety practices and policies.
Massachusetts	Provide stabilization grants through summer and fall to address the increased cost of meeting virus mitigation protocols and practices and to order health and safety supplies, as well as a testing system for COVID-19, with locations dedicated to child care families and workers in every region with rapid response times and no-wait services.
Michigan	No specific activities are planned under this provision.
Minnesota	Cover child care provider costs for resources, supplies, PPE, and other health and safety related uses and TA on accessing resources.
Mississippi	Offer funding for a one-time payment to providers for PPE and/or equipment needed to provide proper sanitization of classrooms and materials.

State/Territory	Planned Use of Funds
Missouri	Grants will be offered to license, license-exempt, and registered subsidy providers for opening, reopening, expansion and upgrading, PPE, additional lease and staff costs for new or expanded space, to meet licensing requirements, abatements, cooking/cleaning equipment, repairs, safe sleeping, seating and supplies, and one-to-one consultations with small business center.
Montana	Support family child care networks and shared services and provide financial assistance to resource and referral programs to create a shared services model, which may include substitute care pool, PPE, virus mitigation practices.
Nebraska	Activities will be finalized once guidance is received.
Nevada	Provide training on CDC guidelines for health and safety practices.
New Hampshire	While this is not being done exclusively with the CRRSA funds, the policies, practices, programs and activities within the CRRSA-funded activities are specifically built around providing resources, supplies, TA, and incentives to child care providers to implement the health and safety practices and policies.
New Jersey	Provide training, TA, health consultations on COVID-19-related health and safety practices and policies; revise policies to align with new health standards, and create a provider handbook and online policy publishing system.
New Mexico	Support COVID-specific repair and renovation/reopening grants to facilities, which will include TA, workshops on facility and financial planning, budgeting, and coaching.
New York	Provide resources, supplies, and/or TA to child care providers to support implementation of health and safety practices and policies.
North Carolina	Purchase up to three clear masks for all child care employees working in licensed child care facilities.
North Dakota	Provide facility improvement grants to child care providers (licensed, authorized, or registered) who are interested in facility updates, including touchless faucets, touchless towel dispensers, automatic or touchless door openers, various disinfecting appliances, air purifiers, and other improvements that affect indoor air quality.
Northern Mariana Islands (CNMI)	Provide grants to all licensed center-based programs, CCDF and non-CCDF providers, license-exempt family, friend and neighbor and license-exempt emergency child care providers for cleaning and sanitation supplies, PPE, masks, as well as minor construction of hand washing stations; provide TA to implement and comply with health and safety practices and policies.
Ohio	Pending appropriation authority from Ohio's General Assembly, pandemic support payment grants will be made available to child care programs to use for payroll, infrastructure support, PPE, cleaning supplies, temporary sinks, thermometers, classroom dividers, personnel costs, and other expenses.
Oklahoma	No answer provided.
Oregon	Provide TA to child care providers and extend communication resources for timely and accurate information to providers into the next biennium.

State/Territory	Planned Use of Funds
Pennsylvania	No answer provided.
Puerto Rico	Funds will be available to providers to purchase equipment and materials for COVID-19 prevention.
Rhode Island	Operationalized several supports for child care providers.
South Carolina	Provide training on health and safety and virus mitigation and provide grants/stipends to providers to help mitigate the increased cost of sanitation and cleaning supplies and PPE.
South Dakota	Support grants for providers that may be used to address virus mitigation, including PPE.
Tennessee	No answer provided.
Texas	Does not have current plans.
Utah	Provide another round of grant funding for child care providers to ensure compliance with health and safety guidance.
Vermont	Does not plan to use CRRSA funds on the implementation of virus mitigation policies and practices.
Virgin Islands	Plans to use CRRSA funds have not yet been finalized.
Virginia	Provide PPE and a statewide mental health consultation program; and fund intensive coaching support for child care educators coping with increased social-emotional needs of infants, toddlers, and preschoolers.
Washington	No answer provided.
West Virginia	No answer provided.
Wisconsin	Department will work with the Wisconsin Legislature in the coming weeks to adopt a plan.
Wyoming	Has not finalized and still researching this option.

