

Department of Health and Human Services

**OFFICE OF
INSPECTOR GENERAL**

**NATIONAL SNAPSHOT OF
STATE AGENCY APPROACHES TO
CHILD CARE DURING THE
COVID-19 PANDEMIC**

*Inquiries about this report may be addressed to the Office of Public Affairs at
Public.Affairs@oig.hhs.gov.*



Christi A. Grimm
Principal Deputy Inspector General

September 2020
A-07-20-06092

Office of Inspector General

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Report in Brief

Date: September 2020
Report No. A-07-20-06092

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
OFFICE OF INSPECTOR GENERAL



Why OIG Did This Audit

Federal law requires agencies of State government to prepare for disasters, including the need to provide for the continuity of child care. The Child Care and Development Fund (CCDF) program provides subsidized child care services to low-income families, families receiving temporary public assistance, and families transitioning from public assistance so that family members can work or attend training or education. This audit provides a national snapshot of State-level approaches to some of the issues posed by the ongoing COVID-19 pandemic in child care settings. Our objective was to identify the approaches that CCDF lead agencies in each State and the District of Columbia (State agencies) adopted to ensure access to safe child care as well as to protect the providers rendering that care in their CCDF programs in response to the COVID-19 pandemic.

How OIG Did This Audit

Our findings are based on responses to a questionnaire and followup interviews that we conducted with State agencies between April 30 and June 16, 2020, with an as-of date of April 30, 2020, which focused on closures of child care facilities as well as stay-at-home or shelter-in-place directives, issuance of guidance to providers on protective measures, State agencies' disaster plans, use of CCDF flexibilities to lessen the impact of COVID-19, waiver requests, and the most significant challenges and concerns that State agencies identified.

National Snapshot of State Agency Approaches to Child Care During the COVID-19 Pandemic

What OIG Found

In response to the COVID-19 pandemic, State agencies have adopted various approaches to ensure access to safe child care as well as to protect the providers rendering that care in their CCDF programs.

Nationally, State agencies reported that about 63 percent of child care centers and 27 percent of family child care providers (collectively, child care facilities) had closed during the COVID-19 pandemic. Eight States reported that more than 75 percent of their child care facilities had closed. Twenty other States reported that between 50 and 75 percent of these facilities had closed.

All of the State agencies reported that they issued guidance to child care providers on protective measures recommended by the Centers for Disease Control and Prevention, and although almost all of the State agencies said that they were following the provisions of their disaster plans, 26 State agencies said that they revised or intended to revise those plans. Many State agencies used the flexibilities afforded to them by the Administration for Children and Families (ACF), the cognizant Federal agency, to lessen the impact of COVID-19 on child care providers and to ensure continued access to child care. To implement changes to their CCDF programs, many State agencies sought changes in their State requirements, requested waivers from ACF, and submitted CCDF plan amendments.

The most frequently identified challenges, according to State agencies, were communication with stakeholders, difficulties with fingerprinting for prospective child care employees' background checks, insufficient funding for providers, health and safety considerations on the part of child care staff members, and the lack of and inability to secure personal protective equipment and cleaning supplies. The State agencies' most frequently identified concerns once the pandemic has abated were the need to ensure that there would be enough providers to meet child care needs, the need for funding to stabilize the industry, and the need to hire and retain staff.

Conclusions

The information in this report was current when we conducted our questionnaire and interviews but may not represent all of the issues that ACF and State agencies have faced or the actions they have taken to address those issues. This report makes no recommendations. It is intended that ACF use this report to support State agencies as they work to address ongoing issues that could impede access to child care as a result of the COVID-19 pandemic. Because we make no recommendations, ACF did not provide written comments on our draft report, but it did provide technical comments, which we addressed as appropriate.

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INTRODUCTION

WHY WE DID THIS AUDIT

Federal law requires agencies of State government to prepare for disasters, including the need to provide for the continuity of child care—before, during, and after a state of emergency has been declared. Following the declaration of a public health emergency, Congress appropriated to the Department of Health and Human Services (HHS), Office of Inspector General, a total of \$12 million to conduct oversight of HHS’s response to the COVID-19 pandemic. Those oversight activities include this audit, which is intended to provide HHS, Administration for Children and Families (ACF), and other decisionmakers (e.g., State and local officials) with a national snapshot of State-level approaches to some of the issues posed by the ongoing pandemic. In particular, we focused on Child Care and Development Fund (CCDF) lead agencies in each State and the District of Columbia (State agencies) and the approaches they have taken to ensure the health and safety of the children and providers in their CCDF programs while ensuring continued access to child care services during the pandemic. By responding to a questionnaire, and to followup questions we posed in subsequent interviews, State agencies explained their approaches, experiences, and perspectives as of a specified point in time: April 30, 2020.¹

We are summarizing this information and reporting it to ACF, which administers the CCDF program at the Federal level, as it continues to lead efforts to ensure both continued access to child care and the health and safety of children, families, and child care staff. In addition, State agency administrators and program officials may find the information about each other’s strategies useful in their own efforts to address the issues they are facing. Although ACF had previously obtained some program information related to each State’s CCDF program, it did not have some of the data that we obtained or a comprehensive summary of data in the format presented in this report. It is intended that ACF use the information in this report to support State agencies as they work to address ongoing issues that could impede access to child care as a result of the COVID-19 pandemic.

OBJECTIVE

Our objective was to identify the approaches that State agencies adopted to ensure access to safe child care as well as to protect the providers rendering that care in their CCDF programs in response to the COVID-19 pandemic.

¹ We initially surveyed two States—Iowa and Utah—and then refined our questionnaire, communicated with all of the other State agencies, and conducted followup interviews as necessary.

BACKGROUND

Child Care and Development Fund Program

CCDF subsidizes child care services to assist low-income families, families receiving temporary public assistance, and families transitioning from public assistance to obtain child care so that family members can work or attend training or education. The services are administered (and funded in part) by each State. Under the provisions of the Child Care and Development Block Grant Act of 1990 (CCDBG Act) and section 418 of the Social Security Act (the Act), these services are funded in part by the CCDF Federal program.² States receive block grants and other Federal funds to operate their child care programs. Within ACF, the Office of Child Care administers the CCDF program and, among other things, issues information memorandums and guidance to State agencies. In fiscal year (FY) 2019, ACF provided \$8.1 billion to States, territories, and Tribes to fund CCDF programs. In FY 2018 (the most recent FY for which these numbers are available), CCDF served approximately 1.3 million children under age 13 from 813,200 low-income working families each month.

Under the CCDF program, States have considerable latitude in implementing and administering their child care programs. Each State must develop, and submit to ACF for approval, a CCDF plan that identifies the purposes for which CCDF funds will be expended for three grant periods³ (i.e., 3 FYs) and that designates a lead agency (i.e., a State agency) responsible for administering child care programs. State agencies can make changes to their CCDF programs by submitting waiver requests and CCDF plan amendments to ACF for approval.

Each State agency must assure compliance with the approved CCDF plan and administer its CCDF program in accordance with the program's authorizing legislation and all other applicable Federal laws and requirements (45 CFR § 98.15(a)(1)).

COVID-19 and Effect on Child Care Services

COVID-19 is caused by a highly contagious coronavirus. Disease severity ranges from mild to lethal, with some demographic groups at heightened risk for more severe disease. Common symptoms include fever, fatigue, dry cough, sore throat, and shortness of breath. The World Health Organization (WHO) issued a global health emergency alert on January 30, 2020,⁴ and

² The CCDBG Act, P.L. 101-508, Nov. 5, 1990, as amended (42 U.S.C § 9858 *et seq.*).

³ Section 658E(b) of the Child Care and Development Block Grant Act of 2014, P.L. No. 113-186 (enacted Nov. 19, 2014), changed this requirement from a 2-year grant period. The 3-year grant period became effective for FYs 2016 through 2018 CCDF plans.

⁴ National Public Radio, *WHO Declares Coronavirus Outbreak a Global Health Emergency*. Accessed at <https://www.npr.org/sections/goatsandsoda/2020/01/30/798894428/who-declares-coronavirus-outbreak-a-global-health-emergency-on-january-30-2020> on March 2, 2020.

HHS declared a public health emergency for COVID-19 on January 31, 2020.⁵ On March 11, 2020, the WHO characterized COVID-19 as a pandemic. As of August 23, 2020, HHS, Centers for Disease Control and Prevention (CDC), had reported over 5.6 million confirmed cases in the United States and approximately 175,000 deaths.

The COVID-19 pandemic is fast-moving, as are the efforts to address it. We recognize that HHS, Congress, and other Federal, State, local, and Tribal governmental entities are taking substantial actions on a continual basis to support child care programs and providers in responding to this pandemic.

