



Pandemic Relief Funding Supported Georgia's Center-Based Administrators, Family Child Care Providers, and Pre-K Administrators

Dale Richards, Rachel Abenavoli, Holly Keaton, Jing Tang*, Elizabeth Villegas*, James Fuller, Shreya Mukhopadhyay, Dayne Ornelas Gonzalez, Pilar Stoeppelwerth, Jack Fojut, Julianna Carlson, Diana E. Gal-Szabo, and Diane Early

*These authors are joint fourth authors who contributed equally to the report.

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Key Findings

During the COVID-19 pandemic, Georgia's Department of Early Care and Learning (DECAL) used federal and state funding to support early care and education (ECE) providers (i.e., center-based administrators, family child care providers, and pre-K administrators). This report summarizes findings from Child Trends' evaluation of these support efforts. Note that separate reports summarize findings regarding supports for DECAL staff, ECE teachers, and families.

- ▶ DECAL distributed approximately two billion dollars in pandemic relief funding and made over 850,000 payments to providers as of April 2024. Approximately 92 percent of child care learning centers (CCLCs) and 86 percent of family child care learning homes (FCCLHs) received pandemic relief funding. On average, each CCLC that received pandemic relief funding got a total of over \$500,000, while each FCCLH got a total of almost \$50,000.
- ▶ Over 3,800 providers received at least one round of Short-Term Assistance Benefit for Licensed Entities (STABLE) funds, with nearly 3,000 providers receiving all four rounds. During the first three rounds of STABLE, CCLCs spent over one third of their STABLE funds on retaining or hiring teachers, while FCCLH providers spent over one third on facilities (e.g., repairs/improvements). In the fourth round of STABLE, CCLCs allocated about two thirds of their STABLE funds to workforce supports, while FCCLHs allocated about half of their funds for this purpose.
- ▶ CCLCs and FCCLHs that participated in STABLE had lower permanent closure rates, especially during the first two years of the COVID-19 pandemic, relative to programs that did not participate in any of the four rounds of STABLE. FCCLHs that did not participate in STABLE had the highest closure rates. However, these analyses cannot rule out alternative explanations for these patterns, such as organizational capacity, and we cannot know whether STABLE was responsible for keeping programs open.
- ▶ Childcare and Parent Services (CAPS) providers had significantly lower permanent closure rates than providers who did not participate in CAPS. In general, the number of CCLCs and FCCLHs serving CAPS families remained relatively stable from May 2019 to October 2023.
- ▶ CCLCs experienced increases in the average number of CAPS families they served, particularly after DECAL expanded families' eligibility for CAPS beginning in November 2021 through the CAPS Expansion initiative. FCCLH providers served a consistent number of CAPS families over time. This difference may be due to center-based providers having more capacity (financial as well as business infrastructure) to serve more children.
- ▶ Providers who responded to a Child Trends-administered survey about pandemic relief efforts reported that the most helpful type of support was projects with flexible funds (e.g., STABLE, where providers could choose how to spend the funds). Providers reported that the next most helpful type of support was funds paid directly to individuals, followed by grants for physical resources, additional funding/flexibility for CAPS, and support for training or other educational supports.
- ▶ Survey participants agreed or strongly agreed that the funds helped them avoid layoffs and retain staff, avoid or delay closing, make needed repairs, and continue their quality improvement activities. Providers in focus groups led by Child Trends also thought the most helpful aspect of the funds was that they helped keep their programs open and operating.
- ▶ Providers received a variety of grants via ClassWallet to spend on physical resources, yet many providers did not spend all of their allocated funding. Providers reported challenges with ClassWallet, noting that the platform was confusing, items were overpriced, and providers were limited in the vendors, products, and services they could select via ClassWallet.
- ▶ Many providers reported that they were worried about their program's financial stability and their ability to retain staff now that most pandemic relief supports have ended. Some providers took steps such as no longer providing staff incentives or bonuses, not updating materials, and increasing tuition costs.

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Introduction

Soon after the COVID-19 pandemic began, federal funding started to flow to state agencies to support young children, their families, and the early care and education (ECE) workforce. From 2020 to 2023, there were three federal pandemic relief acts: the Coronavirus Aid, Relief, and Economic Security (CARES) Act; the Coronavirus Response and Relief Supplemental Appropriations (CRRSA) Act; and the American Rescue Plan Act (ARPA). Altogether, Georgia's Department of Early Care and Learning (DECAL) received over two billion dollars in federal relief funds. The state also used the Governor's Emergency Education Relief (GEER) fund, which provided additional funds to support the state's ECE and educational entities through an award from the U.S. Department of Education.