Notes. CCDF = Child Care and Development Fund; CRRSA = Coronavirus Response and Relief Supplemental Appropriations; PPE = personal protective equipment; TA = technical assistance.

Table A-3. Grants or Assistance (Other than Subsidies) to Stabilize

State/Territory	Planned Use of Funds
Alabama	Plans to help child care providers pay for increased operating expenses for all licensed facilities, centers and family homes regardless of participation in subsidy. Eligible to receive \$500 per child and used for retaining/hiring employees, including substitute teacher pay, materials and supplies, unreimbursed food, facilities costs, and tuition relief for families.
Alaska	Currently collecting data from licensed child care providers to guide decision-making on how best to support the stabilization of child care providers.
American Samoa	Additional funding assistance will be used for providers to supplement staff salaries for the added responsibilities related to COVID-19.
Arizona	Provide additional financial assistance for child care providers through a grant stabilization program available to all licensed centers and group homes, family child care providers, relative providers, tribal child care providers, and military child care providers to assist with operational costs, including salaries and benefits for employees, licensing fees, liability insurance, tuition and registration relief for families, lease and mortgage payments, utilities, cleaning supplies, classroom materials and supplies, and additional supplies.
Arkansas	Provide supplemental voucher payments through 2021 or when relief funding is exhausted for providers to receive an additional \$10 per infant or toddler, \$7 per preschool, and \$5 for school-age child care.
California	In addition to stipends mentioned, providers can be reimbursed based on enrollment for families with variable schedules, supporting a CCDF goal of delinking reimbursement from attendance through June 30, 2021.
Colorado	Support workforce recruitment and retention strategies in partnership with the Department of Higher Education and the Department of Labor and Employment; allow for any Coloradan to take the minimum coursework required to be a licensed educator through the community college system for free. Provide scholarships to pay for ongoing higher education tuition; apprenticeships for work-based learning; loan forgiveness; bonuses to reward increased professional development; wrap-around peer mentorship. Provide free online training to attain director qualifications; child care resource and referral and inclusivity; and expand early childhood and provider mental health consultation.
Connecticut	Provide subsidies for operational costs directly to programs to support fiscal stability and to remain open as they continue to build enrollment and revenues back to pre-pandemic levels with a portion of the grant to increase staff compensation (e.g., bonuses, wages).
Delaware	Support family child care providers by issuing direct payments in the amount of \$2,000; support providers that closed due to the pandemic by providing start-up funds for those that wish to reopen; create a grant program to close the wage gap caused by COVID-19.
District of Columbia	Provide stability and relief funding to licensed providers who serve critical needs and underserved populations, such as medically fragile children.

State/Territory	Planned Use of Funds
Florida	Provide grants to all child care and early learning providers to be used for costs to support stability in Florida's child care sector.
Georgia	Provide the Short-Term Assistance Benefit for Licensed Entities (STABLE) grant payments to all open, licensed child care providers regardless of whether they participate in a subsidy program, to be used to pay for salaries and benefits for lead teachers, assistant teachers, and other employees. Fund substitute teachers; tuition relief for families; lease or mortgage payments; utilities; cleaning supplies; classroom materials and supplies; unreimbursed food; and additional supplies. Provide grant support for school-age child care.
Guam	Make subawards to eligible providers that can apply for quality-and supply-building activities necessary to maintain or resume operations.
Hawaii	Provide stability grants to the child care sector to help pay for increased operating expenses (e.g., supplies, costs incurred to meet additional health and safety requirements) for regulated child care facilities and homes and exempt facilities, including those not caring for CCDF children, to support the continuity of operations and prevent closure or support the re-opening of child care operations.
Idaho	Provide direct grant payments to providers for continued operational support (rent, supplies, etc.), as well as staff wage enhancement grants to provide a reoccurring payment in an effort to retain staff.
Illinois	Support the stability of the child care sector to help child care providers pay for increased operating expenses and cover decreased revenues with monthly grants and one-time stipends to child care providers based on capacity, geographic region, quality rating, and location in an area disproportionately impacted by COVID-19. Offer training and TA to support providers' ability to apply for and successfully leverage funds to support their continued operations.
Indiana	Issue emergency relief grants to CCDF-eligible providers that temporarily enhance reimbursement to help offset increased operational expenses; provide stipends to support program recruitment and onboarding costs and make available targeted business training and coaching for providers; expand access to agreement center slots and support the launch of a statewide child care marketplace that supports early childhood education programs in filling vacant seats and builds transparency into the state of sector supply and demand.
Iowa	Offer monthly stipends to child care programs from March 2021 through June 2021.
Kansas	Expand the impact of its provider sustainability grants to cover provider costs of operations and potential revenue losses, with stipulations for all licensed providers to use a portion of funding for payroll expenses for staff, and incentives (e.g., differential rates) for child care subsidy-enrolled providers during nontraditional hours.
Kentucky	Provide sustainment payment funds for licensed, certified, and registered child care providers for staff salaries, salary increases or hazard pay, fixed expenses (e.g., rent/mortgage, utilities, insurance premiums), PPE, and cleaning supplies.