The Coronavirus Aid, Relief, and Economic Security (CARES) Act provides supplemental CCDF funding to State agencies.⁶

Almost all schools in the United States canceled in-person classes for the last portion of the 2019–2020 school year to limit the spread of the virus. However, many child care facilities remained open, providing child care services for children of health care workers, first responders, and other essential workers.

HOW WE CONDUCTED THIS AUDIT

The information in this report was obtained to provide ACF and other decisionmakers (e.g., State and local officials) with a national snapshot of State-level approaches to some of the issues posed by the ongoing COVID-19 pandemic; it is not a review of ACF-level responses to the pandemic. Our findings are based on responses to a questionnaire completed by State program administrators in all 50 States and the District of Columbia (i.e., the State agencies). We conducted the questionnaire and followup interviews (as necessary) between April 30, 2020, and June 16, 2020, with an as-of date of April 30, 2020. We received a 100-percent response rate from the 50 States and the District of Columbia.

⁵ HHS, *Secretary Azar Declares Public Health Emergency for United States for 2019 Novel Coronavirus*. Accessed at <https://www.hhs.gov/about/news/2020/01/31/secretary-azar-declares-public-health-emergency-us-2019-novel-coronavirus.html> on January 31, 2020.

⁶ [The CARES Act, P.L. No. 116-136, Mar. 27, 2020](#). The CARES Act appropriated \$3.5 billion in supplemental CCDF discretionary funds. This appropriation provided State agencies with additional funds to prevent, prepare for, and respond to COVID-19, and expanded flexibility to provide child care assistance to families and children. The April 30, 2020, as-of date for our questionnaire was just over 1 month after the President signed this bill into law. States generally received their funding awards days before our as-of date, and our questionnaires and followup communications did not ask about CARES Act funding decisions.

The questionnaire focused on six key areas:

- closures of child care facilities as well as statewide stay-at-home or shelter-in-place orders or directives designed to slow or minimize the spread of COVID-19,⁷
- whether State agencies issued guidance to child care providers on protective measures recommended by CDC,
- whether State agencies' disaster plans addressed the continuation of child care services,
- State agencies' use of CCDF flexibilities to lessen the impact of COVID-19 on child care providers and to ensure continued access to child care,
- CCDF waiver requests and plan amendments submitted by State agencies, and
- State agencies' most significant challenges and concerns as a result of the pandemic.

The information in this report was current when we conducted our questionnaire and interviews but may not represent all of the issues that ACF and State agencies have faced or the actions they have taken to address those issues. Since our interviews, ACF and State agencies may have addressed some of the issues and identified new ones. Additionally, in their responses to the questionnaire and during the interviews, State agencies may not have shared with us all of their issues or all of the actions they have taken. We did not independently verify the information that the State agencies provided to us or determine the effectiveness of the actions that the State agencies identified.

The information in this report is provided for informational purposes only and, therefore, the report does not contain any recommendations.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Additional details on our audit scope and methodology appear in Appendix A.

⁷ Our questionnaire used the terms "closures" and "closed," which represented both temporary suspensions of operations and permanent shutdowns.

FINDINGS

In response to the COVID-19 pandemic, State agencies have adopted various approaches to ensure access to safe child care as well as to protect the providers rendering that care in their CCDF programs.

Nationally, State agencies reported that about 63 percent of child care centers and about 27 percent of family child care providers (collectively, child care facilities) had closed during the COVID-19 pandemic.⁸ Eight States reported that more than 75 percent of their child care facilities had closed. Twenty other States reported that between 50 and 75 percent of these facilities had closed. A total of 44 States and the District of Columbia issued statewide actions involving stay-at-home or shelter-in-place orders or directives designed to slow or minimize the spread of COVID-19.⁹

All of the State agencies reported that they issued guidance to child care providers on protective measures recommended by CDC, such as physical distancing, modified dropoff and pickup procedures, and screening of children. In addition, almost all of the State agencies reported that they were adhering to the provisions of their disaster plans to address the continuation of child care services, but 26 State agencies also stated that they revised or intended to revise those plans.

Many State agencies used the flexibilities afforded to them by ACF to lessen the impact of COVID-19 on child care providers and to ensure continued access to child care. These flexibilities enabled the State agencies to support child care services despite disruptions to families and providers and to give essential workers the opportunity to place their children in child care. Moreover, to implement changes to their CCDF programs in response to the COVID-19 pandemic, many State agencies sought changes in their State laws, regulations, or guidance; requested waivers from ACF; and submitted CCDF plan amendments to ACF.

State agencies used a variety of approaches to ensure the health and safety of child care and continued access to child care during the pandemic. Many State agencies also identified for us the most significant challenges that they were facing. The most frequently identified challenges were communication with stakeholders, difficulties with fingerprinting for prospective child care employees' background checks, insufficient funding for providers, health and safety considerations on the part of child care staff members, and the lack of and inability to secure

⁸ We collectively refer to child care centers and family child care providers as "child care facilities" for this report. Percentages reported in this paragraph refer to closures of all child care facilities, not just those facilities that provide child care services to families receiving assistance from the CCDF program. Federal regulations use the term "family child care providers" (also known as "home-based child care providers") to refer to individuals who provide child care in the home in which they reside (45 CFR § 98.43(a)(2)(i)). A child care center provides care in a nonresidential setting.

⁹ Hereafter in this report, the term "States" includes the District of Columbia.

personal protective equipment (PPE) and cleaning supplies.¹⁰ State agencies also identified their most significant concerns regarding child care facilities once the pandemic has abated. The three concerns most frequently identified were the need to ensure that there would be enough providers to meet child care needs, the need for funding to stabilize the industry, and the need to hire and retain sufficient staff available to work.

FEDERAL REQUIREMENTS AND GUIDANCE

We summarize relevant Federal requirements and guidance below. For additional details on these Federal requirements and guidance, see Appendix B.

Federal Statutes and Regulations

Child care services are administered under the provisions of the CCDBG Act, as amended (42 U.S.C § 9858 *et seq.*), and section 418 of the Act.

The CARES Act (footnote 6) (1) appropriated approximately \$3.5 billion in supplementary CCDF discretionary funds to “prevent, prepare for, and respond” to the COVID-19 pandemic; and (2) expanded flexibility to provide child care assistance to families and children.

Federal regulations require that State CCDF programs comply with the provisions of their ACF-approved CCDF plans and be administered in accordance with the program’s authorizing legislation and all other applicable Federal laws and requirements (45 CFR § 98.15(a)(1)).

Furthermore, each State agency must certify in its CCDF plan that it has monitoring policies and practices to ensure that the child care providers follow health and safety requirements (45 CFR § 98.15(b)(10)).

ACF Guidance

ACF Information Memorandum (IM) [CCDF-ACF-IM-2011-01](#) (Feb. 17, 2011) provides guidance to assist State agencies in the development and maintenance of their emergency preparedness and response plans. Recommendations for planning for continuation of services to families receiving CCDF services include a recommendation that CCDF plans consider implementing policies to temporarily continue to pay providers in cases when children are unable to attend child care due to pandemic flu or other disaster.

[ACF IM CCDF-ACF-IM-2017-02](#) (Nov. 27, 2017) states that relevant Federal requirements enable States, territories, and Tribes affected by emergency situations to exercise options to continue providing child care services despite disruptions to families and providers. This document describes nine options available to State agencies. Some of the options include a requirement

¹⁰ PPE refers to protective clothing, helmets, goggles, or other garments or equipment designed to protect the wearer’s body from injury or infection. This includes respirators and face masks.

to submit CCDF waiver requests or plan amendments for greater flexibility in spending CCDF funds in emergency situations.

[ACF IM CCDF-ACF-IM-2020-01](#) (Apr. 29, 2020) advises State agencies of the supplementary funding appropriated in the CARES Act.

ACF has also recently issued several other information resources relevant to CCDF programs operating during the COVID-19 pandemic:

- [Information About COVID-19 for CCDF Lead Agencies: Relevant Flexibilities in CCDF Law](#) (Mar. 13, 2020),
- [Office of Child Care COVID-19 Resources](#) (initially published Mar. 13, 2020, regularly updated thereafter), and
- [CCDF Frequently Asked Questions in Response to COVID-19](#) (initially published Mar. 13, 2020, regularly updated thereafter).

