Child Care Recovery Programs

Federal Funding Approach and Continuous Improvement Strategy

Initial Covid-29 Pandemic Response

Spring 2020 – Summer 2020

Project 26: Keep Hospitals Staffed

\$3M: Private philanthropy 319 children, 28 Child Care Programs

CT Cares for Child Care: Support for Child Care Programs who remained open during the pandemic \$5.6M: CARES Act 11,633 children

CT Cares for Front Line Workers: Support for front line

workers who needed child care \$2.9M: State CCDF Funds 3,342 children, 2,064 families

Initial Covid-19 Pandemic Recovery

Fall 2020 – Winter 2020

CT Cares for Childcare Business:

\$9.8M: CARES Act

- Expense Kickstart & Supply Subsidy 1,800 Child Care Programs
- **Background Check Subsidy** • 11,363 Child Care Providers

Workforce Development

\$5M total: \$2M State CCDF Funds, \$2M CARES, \$1M OPM Coronavirus Relief Funds (DECD) 109 Children, 1,000 Child Care (Center and FCC) Programs



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Support for Children and Families

December 2020-Spring 2021

CT Cares for All Young Children

\$1M: CARES Act, ARPA State Funding 1,600 Children, 2,269 Families

GEER Technology for Families (ongoing)

\$7M: GEER Fund (\$4M paid) and CRRSA (\$3M budgeted) 700 Children and Parents, 1,110 Child Care Providers

Summer Support for Programs and Families

Summer 2021

Summer Funding for Family Resource Centers (\$2.1M) and State Head Start (\$700K)

\$2.8M: CRRSA 987 Children

Summer Parent Fees – C4K parent fees

\$2.7M: ARPA State Funding 7,768 Children

American Rescue Plan Stabilization Funding

June – September 2021

Stabilization Funding for Child Care Programs

\$107M: ARPA, \$580K: CRRSA 2, 574 Child Care Programs

Lab School Stabilization

\$3.8M: ARPA Support Public and Private College ECE Teacher Ed Programs

Care 4 Kids Expansion

- Quality Incentive Bonus
 - \$26M budgeted
- Family Fees for State Funded Programs
 - \$14M expended: ARPA State funding & CRRSA
- New Eligibility Groups: Higher Education
 - \$50M budgeted
- Eligibility 50-60% of State Median Income (SMI)
 - \$26M budgeted
- Delay C4K Waitlist
 - Any Unused ARPA C4K



COVID Recovery Programs

Federal Funding Approach and Continuous Improvement Strategy

Program Supports In Place, Ongoing:

- Fingerprint Fees, 2 Years: \$3M
- Accreditation Fees, 2 Years to support NAEYC and NAFCC Accreditation: \$800K
- Scholarship Funds for ECE Providers: \$500K
- Behavioral Health Supports: ECCP & Pyramid: \$2.1M
- Early Head Start Expansion/Supports: \$2M
- Smart Start Expansion: \$2M
- Business Supports and Program Grants: \$2 M
- Workforce Recruitment Campaign: \$500K
- Child Screening, Sparkler: \$900K

Program Supports To Come:

- Additional Stabilization: \$14M
- Facility/Expansion Support: \$10M
- Qualified Workforce Bonus Statewide: \$4.2M

Administrative Costs for OEC:

 Staffing (\$259K to date), IT, Stabilization Planning, Durational Program Managers (Behavioral Health, CCDF, Background Checks), United Way Supports, Research, Program Oversight/Audit



Program Closures SFY15-SFY21

Program Closures SFY15-SFY21

SFY	Year	DCFH	DCCC	Total
SFY 15	July 2014 - June 2015	343	67	410
SFY 16	July 2015 - June 2016	434	141	575
SFY 17	July 2016 - June 2017	330	219	549
SFY 18	July 2017 - June 2018	390	198	588
SFY 19	July 2018 - June 2019	227	78	305
SFY 20	July 2019 - June 2020	173	55	228
SFY 21	July 2020 - June 2021	137	83	220

Source: https://resources.211childcare.org/reports/child-care-program-closure-report/



Program Closures CY2020-Present





Number of Licensed Child Care Programs Over Time





Capacity of Licensed Child Care Centers Over Time





Capacity of Licensed Family Child Care Homes Over Time





State Funded Program Classroom Closure Survey (11/21)

- Surveyed state-funded programs (<u>data here</u>)
 - **180** survey respondents
- A total of 1607 classrooms reported
- Out of the 1607 classrooms, **98** classrooms were reported as closed also across the above categories. (6.1% of classrooms)
- Reasons for closures:
 - Insufficient staff 38 total (39% of closures)
 - Insufficient enrollment 24 total (25% of closures)
 - COVID related (i.e., recent exposure, etc.) 3 total (3% of closures)
 - Storm or construction or access to buildings 3 total (3% of closures)

*Note these closure reasons were not deduplicated.