State/Territory	Planned Use of Funds
Louisiana	Provide stabilization grants for rent, staffing, tuition of subsidy families (the gap between what the state pays and the providers' charges); provide community recovery grants that will assist networks in their efforts to assess needs and provide targeted supports to providers in their community; provide supply-building grants that will be used by community networks to develop and implement new child care opportunities to address access gaps and child care deserts; provide a package of business supports for child care, including a microloan pilot program; and provide early childhood teacher stimulus/stipend pay.
Maine	Provide stabilization grants to all licensed child care programs and license-exempt nonrelative providers.
Maryland	Support the stability of the child care sector to help child care providers (program facilities and workforce) pay for increased operating expenses during the COVID-19 emergency.
Massachusetts	Cover operating expenses, including increased expenses that have resulted from the COVID-19 emergency.
Michigan	Offer one additional round of business interruption grants to help providers who are open and struggling with operational expenses due to lower enrollment and increased business costs.
Minnesota	Cover the costs of virus mitigation along with support for staff compensation and the increased costs or lost revenue resulting from employment or business interruptions; support family, friend, and neighbor caregivers; and support child care programs to build sustainability, reopen, or start-up through consultation, business supports, grants, and loans.
Mississippi	Offer one-time grants that can be used to cover school-age child care current costs and/or recover revenue losses.
Missouri	Provide one-time stipends to subsidy and non-subsidy providers to help with increased operational costs.
Montana	Pay providers for family's full authorization, based on enrollment rather than attendance, and assist providers serving infants and toddlers since they have higher rates of absence.
Nebraska	Activities will be finalized once guidance is received.
Nevada	Provide grants toward COVID-related supplies and operating costs.
New Hampshire	Provide a grant program for licensed, license-exempt (friend and neighbor), and summer programs and supports through a family child care initiative.
New Jersey	Provide stabilization grants to providers to obtain the necessary supplies, materials, equipment and services in effort to keep them viable and meet health and safety standards.

State/Territory	Planned Use of Funds
New Mexico	Provide child care stabilization and recovery grants to address the increased operational costs for licensed child care facilities related to sanitation/cleaning, staff costs, lower enrollment, and other costs; support a one-time wage incentive for all staff working in licensed and license-exempt facilities and to provide financial support to help early childhood educators achieve their credentials and degrees; and create and support family child care networks and shared services across the state.
New York	Support the stability of the child care sector to help child care providers (program facilities and workforce) pay for increased operating expenses, PPE, and increased staff requirements; and partially pay for tuition recovery from programs facing decreased enrollment.
North Carolina	Provide operational grants to all licensed centers and homes using a formula based on the following factors: number of children served, star rating, enrollment in the subsidy program, and infant and toddler enrollment.
North Dakota	Provide emergency operating grants to child care providers (licensed, authorized, or registered) who can demonstrate a continued negative impact from COVID-related reductions in enrollment-based revenues of at least 30% for a period of at least 6 months.
Northern Mariana Islands (CNMI)	Support providers with a grant stabilization process for increased operation expenses, such as continued full-time pay/salary for all child care teachers, caregivers, staff, and other employees; and support a monthly stipend to all providers.
Ohio	Create innovation grants to further the practice of Ohio's licensed providers as a result of the ever-changing pandemic climate; and provide stipends to early childhood professionals who maintain roles in licensed settings as assistant teachers, lead teachers, and administrators.
Oklahoma	Provide business training resources for providers to build expertise in planning and budgeting to prepare for ongoing COVID impact, and provide child care quality and sustainability payment based on capacity and star level.
Oregon	Provide direct grants to child care providers and support community-based efforts to rebuild the supply of child care; launch a new start-up grants program for providers who have not yet re-opened; and extend grants program to local communities and community-based organizations to develop and implement strategies for building the supply of child care.
Pennsylvania	Provide assistance to all child care providers open as of January 31, 2021. Pennsylvania developed a funding formula using provider type and licensed capacity then considered the cost of implementing CDC guidance and the impact of reduced enrollments.
Puerto Rico	Provide economic stimulus for the reopening of licensed centers and provide hazard pay.
Rhode Island	Provide direct stabilization grants to licensed child care providers who are open and committed to serving children in person, and design and explore new service-delivery models and capacity-building activities to strengthen Rhode Island's child care infrastructure.