CDC Guidance

CDC issued its “[Guidance for Child Care Programs that Remain Open](#)” (Apr. 6, 2020, updated Apr. 21, 2020), which states: “No matter the level of transmission in a community, every child care program should have a plan in place to protect staff, children and their families from the spread of COVID-19.” The guidance to child care providers also specified the following measures: “Encourage staff to take everyday preventive actions to prevent the spread of respiratory illness. Require sick children and staff to stay home. Have a plan if someone is or becomes sick.” The guidance was updated on April 21, 2020, to address the screening of children upon arrival at child care facilities and to identify additional options for instances when PPE is in short supply.

CLOSURES OF CHILD CARE FACILITIES AND STATEWIDE ACTIONS DESIGNED TO SLOW OR MINIMIZE THE SPREAD OF COVID-19

We asked the State agencies background questions to elicit information on how the individual States were addressing the COVID-19 pandemic and how the pandemic was affecting the CCDF child care providers in each State. The following summarizes their responses:

- A total of 45 States (footnote 9) issued stay-at-home or shelter-in-place orders or directives designed to slow or minimize the spread of COVID-19, as depicted in Figure 1 on the following page (question number 1 in the questionnaire in Appendix C).

States that issued stay-at-home or shelter-in-place orders or directives (45 States)

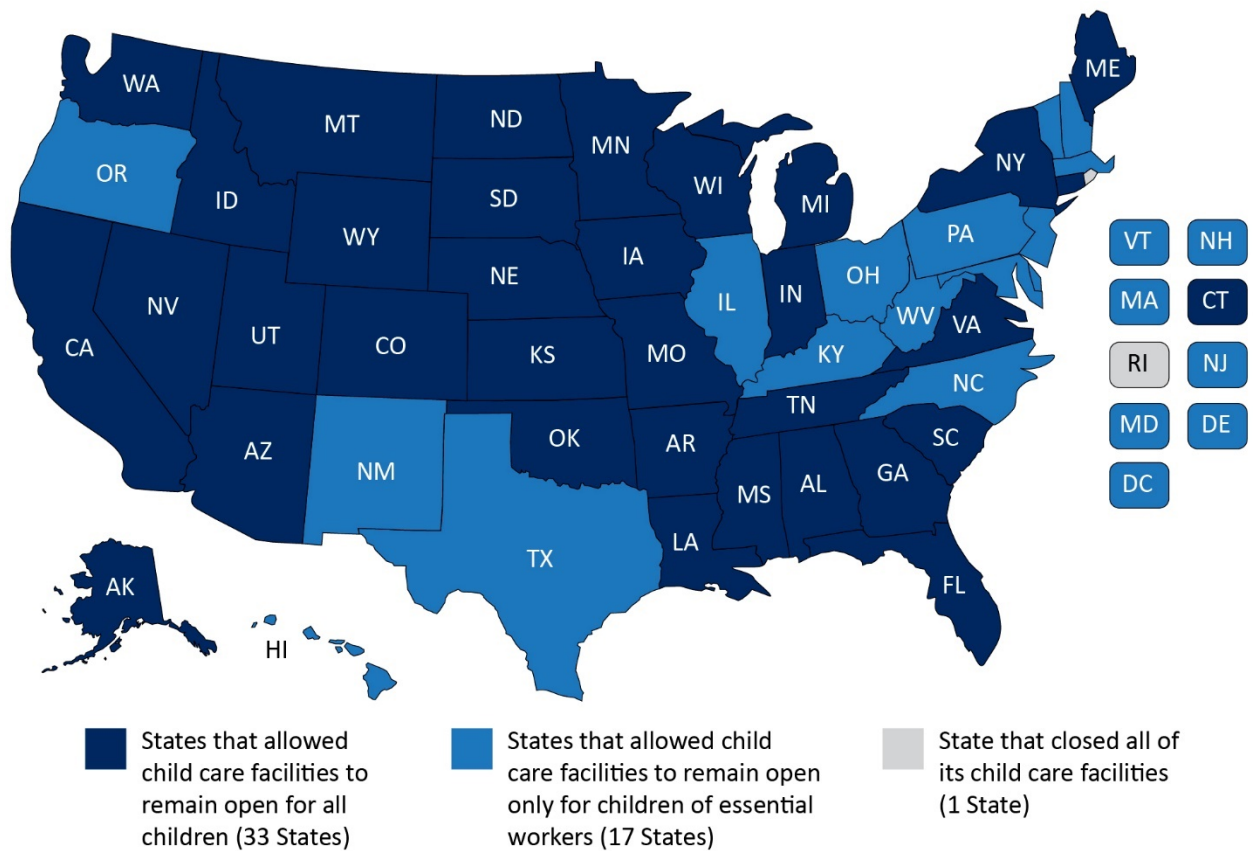
States that did not issue stay-at-home or shelter-in-place orders or directives (6 States)

VT NH
MA CT
RI NJ
MD DE
DC

- ¹¹ Rhode Island State agency officials told us that all child care facilities were closed, except for one facility on a hospital's campus that served the children of essential workers.

State Child Care and Development Fund Programs' Responses to the COVID-19 Pandemic (A-07-20-06092)

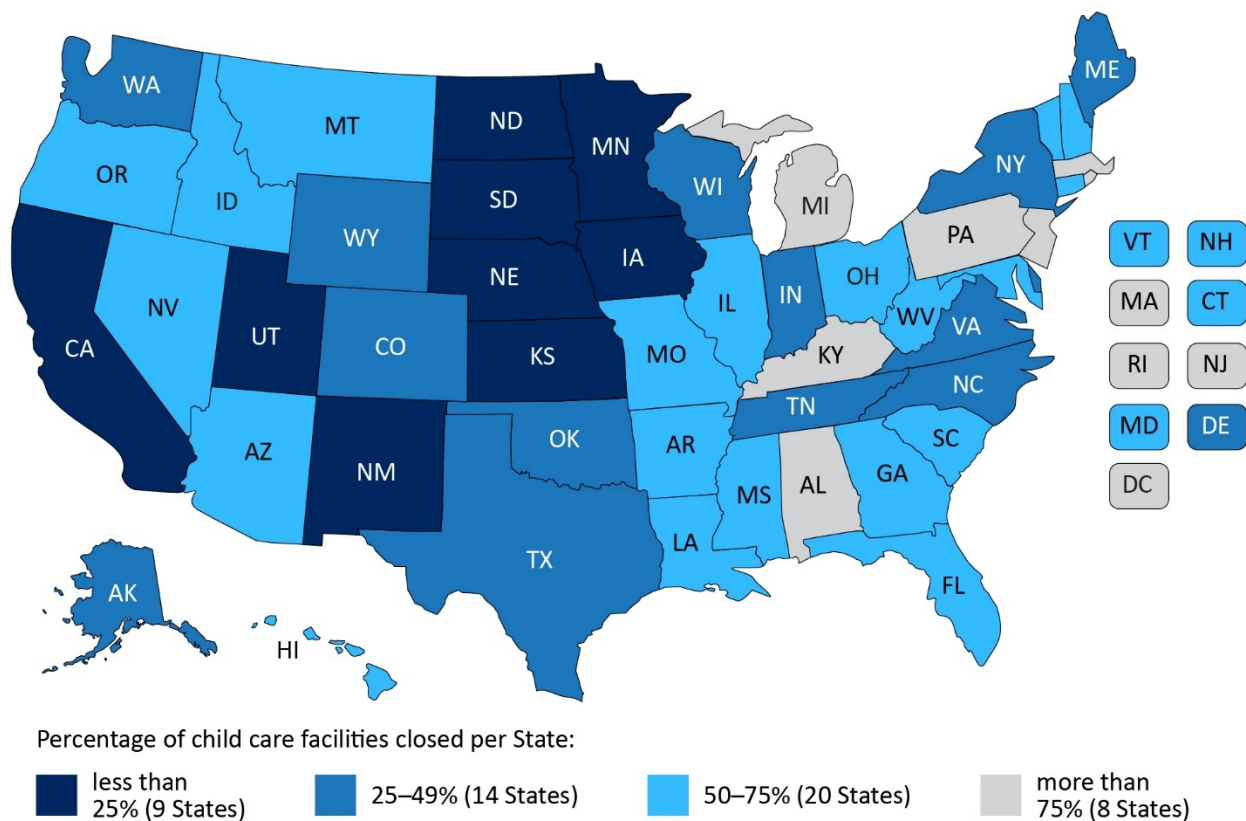
Figure 2: States' Approaches To Keeping Child Care Facilities Open



Nationally, State agencies reported that 74,399 out of 117,327 child care centers (about 63 percent) and 32,121 out of 117,289 family child care providers (about 27 percent) (footnote 8) had closed during the COVID-19 pandemic. Eight States reported that more than 75 percent of their child care facilities (i.e., child care centers and family child care providers) had closed. Of these eight States, Kentucky, New Jersey, and Rhode Island reported that all family child care providers in their States had closed. Twenty other States reported that between 50 and 75 percent of their child care facilities had closed. See Figure 3 on the following page (question number 4 in the questionnaire in Appendix C¹³).