Challenges in accessing ECE are multi-layered

Under-enrollment

		Underuti	lized Licensed capacity								
	Insufficient licensed capacity										
Description	Unmet demand, assuming p accept their FULL licensed ca		nand, considering town-level lization of existing licensed capacit	•	Population that has a space in a childcare facility, but is not enrolled in a care facility						
Relevant Challenges we heard	 Lack of interest in the ma business leaders Sustainability given unde Difficult economic model in an underperforming sp COVID closures Affordability 	 Compli r-enrollment Voluntation flex spatial 	/Aid staffing shortage ance to COVID restrictions ry underutilization (e.g. desire for ce)	Language barri careHealth and Safe	 Lack of transport Language barriers / culturally responsive 						
Example impact for a medium-sized CT city		able to access ECE fficient licensed +200	Children unable to access ECE inability for providers to operate at full capacity	+1,200	Children unable to access ECE due to parent inability or unwillingness to enroll						
Infrastructure issue?					\times						

Solving critical gaps is challenged by the current market dynamic



Labor shortages – difficulty attracting and retaining talent due to under-valued skillsets and competition in the minimum wage segment



Business skillsets – Growth via scale is a challenging transition; many FCCs/CCCs will require support, especially with formal accounting processes



Economic viability – Need is highly concentrated in the 0-2 population, characterized by razor-thin margins



Permitting and Licensing – Difficulty and high cost of obtaining needed permits (e.g. zoning, commercial kitchens, etc.)



Space for expansion – Options for expansion of an existing facility or creation of a new one may be limited



Town-by-town regulations and sentiment – zoning regulations and interest groups may obstruct implementation



Cost of care – unmet need must be filled by solutions that are within reach for parents



Inequitable distribution – providers do not have equal access to funding and licensing

Hypothesis of the biggest challenges

Unmet need can be prioritized via an analysis of affordability, social vulnerability, and the quality of the existing supply

		Estimate	ed Unmet Ne	ed	Affordability	Vulnerability	Supply				
Rank	Town	Infant/ Toddler	Pre-K	Facility utilization ²	Population without affordable care ³	SVI index	CCC : FCC seat ratio⁴	Enrollment⁵	Aged facilities ⁶	Accredited facilities	
1	Hartford	1,700	0	67%	68%	0.82	1.9	46%	64%	21%	
2	New Haven	2,200	0	72%	68%	0.89	6.6	51%	66%	22%	
3	Bridgeport	2,150	0	67%	73%	0.73	5.2	52%	66%	27%	
4	Waterbury	2,070	0	83%	70%	0.63	9.0	44%	56%	25%	
5	Norwalk	1,600	0	40%	66%	0.65	9.5	32%	56%	29%	
6	Meriden	950	0	78%	61%	0.85	5.3	62%	62%	38%	
7	Norwich	650	122	65%	64%	0.75	4.3	47%	59%	20%	
	STATEWIDE	47.0K ¹	1.4K	58%	57%	0.37	14.5	45%	38%	22%	

Sources: Population (Census); Population under 6 (UConn – IPUMS); Provider capacity (UConn), Utilization/Enrollment (211 December 2021 Omnibus Report), SVI (OEC)

1. Results differ from the OEC Unmet Needs Report. This analysis looks at capacity data collected by UConn, which has a more comprehensive set of providers and more recent data

2. Sum of desired enrollment per age slot per provider / provider's licensed capacity; aggregated at the town level from 211 Omnibus report

3. % of town population whose spend on ECE exceeds 10% of the median household income, net of the % of seats publicly funded by public schools, Head Start, and Early Head Star

4. Ratio of childcare center seats to family care center seats from UConn Provider capacity data

5. Enrollment = seats filled/(seats filled + vacant seats willing to be filled by the provider) from 211 Omnibus report

6. Percentage of facilities built prior to 1978

Disaggregating components of access enables better visibility into local realities beyond the lack of infrastructure

			Supply, No. of se	eats	At	Affordability, No. of seats				
Prioritized towns	Unmet Need	FCCs	CCCs	Public schools	Funded seats needed	Funded seats secured	Unfunded seats	Gap "felt": gap in affordability & licensed capacity		
Hartford	1,700	684	4,491	168	4,779	503	4,276	6,029		
New Haven	2,200	987	4,212	233	5,796	978	4,818	7,022		
Bridgeport	2,159	901	4,809	238	5,936	884	5,052	7,205		
Waterbury	2,100	1,216	2,351	215	5,079	978	4,818	7,022		
Norwalk	1,600	327	3,031	100	3,557	256	3,301	4,880		
Meriden	950	216	1,946	66	2,412	227	2,185	3,142		
Norwich	2,207	122	635	44	1,547	187	1,360	2,128		
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Data is only available for public schools, Head Start, and Early Head start; incorporating data on Care4Kids, school readiness and others will increase accuracy