DECAL used federal pandemic relief funding to implement approximately 30 projects and initiatives designed to stabilize the ECE industry and support young children and families. Projects included 1) supporting families by covering family fees and increasing access to subsidized child care through expanded eligibility requirements for Childcare and Parent Services (CAPS), Georgia's child care subsidy program; and 2) stabilizing and supporting the ECE workforce by providing payments and bonuses, as well as launching pilots and trainings designed to increase ECE quality.

In 2023, DECAL partnered with Child Trends, a national nonprofit research organization, to examine how pandemic relief funding supported Georgia's ECE providers, educators, and families. The goals of the evaluation were to gather information about the experiences of pandemic relief funding recipients (i.e., providers, educators, and families). Additionally, the evaluation sought to examine the perceived effects of the funding on DECAL's operations and priorities.

This report focuses on providers' (i.e., child care learning center [CCLC] administrators, family child care learning home [FCCLH] providers, and school-based Georgia's Pre-K administrators) experiences with pandemic relief funding efforts. Information about the experiences of teachers, families, and DECAL staff can be found in partner reports. Table 1 describes the pandemic relief-funded projects that DECAL implemented to support providers.

This piece of the evaluation, focused on providers' experiences, was guided by a set of research aims to help us understand 1) which providers received pandemic funding or support and how the funds were used; 2) providers' experiences with receiving and using the funds, including successes and challenges; and 3) providers' perceptions of how the funding affected teachers and families and their experiences with funds expiring.

Table 1. Pandemic relief funding efforts to support ECE providers

Pandemic Relief Project	Description	Eligibility Criteria
ECE stabilization funding		
Short-Term Assistance Benefit for Licensed Entities (STABLE)	Four rounds of funding to support and stabilize the child care industry. For the fourth and largest round of funding, at least 70 percent must be used for workforce supports and relief for families.	Licensed providers (CCLCs, FCCLHs, and other ECE providers)

Pandemic Relief Project	Description	Eligibility Criteria
Increased rates and flexibility for providers participating in CAPS		
Awarding Child Care Education Scholarship Supplements (ACCESS)	A 7.87 percent increase to CAPS provider rates; CAPS pays providers their full published rate for care, including the family fee and differential	Providers serving CAPS families (CCLCs, FCCLHs, and other ECE providers)
CAPS Emergency Policy Payments	Payments to providers based on program enrollment, paid regardless of whether they were open or closed or if the child was present/absent, as long as the child attended at least once in person since being enrolled in CAPS	Providers serving CAPS families (CCLCs, FCCLHs, and other ECE providers)
Increased Tiered Reimbursement	Increased reimbursement (bonus) rates for all Quality Rated levels, including for provisional and probationary programs	Providers serving CAPS families; providers participating in Quality Rated, Georgia's Quality Rating and Improvement System (CCLCs, FCCLHs, and other ECE providers)
Grants for physical resources and/or trainings		
Health and Safety Grants	One-time grants to fund health and safety enhancements in child care programs	Licensed providers (CCLCs, FCCLHs, and other ECE providers)
COVID Test and PPE Grants	One-time grants to purchase COVID-19 test kits, personal protective equipment, and cleaning supplies	Licensed providers (CCLCs, FCCLHs, and other ECE providers)
Quality Rated Restoration Grants	One-time grants to purchase materials, equipment, and training as programs prepared for on-site observations	Licensed providers scheduled to be rated through Quality Rated between July 2022 and December 2023 (CCLCs, FCCLHs, and other ECE providers)
Pandemic Relief Georgia Pre-K Grants	One-time grants to support quality in pre-K classrooms through purchase of materials, curricula and furniture	Georgia's Pre-K programs
School-Age Help and Relief Effort (SHARE) Grants	Grants to support providers who care for school-age children	Providers caring for school-age children (CCLCs, FCCLHs, and other ECE providers)