¹³ State agencies' responses to question number 4 on our questionnaire addressed all of the child care providers in their States, not just the child care providers in their CCDF programs.

Figure 3: Percentages of Closed Child Care Facilities by State



STATE AGENCIES' ISSUANCE OF GUIDANCE TO CHILD CARE PROVIDERS ON PROTECTIVE MEASURES RECOMMENDED BY CDC

All of the State agencies (100 percent) reported that they issued guidance to child care providers on protective measures that CDC recommended for children and for providers rendering child care. These measures included physical distancing, modified dropoff and pickup procedures, and screening of children.¹⁴ Specifically, the State agencies reported that they adopted various approaches in an effort to mitigate the spread of COVID-19 at the child care facilities. The reported strategies included:

- A total of 48 States recommended physical distancing (question number 6 in the questionnaire in Appendix C). CDC recommends various strategies for physical distancing, including keeping the same group of children together each day with the same child care staff member, canceling or postponing special events such as festivals or special performances, and having administrative staff telework from their homes.

¹⁴ All references to CDC recommendations in this section of the report are to "Guidance for Child Care Programs that Remain Open," cited earlier.

- A total of 43 States recommended dropoff and pickup procedures (question number 7 in the questionnaire in Appendix C). CDC recommends various strategies for dropoff and pickup procedures, including placement of a hand hygiene station at the entrance to each facility, keeping sign-in stations outside, staggering arrival and dropoff times, and requesting that the same person drop off and pick up the child every day.
- A total of 44 States recommended procedures for screening children on arrival at facilities (question number 8 in the questionnaire in Appendix C). CDC recommends that persons who have a fever of 100.4 degrees Fahrenheit or above or other signs of illness should not be admitted to a child care facility.
- A total of 45 States recommended intensified cleaning and disinfecting processes (question number 9 in the questionnaire in Appendix C). CDC guidance recommends that child care facilities intensify their application of national standards, established by the National Resource Center for Health and Safety in Child Care and Early Education (NRC), for cleaning, sanitizing, and disinfecting educational facilities for children.¹⁵ These standards include developing schedules for cleaning and for disinfecting, routinely cleaning, sanitizing, and disinfecting surfaces and objects frequently touched, especially toys and games.
- A total of 36 States recommended wearing face coverings, as recommended by CDC (question number 10 in the questionnaire in Appendix C).¹⁶
- A total of 46 States provided guidance for actions when a person at the facility was found to have tested positive for COVID-19 (question number 11 in the questionnaire in Appendix C). CDC recommends the use of isolation rooms or areas (such as a cot in a corner of the classroom) to isolate a sick child, closing off areas used by the person who is sick, and waiting up to 24 hours or longer before cleaning and disinfecting to allow respiratory droplets to settle.

Several State agencies reported that in addition to forwarding CDC guidelines, they issued separate guidance and recommendations for health and safety measures for providers to consider. One State agency told us that it “centralized all COVID-19 communication for early childhood providers on the Governor’s Office of Early Childhood Development website. This allowed parties to go to one location for all related information rather than search several state agency websites.”

¹⁵ NRC has maintained and continues to develop national health and safety standards for early care and education settings, as compiled in “Caring for Our Children: National Health and Safety Standards; Guidelines for Early Care and Education Programs.” Available online at <https://nrckids.org/CFOC> (accessed on Jun. 19, 2020).

¹⁶ CDC recommends face coverings for all individuals except babies and children under age 2 because of the danger of suffocation.

STATE AGENCIES' DISASTER PLANS

Almost all of the State agencies reported that they were adhering to the provisions of their disaster plans to address the continuation of child care services, but 26 State agencies also stated that they revised or intended to revise those plans.

The CCDBG Act (footnote 2) addresses disaster preparedness and the needs of children—including the need for safe child care—before, during, and after a state of emergency has been declared. This legislation requires each State to develop a written, comprehensive, multi-hazard plan that addresses emergency preparedness, response, and recovery efforts specific to that State's child care services and CCDF program. To gain an understanding of the effectiveness of the State agencies' disaster plans during the COVID-19 pandemic, we asked the State agencies whether the provisions of their disaster plans were followed and whether those plans had changed. The State agencies' responses to these questions are summarized below:

- A total of 49 States reported that they were adhering to the provisions of their disaster plans (question number 13 in the questionnaire in Appendix C).
- A total of 26 States responded that they revised or intended to revise their disaster plans (question number 14 in the questionnaire in Appendix C).

Although the majority of the States said that they were following the provisions of their disaster plans, we did not independently verify those responses. For the 26 State agencies that responded that they revised or intended to revise their disaster plans, the shortcomings that they identified generally involved the unique circumstances that this pandemic has created. Two of the twenty-six State agencies added that they would update their Continuity of Operations Plans to include provisions addressing work from home and remote work.¹⁷ Further, in its response to us, one State agency said that it revised its disaster plan to better address protocols regarding acquisition, prioritization, and allocation of PPE.

State agencies also reported on interim measures that they had taken once the pandemic had been declared. For example, one State agency reported that it had issued additional guidance and created a "Childcare Assistance in Isolation Response" manual. This State agency added that once the pandemic was over, it would review, change, and update its disaster plans based on its experience with the pandemic. Similarly, another State agency said that it would review and revise its disaster plans and added that it had implemented additional actions that went above and beyond the provisions of its existing disaster plans.

¹⁷ A Continuity of Operations Plan establishes policy and guidance ensuring that critical functions continue and that personnel and resources are relocated to an alternate facility in case of emergencies.

One State agency that said it had followed its disaster plan commented as follows:

Following provisions in the Disaster plan, emergency coordination steps were followed and a massive stakeholder forum was created with federal, state, county, local, private and volunteer service organizations to establish a system of emergency care. . . . Temporary staffing was also discussed and a viable solution was created to help not only these emergency child care providers who need additional staff, but to also help these temporarily out of work staff members whose facilities closed. [Two other agencies of the State government] collaborated . . . to create a standing job board in order to help facilitate employment and to help the emergency providers with the resources they need, all the while making sure the safety and well-being of the children is first.

Furthermore, another State agency reported that it had revised its disaster plan just before COVID-19 spread to the United States in an attempt to anticipate the events that might occur in its State.

STATE AGENCIES' USE OF CHILD CARE AND DEVELOPMENT FUND FLEXIBILITIES TO LESSEN THE IMPACT OF COVID-19 ON CHILD CARE PROVIDERS AND TO ENSURE CONTINUED ACCESS TO CHILD CARE

Many State agencies used the flexibilities afforded to them by ACF to lessen the impact of COVID-19 on child care providers and to ensure continued access to child care. In response to emergency situations, ACF issued an IM ([CCDF-ACF-IM-2017-02](#)) on November 27, 2017, that addresses the flexibilities the States have to continue to provide child care services despite disruptions to families and providers. These flexibilities enabled the State agencies to support child care services despite disruptions to families and providers and to give essential workers the opportunity to place their children in child care.

State agencies' reported actions included the following, which we summarize here in the order in which these subject areas are addressed in (1) the IM cited above, (2) the questionnaire we sent to the State agencies (Appendix C), and (3) the State-by-State breakout of these subject areas in Appendix D:

- A total of 36 States paid child care providers based on the number of children who were enrolled rather than the number of children actually in attendance (question number 21 in the questionnaire in Appendix C).¹⁸

¹⁸ According to ACF, before the COVID-19 pandemic, only 16 States were paying child care providers based on the number of children who were enrolled rather than the number actually in attendance.

