

**State/Territory Plan
2022 - 2024**

4.1 Maximize Parental Choice and Implement Supply Building Mechanisms

4.1.8 Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services (98.16 (x)). These strategies should address children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

State/Territory	4.1.8e i: Other. Grants and contracts (as discussed in 4.1.6). Describe:
Alabama	
Alaska	
American Samoa	
Arizona	N/A
Arkansas	Pending state and federal approval, DCCECE plans to utilize American Rescue Plan stabilization funds to increase the supply of care through public-private partnerships.
California	Section 2202 of the American Rescue Plan Act provides resources to states to provide stabilization grants to child care providers. Subject to approval in the California State Budget, the Lead Agency will distribute subgrants to help stabilize the child care and development workforce in the wake of the COVID-19 pandemic, in the interest of increasing supply and improving quality.
Colorado	Under the Colorado Child Care Assistance Program (CCCAP), each county has the option of developing contracts for slots with licensed child care centers and family child care homes that increase the supply of care for other prioritized populations according to local need.
Connecticut	

Delaware	<p>The Lead Agency contracts with Children and Families First, a private agency, to administer grants and technical assistance to providers who serve children in high needs areas, children who are infants/toddlers, English Language Learners, who need care during nontraditional hours and children with special needs. The state is also an Early Head Start/Child Care Partnership grantee and currently has 144 slots available to families in targeted high needs/underserved areas throughout the state.</p>
District of Columbia	<p>The Lead Agency will use Child Care Stabilization Grant Funds received through the American Recovery Plan to make grants to child care providers to preserve the supply of child care and help providers cover operating costs to remain in operation during the public health emergency and recovery. The Lead Agency will work through intermediaries—the Low Income Investment Fund (LIIF), Washington Area Community Investment Fund (Wacif), Hurley & Associates, and United Planning Organization—to distribute 90 percent of Child Care Stabilization Funds received by the Lead Agency as subgrants to child care providers. CCDF and non-CCDF providers licensed as of the date of passage of the American Recovery Plan are potentially eligible for a grant, provided the provider provides the certifications required by the American Recovery Plan and further certifies that the provider needs financial assistance to remain in operation and will use grant funds to remain in operation for the duration of the grant period. In-home and relative providers are not eligible for subgrants from this program. Provider funding amounts will be determined using a formula based on the provider’s estimated monthly cost of operations, as estimated using the D.C. Cost Estimation Model and the provider’s licensed enrollment capacity, with adjustments for additional factors that may increase or decrease the provider’s financial need. The remaining 10% of funds will be used to cover intermediaries’ costs to administer subgrant programs and provide business supports and capacity building for subgrantees. The Lead Agency has chosen to work with these intermediaries because they are familiar with the District’s child care providers, have a track record of successfully administering subgrants and supporting child care providers, and have the capacity to make high-quality business supports and capacity building available to child care providers. Each intermediary will be responsible for subgrants to a designated subset of eligible child care providers, based on providers’ needs and participation or non-participation in various programs (e.g. child care subsidy, Quality Improvement Network, Shared Service Business Alliance), but may provide business supports and capacity building for other child care providers as well. The Lead Agency will work with the intermediaries to coordinate subgrant administration and business capacity building activities to avoid duplication, maximize efficiency, and increase the availability and intensity of high-quality business supports and capacity building tailored to the needs of child care businesses in the District. In addition, the Lead Agency will use a portion of the 10% of funds not distributed through subgrants to support additional Lead Agency staff needed to oversee the grant program and coordinate intermediaries’ subgranting and business capacity building activities with one another and other related initiatives (supported by the Lead Agency and other public and private entities); to conduct outreach and communications with child care providers about the program; and to collect and analyze data on child care demand, supply, and facilities needs to inform the Lead Agency’s ongoing efforts to support equal access and parental choice and improve the supply and quality of child care. The Lead Agency anticipates beginning to distribute funds in FY2022, following conclusion of other emergency relief grants for child care providers funded with Coronavirus Response and Relief Supplemental Appropriations Act funds.</p>

Florida

OEL has developed the following guiding principles for the ARP Stabilization Grants:

- The application process/system must be designed to:
 - o Be easily accessible to almost 11,600 providers.
 - o Include upload features for providers to submit required data on a periodic basis (i.e., semi-annually after initial submission and option to verify that there are no changes)
 - o Pre-populate with available data to the extent applicable.
 - o Include download and approval features for both OEL and ELCs.
 - o Include supports for providers to complete the application (i.e., call center).
- There must be an aggressive pre-and post-award system to monitor the application for and use of funds and detect potential fraud.
- The range of grant awards must be determined so that it is manageable for both OEL and ELCs given the number of providers.
- The disbursement of the \$1.5B will occur over a specified period of time (i.e., 6 quarters beginning in January 2022).