State/Territory	Planned Use of Funds
South Carolina	Support regulated child care facilities through grants designed to help providers that had to close or lost revenue due to low enrollments, including assisting providers for their child care facility expenses (e.g., rent/mortgage payments, utility bills, personnel costs); support providers serving school-age child care; and provide start-up grants for family or center care providers to support the opening of additional licensed child care facilities.
South Dakota	Offer stabilization grants to all licensed or registered providers to pay for increased operating expenses; support training, including social emotional training and materials, and play therapy specialists; and assist providers with various certification and training fees.
Tennessee	Facilitate grant opportunities to child care agencies (including those not participating in subsidy prior to the pandemic) to support cleaning, sanitation, and other activities with fixed/operating costs; and explore strategies to support long-term sustainability and viability of the child care provider network, including access to technology resources, enhanced shared services, resources to improve social/emotional capabilities, and support for strengthened business practices.
Texas	Provide a grant program for all CCDF eligible regulated providers to support rent/mortgage, utility and personnel costs, or payroll, employment, and property taxes. Personnel costs may include stipends, hazard pay, and costs of staff salaries to attend required professional development. Contract with grantees to fund business coaches for federal supports, such as paycheck protection program, disaster loans, and other Small Business Administration resources.
Utah	Review the operations grants program (responding to reduced enrollments) to determine if it should be extended in its current form, expanded, reopened, or otherwise amended; and consider strategies to support the child care workforce through incentive or bonus payments.
Vermont	Provide grants to stabilize child care providers to all regulated child care programs, including regulated providers not participating in the subsidy system prior to the pandemic.
Virgin Islands	CRRSA funds have not yet been finalized.
Virginia	Provide child care staff scholarships and retention bonuses; and initiate a pilot program in unserved communities by providing start-up grants to help communities that need additional child care.
Washington	Establish grants for licensed providers who serve children ages birth to 13 years and who accept child care subsidies; provide incentives to providers to open slots for children receiving child care subsidies; and provide incentives for in-home/relative providers (called “family, friends, and neighbors providers” in Washington), who serve subsidy children.
West Virginia	Provide capacity grants for new providers for start-up costs, assist current providers in expanding capacity, and provide quality bonuses to support increased costs to provide quality child care during emergency.

State/Territory	Planned Use of Funds
Wisconsin	Department will be working with the Wisconsin Legislature in the coming weeks to adopt a plan and seek any input.
Wyoming	Provide a combination of large grants, small grants, and one-time stipends to child care facilities. Large grants will be used to offset revenue shortfalls or increased expenses, small grants will be used for PPE purchase or increased operating expenses, and stipends for facilities to offset closures or reduction in capacity.

Notes. CCDF = Child Care and Development Fund; CRRSA = Coronavirus Response and Relief Supplemental Appropriations; PPE = personal protective equipment; TA = technical assistance.