- A total of 42 States allowed a more lenient absence policy under which child care providers would be paid even when the enrolled children are absent for more than the number of days normally permitted (question number 22 in the questionnaire in Appendix C).
- A total of 20 States awarded CCDF funds to child care providers that had not previously served CCDF-eligible children (question number 23 in the questionnaire in Appendix C).
- A total of 25 States enrolled newly eligible children (for example, children of individuals designated as essential workers during the COVID-19 pandemic) (question number 24 in the questionnaire in Appendix C).¹⁹
- A total of 8 States changed their definition of “working,” which allowed families to be eligible for the CCDF program while they were attempting to find work, participating in community services, and engaging in similar activities (question number 25a in the questionnaire in Appendix C).
- A total of 11 States changed their income eligibility thresholds, which represent the income a family must exceed before being terminated from the CCDF program (question number 25b in the questionnaire in Appendix C).
- A total of 16 States established new priority rules that would, for example, give children of essential workers higher priority for placement in child care facilities (question number 25d in the questionnaire in Appendix C).
- A total of 20 States broadened their definitions of “protective services” to permit emergency eligibility for children affected by a declared emergency (question number 26 in the questionnaire in Appendix C).
- A total of 19 States waived their income eligibility requirements for protective services. States have the option to waive, on a case by case basis, the income eligibility requirements for children who receive or need to receive protective services, such as the children of essential workers (question number 27 in the questionnaire in Appendix C).
- A total of 29 States lengthened the minimum 12-month eligibility to a longer period (question number 29 in the questionnaire in Appendix C).
- A total of 23 States lengthened the designated periods for job searches (i.e., the periods of time in which families were eligible to receive child care services while the parents or

¹⁹ ACF issued another memorandum to State agencies ([ACF IM CCDF-ACF-IM-2020-01](#) (Apr. 29, 2020)), which described “newly eligible children” of essential workers as an expanded flexibility afforded under the CARES Act.

guardians were looking for work) (question number 31 in the questionnaire in Appendix C).

- A total of 32 States eliminated or reduced copayment requirements. States have this option for only those families that meet certain criteria as established by the State. If the criteria effectively waive copayments for all families eligible to receive CCDF services, this no longer is a flexibility and the State agency would need a waiver from ACF (question number 33 in the questionnaire in Appendix C).
- A total of 19 States used existing CCDF quality improvement funds for child care providers to purchase equipment and supplies, to fund professional development and staffing, or to execute minor repair or remodeling of child care facilities, particularly if necessary to meet applicable standards for healthy and safety.²⁰ The State agencies may use this flexibility to target providers that experience a disruption in funding due to an emergency (question number 35 in the questionnaire in Appendix C).

STATE AGENCIES' SUBMISSION OF CHILD CARE AND DEVELOPMENT FUND WAIVER REQUESTS OR PLAN AMENDMENTS

To implement changes to their CCDF programs in response to the COVID-19 pandemic, many State agencies sought changes in their State laws, regulations, or guidance; requested waivers from ACF; and submitted CCDF plan amendments to ACF. In our questionnaire, we asked the State agencies whether they submitted a waiver request or CCDF plan amendment to ACF in response to the COVID-19 pandemic. In their responses, 38 State agencies reported that they had submitted waiver requests or CCDF plan amendments and 10 other State agencies reported that they were planning to do so but had not finalized their submissions as of April 30, 2020. Three State agencies reported that they were not planning to submit either waiver requests or CCDF plan amendments (question number 17 in the questionnaire in Appendix C).

Waivers are required when a State agency wants to administer changes to its CCDF program outside of what is required or permitted by Federal law. Furthermore, changes being requested through waivers cannot be implemented until they have been approved by ACF.²¹ (This contrasts with requirements associated with CCDF plan amendments, which permit State agencies to implement substantial changes to the CCDF programs (but not outside of what is required or permitted by Federal law) and which State agencies must submit to ACF within 60 days after making those changes in their programs.) Many State agencies were, at the time

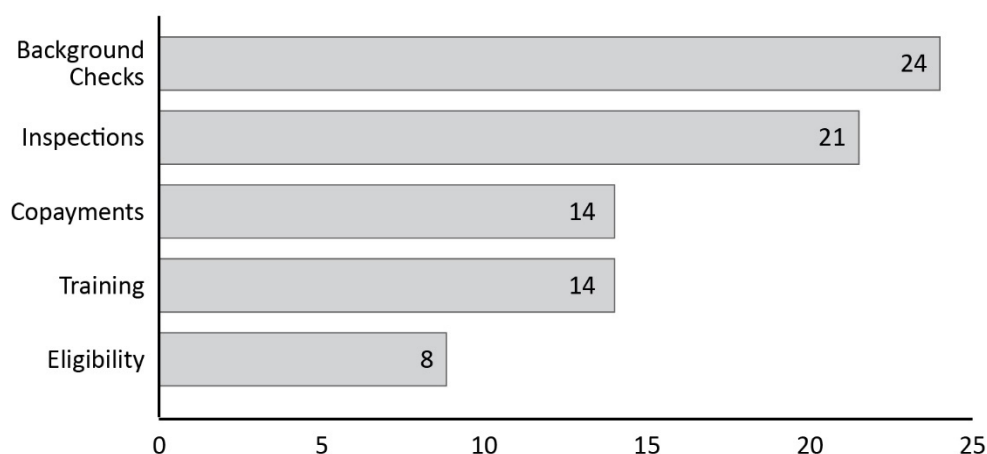
²⁰ States and Territories are required to reserve and use a portion of their CCDBG funds for activities designed to improve the quality of child care services and increase parental options for, and access to, high-quality child care. ACF gives State agencies the flexibility during emergencies to use these funds for the purposes described above.

²¹ Within 90 days after receipt of the waiver request or, if additional followup information has been requested, within 90 days after the receipt of such information, ACF is required to notify the Lead Agency (i.e., the State agency) of the approval or disapproval of the request (45 CFR § 98.19(d)).

of our survey, waiting on approval from ACF on their waiver requests (the focus of the data in Figure 4).

Figure 4 depicts, by number of States, the principal subjects of the waiver requests that State agencies had submitted or planned to submit to ACF as of April 30, 2020.

Figure 4: Subjects of Waiver Requests



The most common subjects of the waiver requests identified during our audit were as follows (some States submitted more than one waiver request, and not all State agencies provided information on the areas their waiver requests were addressing):

- A total of 24 States made waiver requests that addressed providers' inability to obtain background checks required by Federal regulations. Child care providers were having issues obtaining fingerprints for prospective employees for the background checks that were required for those individuals. Facilities that provided fingerprinting had suspended their operations because of the COVID-19 pandemic. (Requirements for in-State background checks appear in Federal regulations at 45 CFR § 98.43(b)(3).)
- A total of 21 States made waiver requests that addressed State agencies' inability to safely conduct required onsite inspections of child care facilities. (Requirements for enforcement of child care facility licensing and health and safety requirements appear in Federal regulations at 45 CFR § 98.42(b)(2)(i).)
- A total of 14 States made waiver requests that addressed State agencies' requests to provide financial assistance to families receiving child care by waiving copayments. (Requirements regarding contributions and copayments from families whose incomes are at or below the poverty level appear in Federal regulations at 45 CFR § 98.45(k).)

- A total of 14 States made waiver requests that addressed State agencies' difficulties in conducting required training for new employees and for those employees with ongoing training requirements. (Requirements for pre-service and orientation training appear in Federal regulations at 45 CFR § 98.44(b)(1); requirements for ongoing training appear in Federal regulations at 45 CFR § 98.44(b)(2).)
- A total of 8 States made waiver requests regarding children's eligibility for child care services, which included expanded child care eligibility (up to 12 months) for children of essential workers. (Requirements for the eligibility determination process appear in Federal regulations at 45 CFR § 98.21(a).)

The waiver requests that State agencies submitted dated from early March through May 2020.²² At the time of our questionnaire and followup communications with the State agencies, many of them were waiting for ACF approval of these requests. Of the 38 State agencies that said they had submitted waiver requests, 30 States noted that they were awaiting approval (question number 18 in the questionnaire in Appendix C). Fifteen State agencies commented about what they perceived as the prolonged period that it took, given the urgency of the situation, for ACF to approve their waiver requests. Subsequent to our survey, ACF approved a significant number of these waiver requests, within the required 90 days (footnote 21). According to ACF, it approved waivers for 38 States in 3 batches on April 21, June 8, and June 30, 2020.

Further, our analysis of State agencies' responses revealed that a similar policy change might cause one State agency to submit a waiver request, a second State agency to submit a CCDF plan amendment, and a third State agency to implement its desired change without submitting either an amendment or a waiver. Inconsistent use of waivers and CCDF plan amendments might reflect deviations between what is being done and what the Federal law allows. Unless a waiver or a CCDF plan amendment is requested, ACF might be unaware of how a State agency is operating certain aspects of its CCDF program. Additionally, some State agencies commented to us that there was confusion as a result of what they regarded as unclear and delayed guidance from the Federal Government, which might have led to these inconsistencies.

One State agency commented as follows:

ACF could have granted blanket waivers for regular CCDF funds for all states, rather than asking each state to submit individual waivers to alleviate these challenges. The waiver process has slowed down state efforts. It has taken longer than almost two months for our waivers to be approved. Also, any support connecting with other states and understanding other solutions would

²² Some of the State agencies reported that they submitted waiver requests after our April 30, 2020, as-of date. To give the most complete possible picture of this aspect of State agency responses to the pandemic, we are including these waiver requests in the data we report here.

have been helpful. We were ultimately able to do this research on our own, but it delayed our responses and was surely duplicative with what other states were doing as well.