Florida is using HHS/OCC resources, including grant templates and the Cost of Quality tool, to implement these grants.

Georgia

Georgia's CCDF Lead Agency, the Georgia Department of Early Care and Learning (DECAL), is planning to build on the program and processes used to distribute CARES Act and CRRSA Act funds to distribute ARP Act stabilization funds directly to CCDF-eligible child care providers in the state.

In April 2020, DECAL used CARES Act funds to implement the STABLE (Short Term Assistance Benefit for Licensed Entities) program to provide stabilization funding to Georgia's CCDF-eligible child care programs. This special funding was to help child care providers offset the loss of revenue caused by declining enrollment during the COVID-19 pandemic.

Between May 2020 and April 2021, DECAL offered three separate rounds of STABLE payments to licensed child care learning centers and licensed family child care learning homes. In each round of funding, eligible child care providers were required to submit an online application accessed through their child care licensing self-service portal to qualify for funding. The funding amounts for each round were based on a per-child amount determined using a child care cost model developed by DECAL.

In their application providers had to explain how they planned to use their funding. Funds could be used to hire and retain staff, purchase classroom supplies, food, or COVID-19 supplies, pay rent, and provide tuition relief to families. The first round of STABLE payments in May of 2020 totaled \$38.5 million of CARES Act funds to 3,787 recipients, and 92% of payments were deposited within 30 days of the application closing. The second round in December of 2020 totaled \$53.8 million of CARES Act funds to 3,659 recipients, and 98% of payments were deposited within 30 days of the application closing. The third round in April of 2021 totaled \$72.7 million of CARES Act and CRRSA Act funds to 3,840 recipients, and 99% of payments were deposited within 30 days of the application closing.

For ARP Act stabilization funds, DECAL will leverage the processes used for the STABLE payments to distribute these new federal funds. The calculated payment amounts will be based on the state child care cost model to meet or exceed the provider's current operating cost per child on average. The application for the program will be a web-based application available to all licensed child care learning centers and licensed family child care learning homes through their self-service portal account to expedite receiving and confirming applications.

DECAL is currently working to enhance the application and award process to comply with the ARP Act requirements and will provide additional updates as the new process is finalized. DECAL predicts that at least 50% of ARP stabilization funds will be obligated by December 11, 2021, and that 100% will be obligated by September 30, 2022.

Guam

Hawaii	<p>Hawaii Department of Human Services will obligate the required 90% of the American Rescue Plan Act stabilization grant funds directly to licensed centers, registered family child care homes and exempt center-based providers that meet eligibility requirements. The Department will allocate up to 10% of the American Rescue Plan Act stabilization grant funds to an intermediary that will assist the Department with the application and review process, the data system and providing technical assistance to applicants. Licensed centers, registered family child care homes and exempt center-based providers have identified priority areas that the American Rescue Plan Act stabilization grant funds would be best used and include areas such as facility and home operating costs, and staff wages. The Department is still in the planning stages and has established a working group that is made up of licensed and exempt center-based providers and community stakeholders who will collect data and provide feedback which will inform the Department of how to best strategize and provide the American Rescue Plan Act stabilization grant funds to licensed and registered family child care home and center providers and exempt center-based providers that are eligible to receive these grant funds.</p>
Idaho	
Illinois	<p>Illinois' stabilization grants funded under the American Rescue Plan, the Child Care Restoration Grants, are available through this link: https://www.ilgateways.com/financial-opportunities/restoration-grants. The grants are administered and awarded via the Illinois Network of Child Care Resource and Referral Agencies.</p> <p>Grants are awarded by a short application (or by opt-in for previous grant recipients) to all programs who apply that meet basic eligibility criteria, which include either receiving a 2020 Child Care Restoration Grant or: being a licensed child care center or home or a license-exempt school-age center; regularly providing year-round child care services; typically relying on private-pay tuition and/or CCDF funding; being open and receiving children at the time of application; and certifying that operating capacity has been reduced or costs have increased due to COVID-19. To target providers in low-income communities, an additional 10% grant bonus is awarded to providers operating in COVID-19 Disproportionately Impacted Areas.</p> <p>Providers have used funds to support all allowable uses included in the American Rescue Plan guidance, including personal protective equipment, personnel costs, technology and professional services, mental health services, and other costs of operation.</p>
Indiana	<p>The Lead Agency has 31 contracts for child care slots in 9 counties throughout the state.</p> <p>The Lead Agency has not yet issued stabilization payments from the ARP funds appropriated. It is anticipated that the Lead Agency will utilize a formula, produced from information gathered in the narrow cost study, to determine the stabilization payment amount for each eligible child care provider. The online application, which is still under development, will ask providers to report their current class size by age group, if the class is open or closed, and the typical enrollment for that classroom. Other information will be prepopulated as to minimize the reporting burden on providers and that information, in combination with what is reported, will generate a total dollar amount to be provided through the stabilization grant. All assumptions will be displayed so that providers can validate the accuracy of the information or provide additional information if they disagree with the assumptions of the model. Payments will take into account quality level as well as ways to provide enough funding to open closed classrooms to increase needed capacity.</p>