Table A-4. Assistance to Providers Not Participating in the Subsidy System Prior to the Pandemic

State/Territory	Planned Use of Funds
Alabama	Provide grants to those regardless of participation in subsidy program.
Alaska	Set aside a portion of the CRRSA funding to go to providers not participating and supports may include resources or TA, PPE and cleaning supplies, and/or development of health and safety practices and policies.
American Samoa	All of the child care facilities operating in the territory are part of subsidy system and will not be assisting providers that did not participate before pandemic.
Arizona	Provide the child care stabilization grant program and expand the Quality First Program and early childhood mental health consultation.
Arkansas	Provider maintenance payments are available for all licensed providers, including those who are not participating in CCDF.
California	Establish a workgroup to discuss uses for the remaining CRRSA funding to address COVID-19 pandemic needs and network preservation, which may include CCDF-eligible providers not participating in the subsidy system prior to the emergency.
Colorado	Provide supply grants to all eligible early childhood providers to remain open and recover and support competitive community innovation grants to address systemic challenges for early care and learning providers across the state that have been worsened as a result of the economic, social, and health impacts of COVID-19, specifically child care affordability, infant toddler care, sustainable business practices, and equitable access to care.
Connecticut	Offer grant opportunity to all licensed child care programs based on capacity of programs, the age group of children served, and quality. Provide additional support to programs that enroll children and families who live in poverty.
Delaware	Through the enhanced reimbursement initiative, providers can submit an application to be reimbursed for vacant slots for which they are not receiving a subsidy or private payment. May create a grant program for providers that were not participating in the subsidy program prior to the pandemic.
District of Columbia	Provide stability and relief grants distributed on a formula basis to nearly all licensed child care providers; that is, those who participated in the subsidy system prior to the pandemic and those who did not.
Florida	Provide grants to providers who are not participating in the subsidy system.
Georgia	Available grant payments to all open, licensed child care providers regardless of whether they participate in child care subsidy.
Guam	Provide subawards and may provide one-time incentive non-subsidized child care payment to eligible recipients and procure cleaning and sanitizing supplies, PPE, masks, and other supplies on quarterly basis.

State/Territory	Planned Use of Funds
Hawaii	Same information as grants to stabilize: Provide stability grants to the childcare sector to help pay for increased operating expenses (e.g., supplies, costs incurred to meet additional health and safety requirements) for regulated child care facilities and homes and exempt facilities, including those not caring for CCDF children, to support the continuity of operations and prevent closure or support the re-opening of child care operations.
Idaho	Non-subsidy providers are part of direct grant payments and wage enhancements.
Illinois	Provide monthly grants and stipends to CCDF-eligible child care providers both participating and not participating in the subsidy system prior to the COVID-19 pandemic.
Indiana	Continue to provide support for CCDF-eligible providers, regardless of status, through previous CARES funding efforts.
Iowa	Monthly stipends are available to all licensed and registered child care programs regardless of their participation in the state's subsidy system.
Kansas	TA to all licensed and enrolled child care providers to connect them to resources that support sustainable business operations and other funding opportunities.
Kentucky	No answer.
Louisiana	Provide stabilization grants through calendar year 2021 to Type I and II licensed centers (non-subsidy providers) and non-subsidy certified family home providers.
Maine	Stabilization grants are open to all licensed programs in the state that apply. TA, resources, and trainings are provided to all program types as well. Dedicate a portion of the funds to update, strengthen, and add TA and trainings for all programs on strengthening business practices and provide no-cost trainings for individuals interested in becoming a licensed program.
Maryland	Support child care providers that did not participate in the subsidy program prior to the COVID-19 pandemic.
Massachusetts	Make funds available to all supervised providers, regardless of subsidy participation, through a formula approach to distribution.
Michigan	Would appreciate guidance on the expectations of grants to stabilize specific to CCDF-eligible child care providers not participating in the subsidy system prior to the COVID-19 emergency.
Minnesota	Supports (e.g., to start-up or reopen) are available to the vast majority of child care providers in Minnesota; not limited to providers receiving subsidies through Minnesota's subsidy program. Provide currently operating programs with business supports to improve sustainability after the pandemic, including family, friend, and neighbor caregivers.
Mississippi	Offer training and support services to all child care providers including TA and materials designed to address COVID-19 issues facing both providers and families.