Although some State agencies made similar comments, other State agencies told us that they were very appreciative of the support and communication that ACF had provided to them throughout the first several months of the COVID-19 pandemic. In this context, ACF told us that the Office of Child Care considered blanket waivers early on as a method of waiver approval. However, ACF added, the Office of Child Care does not have the authority under the CCDBG Act to issue blanket waivers.

STATE AGENCIES' MOST FREQUENTLY IDENTIFIED CHALLENGES AND CONCERNS AS A RESULT OF THE PANDEMIC

Although State agencies used a variety of approaches to ensure the health and safety of child care and continued access to child care during the pandemic, many State agencies also identified the most significant challenges and concerns that they were facing as they worked to ensure the health and safety of the children and providers in their CCDF programs in response to the pandemic while ensuring continued access to child care (question numbers 40 through 46 in the questionnaire in Appendix C).

Challenges Affecting State Agencies' Responses to the COVID-19 Pandemic

The most frequently identified challenges, according to State agencies, were communication with stakeholders, difficulties with fingerprinting for prospective child care employees' background checks, insufficient funding for providers, health and safety of child care staff members, and the lack of PPE and cleaning supplies.

Challenges Involving Communication With Stakeholders

With respect to communication with stakeholders, State agencies described challenges involving communication with child care providers as well as communications from ACF, other Federal agencies, and other agencies of States' governments. Several State agencies attributed the difficulties they experienced in disseminating accurate and consistent information to child care providers to changing guidance from public health officials at different levels of government. Some State agencies told us that they would like to have seen a more coordinated approach from ACF and that they needed clearer, more comprehensive, and more timely guidance than they received. In addition, State agencies experienced difficulties in communicating with child care providers that had closed or suspended operations.

One State agency commented as follows: "So many things to do, not enough staffing capacity to respond to all of the inquiries and changes quickly. Response or guidance from federal and state agencies are delayed." Another State agency commented: "Because of the fluidity of the

pandemic, guidance from several entities changed frequently. Ensuring that the most current information and guidance was distributed timely became our biggest challenge. We resolved this by using several communication modalities in order to get the information out quickly to all providers and partners.”

Although several State agencies noted that communication was an issue, a few State agencies commented that they regarded communication with their providers as one of their biggest successes. One State agency commented as follows: “We have successfully maintained open lines of communication at state and local levels, and worked hard to ensure that child care providers and families receive updated information. This has been a challenge, but the system has performed well in this regard. Providers and families look to state and local agencies to provide guidance and assistance during their time of need. It has been important for us to demonstrate strong leadership at this time.”

Challenges With Fingerprinting for Prospective Child Care Employees’ Background Checks

State agencies also commented on the difficulties that the pandemic had caused in obtaining fingerprint checks for prospective child care employees’ background checks. One State agency commented that it was difficult to hire “because many fingerprint locations are closed and getting a child care background check has become a heavy burden.” Many State agencies reported that they had submitted or planned to submit waiver requests to address these difficulties. For example, one State agency commented: “The fingerprint-based check requirements were an issue until the waiver was approved to postpone some of the components of the comprehensive background check. This has allowed individuals to work with name-based clearances and reduced the wait time for staff to be hired and in place.”

Challenges Involving Insufficient Funding for Providers

Regarding comments on insufficient funding for child care providers, several State agencies mentioned the loss of income that providers were sustaining because of capacity limits once the public health emergency had been declared and as a result of lost payments from families that did not qualify for the CCDF program (i.e., “private pay”).²³

One State agency commented as follows: “Lack of available funding to providers to offset the financial loss caused by the capacity restrictions. Currently, approximately only [one-third] of

²³ Child care providers may serve both children whose families meet CCDF eligibility requirements and children whose families do not meet the eligibility criteria. For the first group, ACF provides a CCDF subsidy, and for the second group, ACF generally does not; rather, these noneligible families pay the full “private pay” rate for child care. Although 36 States modified their CCDF programs so that child care providers were paid based on the number of children who were enrolled rather than the number of children actually in attendance, ACF informed us that that modification did not apply to child care providers that rendered services exclusively to “private pay” families. However, child care providers that rendered services to CCDF-eligible families could apply this modification to their “private pay” families.

child care slots in [the State] are paid with CCDF dollars and paying on enrollment vs. attendance will not account for the remainder of the [two-thirds] slots not filled.”

Challenges Involving Health and Safety of Child Care Staff Members

State agencies identified a variety of challenges that child care providers had conveyed regarding the health and safety of their staff members. These challenges included difficulties in attracting and retaining child care staff due to fears of exposure and transmission; concerns of staff that they might infect family members who were at high risk; and staff shortages due to quarantine requirements, the need to remain home with their own children, or both. One State agency commented: “There is a shortage of staff that are willing to work in a pandemic either because children are out of school or they have family members with compromising health conditions, and they don’t want to endanger them.”

Challenges Involving Availability of Personal Protective Equipment and Cleaning Supplies

Several State agencies commented on challenges involving the availability of PPE and cleaning supplies. State agencies reported difficulties in obtaining PPE and supplies (as of April 30, 2020), including cleaning and disinfecting supplies, thermometers, cloth face coverings, gloves, and other supplies.

Concerns Regarding Child Care Facilities

We asked the State agencies what they envisioned as their most significant concerns regarding child care facilities once the pandemic has abated. The three concerns most frequently identified were the need to ensure that there would be enough providers to meet child care needs, the need for funding to stabilize the industry, and the need to hire and retain sufficient staff available to work.

Concerns Regarding Sufficient Number of Child Care Providers To Meet Child Care Needs

At the time of our questionnaire, State agencies reported that about 63 percent of child care centers and about 27 percent of family child care providers had closed. Most State agencies expressed concerns as to whether these child care facilities would be able to reopen to meet child care needs, and several State agencies also raised questions as to whether these facilities could remain economically viable after the pandemic has abated.

With respect to the concern that many State agencies expressed over whether there would be enough providers to meet child care needs after the pandemic has abated, one State agency commented about this concern and current challenges:

[The State agency] anticipates a high rate of child care programs permanently closing both during the pandemic and in the immediate aftermath. The

economic model for child care programs does not afford it deep reserves to draw off of in hard times and the effect of this pandemic could be devastating. Rebuilding the supply [of child care providers] will be a critical economic activity for the state. In the near future, rebuilding the supply will likely be challenged by the need to incorporate the health and safety measures adopted during the pandemic, such as increased sanitation, reduced group sizes, and contact mitigation. These changes will increase the cost of providing care.

Another State agency (from a midsize State) commented: “Like many states, [the State] had challenges with child care deserts and infant/toddler child care to support our workforce. We anticipate losing up [to] 40,000 slots due to child care business closures.”

Concerns Regarding Need for Funding To Stabilize the Child Care Industry

The State agencies that expressed concerns over funding to stabilize the child care industry after the pandemic has abated were primarily concerned with funding shortfalls brought on by the need to operate child care facilities at reduced capacities. Consequently, State agencies reported the need for increased funding until child care providers can operate at full capacity. One State agency commented about the need to “[i]dentify a new mechanism for funding child care that is less reliant on enrollment, given the fluctuations in capacity that we will need to implement for the foreseeable future. Stabilizing the system to ensure that it can withstand the transformation over the next few years.”

Concerns Regarding the Need to Hire and Retain Sufficient Child Care Staff

Many State agencies also expressed concerns over the need to hire and retain sufficient child care staff, which one State agency referred to as “securing the workforce.” Another State agency described this concern as follows: “Incentivize the workforce—largely now unemployed from the field—to come back into underpaid jobs that are [more] stressful and dangerous than when they left.”

CONCLUSIONS

Federal law requires State agencies to prepare for disasters, including the need to provide for the continuity of child care—before, during, and after a state of emergency has been declared. Although the approaches that the State agencies used varied, the State agencies have focused their resources and efforts to address child care needs during this global health crisis.

The information in this report was obtained to provide ACF and other decisionmakers (e.g., State and local officials) with a national snapshot of State-level approaches to some of the issues posed by the ongoing COVID-19 pandemic. This information was current when we conducted our questionnaire and interviews but may not represent all of the issues that ACF and State agencies have faced or the actions they have taken to address those issues. Since our

interviews, ACF and State agencies may have addressed some of the issues and identified new ones. Additionally, in their responses to the questionnaire and during the interviews, State agencies may not have shared with us all of their issues or all of the actions they have taken. This report makes no recommendations. However, it is intended that ACF use this report to support State agencies as they work to address ongoing issues that could impede access to child care as a result of the COVID-19 pandemic. Because we make no recommendations, ACF did not provide written comments on our draft report, but it did provide technical comments, which we addressed as appropriate.