Iowa	
Kansas	N/A
Kentucky	

Louisiana

The Lead Agency (LA) is planning Round 1 of ARPA stabilization grants using a formula to estimate cost of providing care. During this round, additional data points will be collected to evaluate the extent to which the Round 1 grant estimated cost of providing care. This information will inform adjustments to the formula for Round 2 of ARPA stabilization grants. Round 1 applications are expected to open in August of 2021 with Round 2 applications expected in February/March 2022. In addition to Rounds 1 and 2 of ARPA stabilization grants, the LA may issue additional subgrants targeted for recruiting and retaining early childhood educators. At the time of State Plan submission, the applications are not available. The LA issued LaCAP grants using CARES and CRSA funds for stabilization grants. Providers were encouraged to use these funds for rent, payroll, tuition coverage, PPE, etc. in order to stabilize their businesses. All grants were based on license capacity. Details are included below:

Rounds 1-6 for CCAP Certified Type III, family home, and in-home providers

- Round 1 payment for CCAP Certified Type III, family home, and in-home providers was \$125 based on licensed capacity. Part two of Round 1 (supplemental grant) was \$62.50 per licensed capacity for child care providers certified for CCAP that remained open during the Stay at Home Order or reopened during the Stay at Home Order (03/23/2020-4/30/2020).**
- Round 2 payment for CCAP Certified Type III, family home, and in-home providers was \$187.50 based on licensed capacity.**
- Round 3 payment for CCAP Certified Type III, family home, and in-home providers was \$187.50 based on licensed capacity. As an incentive to enroll CCAP children, an additional \$25 per CCAP authorized child enrolled by August 1, 2020 was granted.**
- Round 4 payment for CCAP Certified Type III, family home, and in-home providers was \$187.50 based on licensed capacity. As an incentive to enroll CCAP children, including those that may have an outstanding out-of-pocket balance incurred between March 16, 2020 and November 1, 2020, a supplemental \$50 per CCAP authorized child enrolled by October 1, 2020 was also paid.**
- Round 5 payment for CCAP Certified Type III, family home, and in-home providers was \$300.00 based on licensed capacity. As an incentive to enroll CCAP children, including those that may have an outstanding out-of-pocket balance incurred after March 16, 2020, a supplemental \$50 per CCAP authorized child enrolled on or before March 31, 2021 was granted.**
- Round 6 payment for CCAP Certified Type III, family home, and in-home providers will be \$900.00 per child, based on licensed capacity. As an incentive to enroll CCAP children, including those that may have an outstanding out-of-pocket balance incurred after March 16, 2020, a supplemental \$150 per CCAP authorized child enrolled on or before July 1, 2021 will be granted. Round 6 LACAP grant for CCAP Certified Type III, family home, and in-home providers will be released on the week of July 19, 2021.**

Rounds 1 and 2 for Type I and II Licensed Providers

- Round 1 payments were \$150.00 based on license capacity.**
- Round 2 will be released the week of July 31st. Payments will be \$450.00 based on license capacity.**