State/Territory	Planned Use of Funds
Missouri	Available stipends to licensed, licensed exempt and registered providers, which include non-subsidy providers.
Montana	Support those who may not qualify for subsidy but have demonstrated need, including stipends; help pay for PPE and school supplies; and increase the number of hours school-age child care may be counted and reimbursed.
Nebraska	Activities will be finalized once guidance is received.
Nevada	Provide grants toward COVID-related supplies and operating costs; establishing child care networks; workforce recruitment and support; recruiting and mentoring family, friend, and neighbor providers to become licensed; and capacity-building efforts in child care deserts.
New Hampshire	Outreach efforts occur regularly to the over 1,100 early childhood and school-age programs providing child care options across the state to make sure programs/providers are aware of pandemic funding resources, trainings related to COVID challenges, and options for absences due to COVID-19 for enrolled and eligible programs/providers.
New Jersey	Stabilization grants are available to non-subsidy providers.
New Mexico	Offer repair/reopening grants to all facilities that remain temporarily closed, including to providers that do not currently participate in the subsidy system. Additionally, child care stabilization and business development grants will be available for all licensed facilities.
New York	Available child care business continuity grants to all licensed and registered child care programs without regard to whether or not they serve subsidized children.
North Carolina	Provide assistance to CCDF-eligible child care providers not previously participating in the subsidy system by providing operational grants to all licensed child care centers and homes.
North Dakota	Provide assistance to CCDF-eligible child care providers not previously participating in the subsidy system with both of the proposed provider grant programs (i.e., neither is limited only to CCAP providers).
Northern Mariana Islands (CNMI)	Grant assistance for all non-CCDF providers to support operational expenses, cleaning and sanitation supplies, and TA to meet health and safety reopening plan.
Ohio	Providers not participating in Ohio's publicly funded child care program will be eligible for pandemic support payment grants.
Oklahoma	Provide an additional child care quality and sustainability payment based on capacity and star level that is not tied to subsidy participation.
Oregon	Provide emergency child care grants to licensed and regulated child care providers who had not been previously participating in the subsidy system prior to the pandemic.
Pennsylvania	The same formula for grant program will be utilized for all providers regardless of CCDF participation.

State/Territory	Planned Use of Funds
Puerto Rico	Identify licensed child care centers that were not participating in CCDF prior to the pandemic to assist them with funding to resume operations and to obtain equipment/supplies to provide an adequate health and safety environment.
Rhode Island	Offer stabilization grants to licensed child care providers regardless of participation in the child care assistance program.
South Carolina	Continue efforts to support regulated child care providers not participating in the subsidy system through grant opportunities designed to help providers that had to close or lost revenue due to low enrollments during the COVID-19 pandemic.
South Dakota	Provide stabilization payments that will strengthen this network of providers (informal, in-home, and relative) and ensure these settings can maintain operations.
Tennessee	Allow licensed child care providers who were not participating in the certificate program prior to the pandemic to apply for COVID relief grants.
Texas	Provide grants to all CCDF-eligible regulated child care providers to provide assistance to non-subsidy providers.
Utah	Provide strategies available to providers not participating in the subsidy system prior to the pandemic and identify initiatives that would benefit a variety of child care providers, including those not previously participating.
Vermont	Provide grants to stabilize to non-subsidy providers.
Virgin Islands	Plans to use CRRSA funds have not yet been finalized.
Virginia	Provide grants directly to child care facilities impacted, including existing family day homes, voluntary registered family day homes, licensed child day centers, religiously exempt child day centers, licensed family day systems, certified preschools, and local ordinance-approved family day homes. The facilities listed above do not have to participate in the child care subsidy program to receive these grants. Facilities must certify providing care for children and also following COVID-19 health and safety guidelines.
Washington	Provide grants to licensed providers who serve children ages birth to 13 years and who do not accept subsidies.
West Virginia	Provide grants and quality bonuses regardless of subsidy participation.
Wisconsin	Department will be working with the Wisconsin Legislature to adopt a plan.
Wyoming	Available grants to stabilize include licensed and exempt providers and do not differentiate between providers who accept subsidy or not.

Notes. CCDF = Child Care and Development Fund; CRRSA = Coronavirus Response and Relief Supplemental Appropriations; PPE = personal protective equipment; TA = technical assistance.