Pandemic Relief Project	Description	Eligibility Criteria
School-Age Grants	Grants for supplies for school-age-appropriate materials	Licensed providers caring for school-age children (CCLCs, FCCLHs, and other providers)
Other initiatives		
School-Age Projects	Stakeholder meetings, school-age provider observations, and expansion of school-age training	N/A
Thriving Child Care Business Academy	Resources and trainings to strengthen child care business practices	Licensed providers (trainings were available to anyone with a Professional Development System [PDS] workforce registry account)
Online Learning Library Initiative (OLLI) Courses	Expansion of online trainings and courses	Any provider with a PDS account

Methodology

Child Trends used a mixed methods approach for this evaluation, including: 1) an analysis of administrative data, 2) a survey sent to providers who participated in STABLE or were a project/site director of a school-based Georgia's Pre-K program, and 3) focus groups with a subset of providers who completed the survey.

Administrative data

Child Trends analyzed five main types of administrative data for this report.

- **COVID Funding Analytics:** Funding data compiled by an external vendor, Quant 16, across all pandemic relief projects, with information about the funding source and which providers received funding.
- **STABLE:** Data on programs receiving stabilization grants across four rounds of payments. Data collected includes program characteristics and how funds were allocated. The fourth funding round has more detailed information about the applicants and how funds were allocated and spent.
- **CAPS:** Data on children and families enrolled in, and programs participating in, CAPS, Georgia's subsidized child care program. Data includes demographic and enrollment data about children, families, and programs as well as payment information from programs invoicing for services.
- **ClassWallet:** Data on the amount of money received and spent by CCLC administrators, school-based Georgia's Pre-K providers, teachers, and FCCLH providers via the ClassWallet platform, which was used to administer grants for select pandemic relief projects.
- **Supplemental administrative data:** Information about program characteristics including licensing status, program type, size, geographic information (e.g., poverty level, whether the program was rural or urban), and Quality Rated rating.

Provider survey

We randomly selected 2,150 providers (1,000 CCLC administrators and 550 FCCLH providers who received STABLE funding, plus 600 administrators of school-based Georgia's Pre-K programs [i.e., site or project directors]) and invited them to participate in the provider survey. Our goal was to achieve a final sample that reflected the percentage breakdown of providers by provider type in Georgia. We received 650 responses and achieved an overall response rate of 30 percent. The final sample roughly mirrored the breakdown of provider types in Georgia; the majority of respondents were CCLC administrators (52%), followed by FCCLH providers (33%) and pre-K administrators (15%). We sent email reminders to providers to complete the survey, and our team followed up with phone calls to a targeted selection of invitees (particularly pre-K administrators) to encourage participation. We sent a \$20 gift card to all providers who completed the survey. Appendix A Tables A1, A2, and A3 show the program- and provider-level characteristics of the survey participants.

Provider focus groups

Child Trends held nine virtual focus groups with a total of 40 providers who also participated in the provider survey. At the end of the survey, we asked survey participants whether they were interested in participating in a focus group. In total, 270 providers expressed interest, completed a short questionnaire, and agreed to be contacted via email. We randomly selected a subset of 85 respondents to participate in focus groups, and a total of 40 providers ultimately participated.

Child Trends used providers' survey responses to sort participants into five categories: 1) CCLC administrators serving CAPS families (two focus groups, 11 individuals), 2) CCLC administrators not serving CAPS families (one focus group, five individuals), 3) English-speaking FCCLH providers (three focus groups, 15 individuals), 4) Spanish-speaking FCCLH providers (two focus groups, five individuals), and 5) directors of Georgia's Pre-K programs in public schools (one focus group, four individuals). Child Trends held seven focus groups in English and two in Spanish. Participants received \$40 for their participation in the focus group. Appendix A Tables A4, A5, and A6 show the program- and provider-level characteristics of the focus group participants.

Findings

Findings are organized into six sections that correspond to the overarching aims of the evaluation described in the introduction. The six sections present findings on: 1) the **reach** of the pandemic relief funding; 2) ECE programmatic **trends** during the COVID-19 pandemic; 3) providers' **experiences** with pandemic relief projects and initiatives; 4) pandemic relief project implementation **successes and challenges**; 5) perceptions of **impact** on teachers and families; and 6) **sustainability**. We provide a summary of key findings in a box at the beginning of each section.