APPENDIX A: AUDIT SCOPE AND METHODOLOGY

SCOPE

This audit focuses on State-level actions and challenges in response to the early stages of the COVID-19 pandemic; it is not a review of HHS-level responses to the pandemic. Our findings are based on responses to a questionnaire completed by program administrators in all 50 States and the District of Columbia (i.e., the State agencies). We conducted the questionnaire and followup interviews (as necessary) between April 30, 2020, and June 16, 2020, with an as-of date of April 30, 2020. We received a 100-percent response rate from the 50 States and the District of Columbia.

We did not assess the State agencies' or ACF's internal controls as part of this audit.

METHODOLOGY

To accomplish our objective, we:

- reviewed applicable Federal laws, regulations, and guidance;
- met with ACF staff to (1) gain an understanding of the challenges confronting the CCDF program during the COVID-19 pandemic as well as the information and guidance that ACF has provided to the State agencies outlining the flexibilities allowed during this pandemic, (2) obtain a list of ACF-approved waivers, and (3) obtain a list of State agency contacts;
- developed a questionnaire that focused on six key areas:
 - closures of child care facilities as well as statewide stay-at-home or shelter-in-place orders or directives designed to slow or minimize the spread of COVID-19,
 - whether State agencies issued guidance to child care providers on protective measures recommended by CDC,
 - whether State agencies' disaster plans addressed the continuation of child care services,
 - State agencies' use of CCDF flexibilities to lessen the impact of COVID-19 on child care providers and to ensure continued access to child care,
 - CCDF waiver requests and plan amendments submitted by State agencies, and
 - State agencies' most significant challenges and concerns as a result of the pandemic;

- initially surveyed two State agencies—those of Iowa and Utah—and then refined our questionnaire;
- surveyed, between April 30 and June 16, 2020, the remaining State agencies (including that of the District of Columbia) based on the refined questionnaire, and conducted followup interviews with 44 State agencies to clarify their responses as necessary, with an as-of date of April 30, 2020;
- discussed the results of our audit with ACF officials on July 8, 2020, and gave them detailed information pertaining to the issues we identified; and
- issued our draft audit report to ACF on August 27, 2020, for review; ACF did not provide any formal comments for inclusion in this final report, but it provided technical comments on September 2, 2020.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

APPENDIX B: FEDERAL REQUIREMENTS AND GUIDANCE

Federal Statutes and Regulations

Child care services are administered under the provisions of the CCDBG Act, as amended (42 U.S.C § 9858 *et seq.*), and section 418 of the Act, which state that the disaster plan shall demonstrate the manner in which the State will address the needs of children in child care services provided through programs authorized under this subchapter, including the need for safe child care, for the period before, during, and after a state of emergency declared by the Governor or a major disaster or emergency (as such terms are defined in section 102 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5122)).

[The CARES Act](#) (footnote 6) appropriated approximately \$3.5 billion in supplementary CCDF discretionary funds to prevent, prepare for, and respond to the COVID-19 pandemic as well as expanded flexibility to provide child care assistance to families and children.

Federal regulations state that in their CCDF plans, each State agency must assure that upon approval of the plan by ACF, it will have a program in effect that complies with the plan and that is administered in accordance with the program's authorizing legislation and all other applicable Federal laws and requirements (45 CFR § 98.15(a)(1)). Furthermore, each State agency must certify in its CCDF plan that it has monitoring policies and practices to ensure that the child care providers follow health and safety requirements (45 CFR § 98.15(b)(10)).

Each CCDF plan must include "[a] description of the health and safety requirements, applicable to all providers of child care services for which assistance is provided under the CCDF" (45 CFR § 98.16(l)).

ACF Guidance

[ACF IM CCDF-ACF-IM-2011-01](#) (Feb. 17, 2011) provides guidance to assist State agencies in "developing, exercising, and maintaining written child care emergency preparedness and response plans pursuant to submission of the CCDF plan" (page 1). Recommendations for planning for continuation of services to families receiving CCDF services include a recommendation that CCDF plans consider implementing "policies to temporarily continue to pay providers for absence days in the event that children are unable to attend due to a disaster (e.g., pandemic flu)" (page 4).

[ACF IM CCDF-ACF-IM-2017-02](#) (Nov. 27, 2017), "Flexibility in Spending CCDF Funds in Response to Federal or State Declared Emergency Situations," states that relevant Federal requirements enable States, territories, and Tribes affected by emergency situations to exercise "options to continue providing child care services despite disruptions to families and providers. Some of these options . . . would require the [State agency] to submit a CCDF plan amendment or waiver request" to ACF. This document describes nine options available to State agencies to exercise flexibility in spending CCDF funds in emergency situations:

Option A: Use quality dollars to provide immediate assistance to displaced families.

Option B: Change the CCDF Lead Agency's eligibility or priority criteria to permit uninterrupted child care.

Option C: Broaden the Lead Agency's definition of protective services to permit emergency eligibility.

Option D: Examine the Lead Agency's income eligibility threshold and what the Lead Agency counts as income.

Option E: Waive copayments for displaced families.

Option F: Use quality improvement dollars for child care providers to purchase equipment and supplies and to fund professional development and staffing.

Option G: Increase resources available to CCDF families (e.g., transferring Temporary Assistance for Needy Families dollars).

Option H: Use the Federal early childhood training and technical assistance system.

Option I: Request Temporary Waivers for Extraordinary Circumstances.

[ACF IM CCDF-ACF-IM-2020-01](#) (Apr. 29, 2020) advises State agencies of the supplementary funding appropriated in the CARES Act.

ACF has also recently issued several other information resources relevant to CCDF programs operating during the COVID-19 pandemic:

- [Information About COVID-19 for CCDF Lead Agencies: Relevant Flexibilities in CCDF Law](#) (Mar. 13, 2020),
- [Office of Child Care COVID-19 Resources](#) (initially published Mar. 13, 2020, regularly updated thereafter), and
- [CCDF Frequently Asked Questions in Response to COVID-19](#) (initially published Mar. 13, 2020, regularly updated thereafter).

CDC Guidance

CDC issued its "[Guidance for Child Care Programs that Remain Open](#)" (Apr. 6, 2020, updated Apr. 21, 2020), which states: "No matter the level of transmission in a community, every child care program should have a plan in place to protect staff, children and their families from the spread of COVID-19." The guidance to child care providers also specified the following

measures: “Encourage staff to take everyday preventive actions to prevent the spread of respiratory illness. Require sick children and staff to stay home. Have a plan if someone is or becomes sick.” The guidance was updated on April 21, 2020, to address the screening of children upon arrival at child care facilities and to identify additional options for instances when PPE is in short supply.

APPENDIX C: STATE AGENCY QUESTIONNAIRE

CCDF CHILDCARE SERVICES DURING COVID-19 PANDEMIC STATE AGENCY SURVEY AS OF 4/30/2020

(Please make your typed response in red font)

CLOSURES

1. Does your State have or did your State have a State-wide stay-at-home or shelter-in-place order or directive?
YES ☐ NO ☐ If so, what is the effective date(s) of the order or directive?
2. Are the schools closed in your State? YES ☐ NO ☐ Varies by School/District ☐ Please explain.
3. Are the CCDF childcare providers in your State open during the COVID-19 pandemic? YES ☐ NO ☐
Essential Only ☐ Please explain.
4. Please provide the State's total number of licensed childcare centers, the total number of licensed home
childcare providers and the number of closed providers for each as of 4/30/2020.

CDC GUIDANCE

5. Did your State issue guidance to childcare providers regarding childcare services? YES ☐ NO ☐ How was it
disseminated? Please provide web address or electronic copy (PDF) of the documents.
6. Did your State require childcare providers to implement social distancing? YES ☐ NO ☐ Please explain.
7. Did your State require childcare providers to implement drop off and pick up procedures? YES ☐ NO ☐ Please
explain.
8. Did your State require childcare providers to implement procedures for screening children upon arrival? YES ☐
NO ☐ Please explain.
9. Did your State require childcare providers to intensify cleaning and disinfection efforts? YES ☐ NO ☐
Please explain.
10. Did your State require childcare providers and/or children to wear face coverings? YES ☐ NO ☐ Please explain.
11. Did your State provide guidance to childcare providers if a child or employee tests positive for COVID-19?
YES ☐ NO ☐ If yes, please provide web address or electronic copy (PDF) of the documents.