Maine	
Maryland	The Child Care Quality Incentive Grant Program (CCQIG) supports projects that improve the professionalism and quality of child care programs. The program also Maryland supports initiatives that improve children's school readiness. MSDE provides an Accreditation Support Fund to assist providers with paying the fees necessary to become accredited. MSDE pays all expenses related to the self - study, application fees, and filing fees. This Fund also assists providers with purchasing materials, equipment, toys, etc., critical to the program becoming accredited. American Rescue Plan decisions have not been finalized for funds and the state will provide an amendment in the future.
Massachusetts	EEC administers multiple contracts to serve low-income families (Income Eligible Child Care), children with active protective services cases (DCF Related Child Care), Teen Parents, and Homeless Families. All contracts allow for care for all age groups.
Michigan	
Minnesota	
Mississippi	The Lead Agency will be utilizing American Rescue Plan Act stabilization funds to ensure supply of child care for all child populations across all provider types throughout the state. The Lead Agency will be advertising and holding Information Sharing sessions for providers prior to the release of the application for funding. Providers in family child care homes will have priority processing of applications for the first three (3) weeks of the open application period. Business Advisors will be available for providers at all resource and referral locations to support providers in completing the application. The Lead Agency will utilize the Provider Cost of Quality calculator to calculate average operating expenses for providers in determining award amounts, however; providers will have the option to submit additional documentation related to their operating expenses if the PCQC estimate is too low. The projected start date of the stabilization funds project is October 1, 2021.
Missouri	Using COVID-19 relief funding, the Lead Agency is providing funding opportunities for child care providers to expand existing programs or to make necessary upgrades to meet the health and safety needs of the children they serve. The Lead Agency is also reviewing the funding opportunities in the Elementary and Secondary School Emergency Relief American Rescue Plan (ESSER ARP) to support the Payroll Protection Program (described in the Missouri CRRSA Spend Plan) to address programs' past and future expenses.
Montana	
Nebraska	
Nevada	<p>ARP Provider Stabilization Grant Proposal</p> <p>Grant Administration: All subgrants under this proposal would be administered by The Children's Cabinet at a cost of approximately \$486,375 for the three year project period, which includes two full time FTEs to process applications, provide technical support to providers and review monthly reports to ensure program compliance.</p> <p><u>Round One Subgrant Proposal Details:</u></p>

Round one of the provider stabilization grants would be open to all home-based providers to support up to six months of operational costs, based on annual operating budgets reported by the provider. For eligible FFN and/or family child care providers that do not utilize a business operating budget and have only one staff/employee providing services, operational costs may be calculated at a rate of \$15 per hour times the average number of hours of care provided, regardless of actual costs and/or payment rates (a formula to easily calculate this rate for the 6 month operating period should be provided in the application).

Providers may use the funds for any operational expenses of the program including: payroll, rent/mortgage, supplies, equipment, insurance, fees/permits, food/snacks for children in care, and related expenses as allowed under federal ARP guidance. Providers must use a portion of the funds to meet the following requirements:

1. Staff Compensation Enhancement – All providers who have staff (full or part-time) must utilize at least 20% of funds to support staff compensation enhancements. Options for staff compensation enhancements may include one-time bonuses or stipends and/or hourly wage increases that may be either permanent or temporary during the grant funding period. FFN's and home-based providers with no additional staff do not need to meet this requirement.
2. Family Financial Supports – All providers (including FFNs and home-based providers) must utilize at least an additional 20% of funds to provide financial relief from enrollment fees, tuition and/or related parent expenses for the care of their children. Home based providers that are unable to meet the 20% requirement due to subsidy payments or other factors may provide an explanation and be waived from this requirement (only if there is no or minimal out of pocket expenses for parents).

Outreach and Engagement of Home-based providers – An analysis of CARES Act grant to providers shows that approximately 20% of known licensed in-home care providers applied for and/or received a grant. In an effort to support more providers, this proposal includes a recommendation to utilize approximately \$600,000 over a two year period to issue outreach, engagement and technical support assistance sub-grants to five community based organizations that work directly with or in the communities with a high rate of home based providers (specifically, Hispanic/Black populations in Urban areas and at least one rural serving organization). The proposal includes five sub grants in the amount of \$60,000 per year to conduct outreach and engagement (identifying and conducting outreach to home-based providers, particularly unlicensed or license exempt providers), as well as technical assistance support for these providers to complete applications and with implementation and reporting requirements during the grant period. These community based organizations will also be utilized to help support outreach, education and technical assistance for Round Three grants (see below).