C Higher presence of Group Homes in the New York market is correlated with lower barriers to entry

NOT EXHAUSTIVE	Connecticut	New York		
Requirements	 Regulated as a CCC, and therefore required to provide enhanced documentation, including: Fire Approval Building Approval Zoning Approval Local Health Approval Lead Inspection (buildings pre-1978) Utility testing (water/radon/pool) Org Charts First Aid Training Requires staff a health consultant, educational consultant, and verified head teacher Requires a food service certificate 	 Regulated in the same manner as FCC, and therefore required to provide fewer documents, including: Safety considerations Water Supply testing Fuel Burning Systems inspection Environment Hazard inspection Indoor/outdoor floorplans Emergency plan (including evacuation and shelter in place plans) Requires staff a health consultant and educational consultant Requires an assistant (even if capacity <2) 		
Market presence ³	12 group homes (<1% of all providers)	8,114 (47% of all providers)		
Statewide gap in I/T care ²	33%	29.1%		

1. Excludes operational costs, to be explored next week

2. According to the Center for American Progress Costly & Unavailable 2020 Report, this metrics shows the percentage of infant/toddlers who could be served by licensed childcare

3. Connecticut data as of 2021; New York data as of 2017

Source: OEC Licensing Applications for FCC, CCC, Group Home; NY Childcare Demographics Report 2017; OCFS NY Gov

School Readiness Enrollment SFY22 to Date

Priority School Readiness Utilization SFY22 to Date

	Full Day	School Day	Part Day	Extended Day	Total	% Utilization
July 2021	5,370			337	5,707	55%
August 2021	5 <i>,</i> 502			337	5 <i>,</i> 839	56%
September 2021	4,712	1,640	655	298	7,305	70%
October 2021	4,887	1,760	721	326	7 <i>,</i> 694	74%
November 2021	5,014	1,757	734	334	7,839	75%
December 2021	5 <i>,</i> 075	1,762	735	343	7 <i>,</i> 915	76%
January 2022	5 <i>,</i> 005	1,769	713	347	7,834	75%
Allocation	7,056	2,060	879	456	10,451	

Note. For FY22 July and August Reporting Periods ONLY: Programs that provide ONLY SD/SY and/or PD/PY services are not required to submit reports.

Competitive School Readiness Utilization SFY22 to Date

	Full Day	School Day	Part Day	Total	% Utilization
July 2021	617			617	43%
August 2021	608			608	42%
September 2021	629	301	418	1,348	93%
October 2021	622	302	420	1,344	93%
November 2021	624	304	420	1,348	93%
December 2021	626	306	420	1,352	93%
January 2022	612	303	421	1,336	92%
Allocation	685	320	445	1,450	

Note. Competitive School Readiness does not have an Extended day option. For FY22 July and August Reporting Periods ONLY: Programs that provide ONLY SD/SY



Child Day Care Contracts Enrollment SFY22 to Date

Child Day Care Contracts Utilization SFY22 to Date

		Infant/To	ddler		Preschool			School-Age				Tatal	Total %	
	Full-time	Wrap-around	Total	% Utilization	Full-time	Wrap-around	Total	% Utilization	Full-time	Part-time	Total	% Utilization	Total	Utilzation
July 2021	1,113	120	1,233	81%	1,595	85	1,680	77%	162	9	171	88%	3,084	79%
August 2021	1,126	120	1,246	82%	1,678	85	1,763	81%	161	23	184	84%	3,193	81%
September 2021	1,137	115	1,252	80%	1,353	192	1,545	71%	0	149	149	91%	2,946	75%
October 2021	1,158	132	1,290	83%	1,404	233	1,637	75%	0	151	151	93%	3,078	79%
November 2021	1,147	131	1,278	82%	1,437	235	1,672	76%	13	152	165	93%	3,115	79%
December 2021	1,160	132	1,292	83%	1,584	243	1,827	76%	58	158	216	94%	3,335	79%
January 2022	1,115	124	1,239	79%	1,435	232	1,667	76%	0	138	138	85%	3,044	78%
Allocation	1,379	186	1,565		1,868	319	2,187		0	163	163		3,915	

Note. Allocation is displayed for January 2022, however, allocation varies from month-to-month. % utilization is calculated based on that month's allocation.