DISASTER PLAN

12. What provisions did your State include in its State Disaster Plan for the continuation of childcare services?
Please explain.
13. Were the provisions of your State's Disaster Plan followed? YES ☐ NO ☐ If No, please explain.
14. Did the State's Disaster Plan change as a result of the COVID-19 pandemic? YES ☐ NO ☐
If so, how did it change? Please explain.
15. Please provide an electronic copy (PDF) or web address of your current State Disaster Plan.

OPTIONS OFFERED BY THE ADMINISTRATION FOR CHILDREN AND FAMILIES (ACF)

under the provisions of [CCDF-ACF-IM 2017-02](#)

16. In response to the COVID-19 pandemic, has your State enacted new legislation, regulations, or guidance? YES ☐
NO ☐ Please explain.
17. In response to the COVID-19 pandemic, has your State submitted a CCDF Plan amendment or waiver request to
ACF, Office of Child Care? Not Yet ☐ YES ☐ NO ☐ Please explain.
18. Was the CCDF Plan amendment or waiver request approved? YES ☐ NO ☐ Awaiting Approval ☐
19. Please provide an electronic copy (PDF) or web address of the amendment or waiver request.

Option A: Use quality dollars to provide immediate assistance to displaced families.

20. Has your State changed how provider subsidies are awarded? YES ☐ NO ☐ Please explain.
21. Are provider payments currently based on enrollment rather than attendance? YES ☐ NO ☐ Please explain.
22. Has your State provided more generous absence day policies? YES ☐ NO ☐ Please explain.
23. Have CCDF funds been awarded to childcare providers who do not serve CCDF eligible children? YES ☐ NO ☐

**CCDF CHILDCARE SERVICES DURING COVID-19 PANDEMIC
STATE AGENCY SURVEY AS OF 4/30/2020**

Option B: Change the CCDF Lead Agency's eligibility or priority criteria to permit uninterrupted childcare.

24. Did new children become eligible for CCDF benefits as a result of the COVID-19 pandemic? (e.g., families of healthcare workers, emergency responders, etc.) YES ☐ NO ☐
25. Have your State's CCDF eligibility criteria changed? YES ☐ NO ☐ Please explain.
- a) Has the definition of "Working" changed to include families seeking employment, participating in community service, or similar activities? YES ☐ NO ☐
- b) Has your State changed income eligibility thresholds? YES ☐ NO ☐ Please explain.
- c) Has your State changed its definition of what counts as income? YES ☐ NO ☐ Please explain.
- d) Has your State established new priority rules? (e.g., healthcare and emergency) YES ☐ NO ☐ Please explain.

Option C: Broaden the Lead Agency's definition of protective services to permit emergency eligibility.

26. Has your State broadened the definition of Protective Services? YES ☐ NO ☐ Please explain.
27. Has your State waived income eligibility for Protective services? YES ☐ NO ☐ Please explain.

Option D: Examine the Lead Agency's income eligibility threshold and what the Lead Agency counts as income.

28. Has your State changed its eligibility redetermination policies? YES ☐ NO ☐ Please explain.
29. Has your State lengthened the minimum 12-month eligibility to a longer period? YES ☐ NO ☐
30. What is the eligibility period before a redetermination is required?
31. Has your State lengthened the period of continued assistance for purposes of job search beyond the minimum 2-month period? YES ☐ NO ☐
32. What period of time is currently allowed for continued assistance for job searchers?

Option E: Waive co-payments for displaced families.

33. Has your State waived co-pay requirements for families? YES ☐ NO ☐
34. Has your State revised its sliding fee schedules to reduce co-pays for some or all families? YES ☐ NO ☐

Options F, G, H and I – Has the State agency exercised any of the following options?

35. Option F: Use quality dollars to provide supply-building grants to providers. YES ☐ NO ☐
36. Option G: Increase resources available to CCDF families (e.g., transferring Temporary Assistance for Needy Families (TANF) dollars). YES ☐ NO ☐
37. Option H: Use the Federal early childhood training and technical assistance system. YES ☐ NO ☐
38. Option I: Request Temporary Waivers for Extraordinary Circumstances. YES ☐ NO ☐ Please explain if there have been any additional waiver requests not discussed in questions 17-37.
39. Has the State implemented any other procedures to reduce the spread of COVID-19 not previously discussed?

STATE ASSISTANCE/GUIDANCE to CHILDCARE PROVIDERS as a result of the COVID-19 PANDEMIC

40. Has your State experienced any issues in getting new centers or Emergency Centers licensed? YES ☐ NO ☐ Please explain.
41. Are childcare providers experiencing any issues getting new employees hired? YES ☐ NO ☐ Please explain.
42. What type of other financial assistance (not included in the ACF options) has the State provided to keep childcare providers operating?
43. What has been your biggest challenge during the COVID-19 pandemic?
44. What do you envision as your biggest challenge once the COVID-19 pandemic is over?
45. What additional flexibilities could ACF have granted to alleviate these challenges?
46. Do you have any recommendations on how to improve the State or Federal responses to the COVID-19 pandemic?

APPENDIX D: STATE AGENCY APPROACHES TO LESSEN THE IMPACT OF COVID-19

	Paid based on enrollment	Allowed a more lenient absence policy	Awarded funds to non-CCDF serving providers	Enrolled newly eligible children	Changed the definition of working	Changed income eligibility thresholds	Established new priority rules	Broadened definition of protective services	Waived income eligibility requirements for protective services	Lengthened 12-month eligibility	Lengthened periods for job searches	Eliminated or reduced copay requirements	Used CCDF funds to award building grants
Question Number	Q21	Q22	Q23	Q24	Q25a	Q25b	Q25d	Q26	Q27	Q29	Q31	Q33	Q35
Alabama		X		X			X	X	X	X	X		
Alaska		X	X	X	X								X
Arizona			X	X				X	X		X		
Arkansas		X		X	X		X	X	X	X		X	
California	X	X		X			X	X				X	
Colorado		X	X							X	X		X
Connecticut	X		X							X	X		
Delaware	X	X							X	X	X	X	
Florida	X	X		X	X		X	X	X	X		X	X
Georgia	X	X	X	X			X				X		
Hawaii	X			X				X	X		X	X	
Idaho	X	X									X		X
Illinois		X	X	X				X	X	X			
Indiana		X					X			X	X		X
Iowa	X	X									X		
Kansas	X	X	X	X		X		X	X	X	X	X	X
Kentucky	X	X								X	X	X	
Louisiana	X	X		X			X	X	X			X	
Maine	X	X	X	X		X	X			X	X	X	
Maryland	X			X								X	X
Massachusetts	X	X								X	X	X	
Michigan	X	X	X							X			
Minnesota	X	X								X			
Mississippi	X	X		X		X	X			X	X	X	
Missouri	X	X	X						X	X	X		
Montana	X	X									X	X	X

	Paid based on enrollment	Allowed a more lenient absence policy	Awarded funds to non-CCDF serving providers	Enrolled newly eligible children	Changed the definition of working	Changed income eligibility thresholds	Established new priority rules	Broadened definition of protective services	Waived income eligibility requirements for protective services	Lengthened 12-month eligibility	Lengthened periods for job searches	Eliminated or reduced copay requirements	Used CCDF funds to award building grants
Question Number	Q21	Q22	Q23	Q24	Q25a	Q25b	Q25d	Q26	Q27	Q29	Q31	Q33	Q35
Nebraska		X								X			
Nevada	X	X	X	X	X	X	X			X		X	X
New Hampshire	X	X	X		X	X				X	X	X	X
New Jersey	X	X					X	X	X	X	X	X	X
New Mexico	X	X		X				X	X	X	X	X	
New York		X		X		X		X	X			X	
North Carolina	X		X	X		X	X	X	X			X	X
North Dakota		X			X							X	
Ohio	X	X								X		X	
Oklahoma		X		X	X			X	X	X		X	
Oregon		X	X			X						X	X
Pennsylvania	X	X									X		
Rhode Island	X	X									X	X	X
South Carolina	X	X	X	X		X	X	X	X			X	X
South Dakota		X											
Tennessee	X	X	X	X	X		X	X	X	X		X	X
Texas	X	X	X	X		X	X	X			X	X	X
Utah	X		X	X		X		X	X			X	X
Vermont	X			X			X			X			
Virginia		X								X		X	
Washington	X	X						X		X		X	X
West Virginia	X			X				X	X			X	
Wisconsin	X	X								X			
Wyoming			X										
District of Columbia	X	X	X							X		X	
TOTALS	36	42	20	25	8	11	16	20	19	29	23	32	19
% Responded Yes	71%	82%	39%	49%	16%	22%	31%	39%	37%	57%	45%	63%	37%