Monthly Reporting – Providers will be required to submit monthly reports outlining the use of funds, including the number and amount of staff compensation payments, as well as the number of families/children benefitting from the family financial support component. Monthly reports will utilize a simplified format to reduce burden on providers.

Round Two Subgrant Proposal Details:

Round two of the provider stabilization grants would be open to all center based and out of school time providers to support up to six months of operational costs, based on annual operating budgets reported by the provider.

Providers may use the funds for any operational expenses of the program including: payroll, rent/mortgage, supplies, equipment, insurance, fees/permits, food/snacks for children in care, and related expenses as allowed under federal ARP guidance. Providers must use a portion of the funds to meet the following requirements:

1. Staff Compensation Enhancement – All providers who have staff (full or part-time) must utilize at least 20% of funds to support staff compensation enhancements. Options for staff compensation enhancements may include one-time bonuses or stipends and/or hourly wage increases that may be either permanent or temporary during the grant funding period.

2. Family Financial Supports – All providers must utilize at least an additional 20% of funds to provide financial relief from enrollment fees, tuition and/or related parent expenses for the care of their children. Funds may not be used to supplant or replace other funding sources, such as subsidy, but may be used to cover parent co-pays and any other parent out of pocket expenses.

Monthly Reporting – Providers will be required to submit monthly reports outlining the use of funds, including the number and amount of staff compensation payments, as well as the number of families/children benefitting from the family financial support component. Monthly reports will utilize a simplified format to reduce burden on providers.

Round Three Subgrant Proposal Details:

Round three of the provider stabilization grants would be open to all providers to support project specific activities related to quality improvements, infrastructure, expanded capacity and/or family supports. Projects may include, but are not limited to:

- Updating technology and/or data system to streamline enrollment, attendance and/or reporting;
- Minor facility renovations that will increase capacity, quality and/or ability of the provider to offer services to new populations (including new age groups, children with disabilities, etc.);
- Professional development and/or training for providers and staff aimed at improving quality and/or the delivery of services, including funds to support temporary/substitute teachers during training or professional development opportunities;
- Purchase of supplies and/or equipment needed to improve quality rating and/or to replace old, non-functional equipment or supplies;
- Recruitment, marketing and/or advertising to fill teacher/staff vacancies and/or child care center slots;
- Staffing, facility and/or equipment expenses necessary to expand program capacity to serve more children and/or a different population of children;
- Membership or fees associated with joining a networking and/or shared services program to ease administrative burden and streamline business processes;
- Hiring business consultants or coaches to increase business capacity, including development of organizational budgets, streamlining human resources and related business functions;
- Other projects as identified by the provider that will improve capacity, quality and/or business practices.

The total amount of grant awards will depend on the amount of funds available after Rounds One and Two, as well as the total amount of funds requested from qualified providers. Priority will be given to providers serving families in high need areas and that submit proposals which provide a clear and direct benefit to families, including serving children with special needs, offering non-traditional hours and related needs identified in the community. Applications will be accepted on a rolling basis until all funds are expended, but no later than the ACF deadline for full obligation of funds (9/30/22).

Technical Assistance and Support – Providers will receive technical assistance and support in the development of proposals (identifying programs and services), as well as with implementation and reporting of project activities. A

	<p>series of informational webinars will be provided prior to the release of the grant notices outlining the use of the project funds and potential opportunities for providers.</p> <p>Monthly Reporting – Providers will be required to submit monthly reports outlining the use of funds, including the impact of projects on the provider, staff and families. Monthly reports will utilize a simplified format to reduce burden on providers.</p> <p>Contracted Slot Agreements through a pilot for:</p> <ul style="list-style-type: none"> • Infants and Toddlers • Children with Special Needs • Nontraditional Hours
New Hampshire	
New Jersey	
New Mexico	<p>In recognition of the profound impact of the COVID-19 pandemic on the child care industry and in recognition of the key role child care plays in supporting children, families, businesses and the economy as a whole, the Lead Agency implemented child care stabilization grants. These grants are designed to stabilize and rebuild the child care sector, to support the developmental and learning needs of children, to provide parent choice with equal access to high-quality child care, and to advance a professionalized workforce that is diverse, well-credentialed and well-compensated. The Lead Agency engaged with an intermediary to administer and process the child care stabilization grants. The Lead Agency utilized a cost estimation model to determine grant amounts and prioritized small child care providers for awards. Applicants were required to certify that they met certain requirements throughout the period of the grant including (1) the implementation of certain health and safety guidelines; (2) continue to pay full compensation and provide the same level of benefits to employees; and, (3) as possible, provide relief from co-payments and tuition for parents. The Lead Agency engaged in an array of strategies to target providers in low-income communities. Applications were accepted and processed on a rolling basis. The first round of grants was issued in August 2020. The impact and results of these stabilization grants on child care providers and child care staff have been significant. In many instances prevented a provider from permanently going out of business.</p>

New York

NYS intends to direct \$135.5 million of its Coronavirus Response and Relief Supplemental Appropriations Act (CRRSA) allocation and 90 percent of its American Rescue Plan Act (ARPA) Stabilization Grant allocation to subgrants with 80 percent of that amount allocated to child care programs through a formula-driven base grant, and 20 percent available as supplemental funding for providers meeting certain needs of families, to be distributed starting in late summer 2021.

Following receipt and electronic review of an online application, payments will be issued to each eligible child care program based on its modality, geographic region, and maximum licensed/registered/permitted capacity. Award amounts will be calculated separately for each modality, three broad geographic regions and maximum capacity, using the relevant current weekly market rates to guide determination of award. Final award amounts will be weighted based on program size to account for the disproportionate impact of reduced enrollment for smaller programs, and the ability of larger programs to scale costs. Funds will be allocated to awardees over a 10-month period.

Eligible providers will include licensed, registered, permitted, and enrolled legally-exempt group programs that were open and serving children as of March 1, 2020 and are open and available to provide child care services on the date they apply for a grant. This includes providers who may not currently have children enrolled, but are “open”/staffed to provide care. For programs not providing child care services on the date of application, they will need to attest that they will be serving children by 9/20/2021. Head Start, Early Head Start Programs, and publicly funded PreK programs, which have alternate sources of federal and state support, would need an additional attestation that they wouldn’t receive Stabilization funds for the same classroom/seats as those funded by other sources. Stabilization awards will also include funds for employee bonuses. These funds will be allocated to providers to provide to their staff at a flat rate per staff member. Providers will have to attest to providing these supplements within a specific time period as well as maintaining records for possible audit.

Included in the APRA 10% administration and technical assistance (TA) set aside, OCFS is proposing grants to all 35 Child Care Resource and Referral agencies (CCR&Rs) as well as specialty organizations such as WHEDco and CSEA/UFT to assist child care providers in completing the stabilization grant application. OCFS also proposes an award to the Early Care and Learning Council to coordinate across all technical assistance providers, for a total technical assistance grant initiative to 39 providers totaling \$10M. Seven regional CCR&Rs, which currently serve as Infant/Toddler Centers, will receive an additional award to assist providers applying to the child care desert funding technical assistance grant initiative to 39 providers totaling \$10M.

There are additional categories that OCFS proposes to provide payments to incentivize different types of care and these payments are planned for Fall 2021. Categories include: providing non-traditional hour care; providing child care in underserved communities (e.g., low-income communities), currently providing child care for children with disabilities receiving early intervention or preschool special education services; providing infant and toddler care, including support to providers who already provide infant and toddler care who want to increase their capacity; and/or providing relief from copayments and tuition for parents struggling to afford child care.

North Carolina	<p>To increase access to child care and improve the quality of care, September 2021 NC DCDEE will begin using a formal application process for providers to receive stabilization grants using ARP funds. The process for applying for the funds, the intermediary, the application and webpage for the location of the grants is in the process of being determined.</p> <p>To increase access to high quality infant toddler care, NC DCDEE will begin providing a select number of contracted slots in four and five star programs in rural areas and in under-resourced counties.</p>
North Dakota	
Northern Mariana Islands	
Ohio	
Oklahoma	
Oregon	N/A
Pennsylvania	
Puerto Rico	ARP Fund will be use to increase the supply (centers) and improve quality of services in geographic areas identified by the ACUDEN- PDBG5 child care needs report. ACUDEN is on planning stage to develop the work and budgeting plan.
Rhode Island	<p>Seventy-five percent (75%) of RI's CRRSA (\$17.9M) will be used to issue immediate and direct stabilization grants to DHS-licensed child care providers who are open and committed to serving children in-person. Programs, regardless of their participation in the child care assistance program (CCAP,) will be eligible for these funds. Grants were issued using a methodology consistent with Region 1's common framework, leveraging a classroom-based reimbursement model for center-based programs. Family child care providers will receive a flat grant amount consistent with their licensed capacity. The reimbursement value is based on their reported reduction in enrollment during COVID-19 and the revenue loss association with that depression. Grant awards will cover one month of lost revenue associate with the twenty-five percent (25%) reduced enrollment for each classroom. Providers will receive grant awards for two months. By the end of the first application window, 92% of RI providers applied for the CRRSA stabilization fund with \$8.62 distributed. The second application window will open in July 2021. More information on RI's CRRSA stabilization fund can be found at http://kids.ri.gov/funding-opportunities.php. The state intends to build upon this approach and methodology for the ARPA stabilization fund. The grant process will be drafted in such a way that ensures compliance with federal rules and guidance and allows us to extract necessary data This fund is not yet available.</p>
South Carolina	

South Dakota	<p>South Dakota will provide Stabilization sub-grants using American Rescue Plan (ARP) funds to provide stabilization to providers. All eligible providers will receive notice of the sub-grant opportunity by email or letter. Once published, providers will be able to apply for the sub-grant through an application available on the DSS website www.dss.sd.gov. Grant amounts will be determined and awarded based on providers' current operating expenses. The method for determining provider operating expenses is still being developed. Options for targeting funds are being discerned. This section will be amended with updates once plans are final.</p>
Tennessee	<p>Lead Agency is exploring the possibility of utilizing ARP funds for these purposes:</p> <p>Access to high-quality and affordable child care is critical to economic recovery and growth. Below is a list of priorities for how American Rescue Plan Act (ARPA) and recurring Child Care Development Fund (CCDF) dollars can be deployed to maximize supports for families and providers. Through the expansion of existing programs and establishment of new programs, TDHS will support families and aid child care providers in pandemic recovery, while investing in long-term strategic goals to grow child care capacity and quality across the state. Initiatives are organized into 3 categories, consistent with ARPA priorities:</p> <p>Supporting families through access to child care payment assistance, with a focus on equity</p> <ul style="list-style-type: none"> • Establishing a new reemployment category of child care assistance- Referral-based category of child care payment assistance for parents currently unemployed but engaged in job search activities, established in partnership with Department of Labor and Workforce Development. • Continuing pandemic/essential employee child care assistance through August 2021. • Supporting families of children with special needs (establishing a 15% differential above standard reimbursement rates for children identified with disabilities and special needs). • Creating support for families experiencing homelessness (establishing a referral process and prioritization category for homeless families to receive childcare assistance in partnership with TDHS 2-Gen agencies, CSBG agencies, and the Department of Education McKinney-Vento programming). • Expanding age criteria for the Smart Steps program from kindergarten to 8 years of age. <p>Strengthen child care providers through financial stabilization</p> <ul style="list-style-type: none"> • Issuing stabilization funds through subgrants to qualified child care providers to stabilize their operations according to the ARPA designated allowable uses. The activities may include up to 10% to administer funds, provide technical assistance and support for applying/accessing subgrants, and support activities to increase supply of child care. Details of the child care stabilization grant program are still being finalized, including the final application design to be posted on the website. Information regarding impacts and results will be available after the funds are distributed. • Forming an application process supported by technical assistance that will include outreach activities to explain the process, support payment distribution and backend accountability, including making application materials available in multiple languages.

Grow capacity of child care providers statewide through strategic partnerships and technical assistance

- Temporary subsidy rate increase (10/1/21-10/1/23) to stabilize the industry and address equity in assessing quality child care.
- Addressing the digital divide by deploying the “Tech Goes Home” model, including provision of technology hardware, coaching and TA on the use of equipment and how it strengthens business operations.
- Expanding WAGE\$ eligibility for the education-based salary program by increasing the eligibility cap from \$15/hour to \$20/hour and increasing supplement amount by 50 percent.
- Offering an establishment grant program to provide financial support for furniture, equipment, supply, and curriculum costs associated with opening a new child care agency (aligned with the new TDHS Pre-Licensure Support Unit). TDHS is also in discussion with the Tennessee Department of Economic Development to explore how Community Development Block Grant funds might be used to support construction or renovation of child care spaces.
- Utilizing funds to modernize the Lead Agency data systems (new eLicensing platform) to better meet the demand for child care.
- Supporting the Tennessee Child Care Task Force (established during the 2021 legislative session) in recommending a strategic action plan to increase the availability of high-quality, affordable, and accessible child care as families, child care providers, employers, and communities across the state work to recover from the impacts of COVID-19.

Texas

Texas Labor Code [§302.0461](#) allows Boards to contract for slots with eligible (3- and 4-Star) Texas Rising Star child care providers that have a pre-K or Head Start/Early Head Start partnership.

Additionally, TWC anticipates offering Stabilization Subgrants to providers, funded with American Rescue Plan CCDBG funds beginning in the fall of 2021. Upon Commission approval of the Stabilization Subgrant program, TWC will submit a State Plan amendment including a link to the online subgrant application, how grants are awarded, what grants may be used for, and any strategies used to target or prioritize providers. TWC will further amend the state plan when impact and outcome information becomes available regarding the Stabilization Subgrants.

Utah

The Lead Agency made available stabilization grants through American Rescue Plan Act funding. Providers may apply for a grant from the Lead Agency’s website <https://jobs.utah.gov>.

Vermont	<p>Coronavirus Response and Relief Supplemental Appropriations Act 2021. Applications closed on 3/31/21 and three monthly award distribution cycles have been completed in the CRRSA federal funding program. The Department for Children and Families (DCF) has \$12.2 million to run the grant program to assist regulated child care programs with the additional costs associated with COVID to provide care to Vermont's children. The grant amount was determined using a formula that was dependent on the total number of applications and staffing numbers associated with the licenses of applicants. Eligible programs are registered or licensed Family Child Care Homes, Center Based Child Care and Preschool Programs, and Afterschool Child Care Programs who are located in Vermont and currently serving Vermont children or plan to be serving Vermont children by June 30, 2021. 792 applications were funded, which is 70% of the registered programs in VT. Awards range from \$450 a month for small programs to \$11,000 a month to large programs. Funding is only awarded to programs for the months they are open and serving children in person. Many regulated summer programs received funding. Payments will continue on a monthly basis until December as long as the program is open. Funds may be used in any of the following single or combination of categories, and the categories can vary month to month: PPE and other mitigation strategies to prevent the spread of COVID-19, Capital Improvement Projects, Occupancy (rent, insurance, mortgage, utilities, etc.), Materials/Supplies, Replenishment of Lost Revenue and/or Reduced Enrollment, Wages/Spot-Bonuses, Professional Development or Technical Assistance. The CDD did not employ strategies to target providers in low-income communities and we do not have the data yet on the impact or results on providers. The CDD American Rescue Plan Act programs will be shared once they have been approved.</p>
Virgin Islands	
Virginia	<p>Virginia received \$488 million for Child Care Stabilization Grants under the American Rescue Plan. VDOE intends to use this funding to provide quarterly payments to child care providers over a maximum period of 12-18 months. Payments will be based on open/closed status; approved capacity; participation in the child care subsidy program; and location in a high-need area as identified by the CDC's Social Vulnerability Index (SVI). Higher payments will be available to providers that participate in the subsidy program and that are located in an area with a high SVI score. Providers will be strongly encouraged (but not required) to use funds to increase wages, provide bonus pay, establish retention incentives, or take other action to improve compensation for staff. Virginia anticipates beginning payments in the fall of 2021.</p>
Washington	
West Virginia	
Wisconsin	<p>Using CCDBG CRRSA funds, the Lead Agency is exploring businesses purchasing slots from local, regulated child care providers. The Wisconsin Infant and Toddler Policy Project (WITTP) is advocating for this strategy. Currently, Wisconsin statutes do not allow the Lead Agency to provide grants or contracts to purchase slots.</p>
Wyoming	