Reach of pandemic relief funding

Key Findings

- ▶ DECAL distributed approximately two billion dollars in pandemic relief funding to providers, making over 850,000 payments as of April 2024. Approximately 92 percent of CCLCs and 86 percent of FCCLHs received pandemic relief funding.
- ▶ On average, each CCLC provider received a total of over \$500,000 in pandemic relief funding, while each FCCLH provider received a total of almost \$50,000.
- ▶ Over 3,800 providers received at least one round of STABLE funds, with almost 3,000 providers receiving all four rounds.

Participation across pandemic relief projects

We defined “reach” as the number of providers who received pandemic relief funding through grants or payments, who participated in an initiative that covered specific programmatic or family costs, or who participated in training and other supports. Child Trends first analyzed data from the COVID Fund Analytics database, as this allowed us to examine reach and funding allocations across all the pandemic relief projects. We then analyzed STABLE data, which we merged with licensing data and data from the U.S. Census, to examine reach within this pandemic relief project more closely, as it supported the largest number of providers.

Based on analyses of COVID Fund Analytics data, we found that DECAL distributed approximately two billion dollars in pandemic relief funding, making 850,488 payments to 6,016 providers (as of 4/3/24).¹ Approximately 3,700 CCLCs—representing roughly 92 percent of CCLCs in Georgia—received a total of 710,885 payments, amounting to over \$1.85 billion, from pandemic relief funding projects.¹ Additionally, 1,437 FCCLH providers—about 86 percent of licensed family child care home providers in Georgia—received 130,667 payments totaling nearly \$68 million. Moreover, 819 school-based Georgia’s Pre-K providers and 60 “other” types of providers (e.g., university-based programs, military programs) received funding. As shown in Table 2, the payment amounts varied markedly across these provider types, as well as within provider type, in part because several funding streams differed depending on program size. The “mean amount per provider” displayed in Table 2 indicates that, on average, each CCLC received over \$500,000 and each FCCLH received nearly \$50,000 between March 2020 and April 2024. There was substantial variation across and within program type. Given the large range and the potential for providers at the high extreme to affect the mean, Table 2 also shows the median amounts, as well as the 25th and 75th percentile amounts. As seen in the “median amount per provider” row, 50 percent of CCLCs received more than \$383,559 and 50 percent of CCLCs received less than that amount. In addition, 50 percent of FCCLHs received more than \$48,844 and 50 percent of FCCLHs received less than that amount. To put these numbers into context, a recent National Association for the Education of Young Children (NAEYC) brief² estimated that annual expenses for a center serving about 70 children, 60 percent of whom receive subsidies, were over \$840,000 in 2020.

¹ We were able to link 90 percent of the COVID Fund Analytics data to the licensing data, so the numbers of providers receiving pandemic funds are based on this subset. The last payment date in the COVID Fund Analytics data we received is 4/3/24, but spending for some projects is ongoing.

² National Association for the Education of Young Children, [what_does_a_child_care_programs_budget_look_like.naeyc.pdf](https://www.naeyc.org/resources/position-statements/what-does-a-child-care-programs-budget-look-like)

Table 2. Payments and payment amounts to providers across all pandemic relief funding sources

	CCLCs	FCCLHs	Other	School-based Georgia's Pre-K
Number of Programs	3,698	1,437	60	819
Total Number of Payments	710,885	130,667	614	8,319
Total Amount	\$1,854,684,514	\$67,979,908	\$4,265,314	\$17,070,769
Mean Amount Per Provider¹	\$501,537	\$47,307	\$71,089	\$20,843
25th Percentile of Payments	\$119,777	\$22,052	\$10,000	\$5,499
Median Amount Per Provider²	\$383,559	\$48,844	\$41,000	\$10,851
75th Percentile of Payments	\$733,361	\$63,065	\$80,268	\$16,403
Standard Deviation of Amount Per Provider	\$488,404	\$31,625	\$88,438	\$37,745
Average Number of Payments Per Program	192	91	10	10

Source: Child Trends' analysis of COVID Fund Analytics and licensing data.

Note: The last payment date in the COVID Fund Analytics data we received was 4/3/24, but spending for some projects was ongoing. We were able to link 90 percent of the COVID Fund Analytics data to licensing data, so the numbers of providers receiving pandemic funds are based on this subset. Analyses excluded two license-exempt programs, given the small subgroup sample size.

¹ This analysis included some extreme high outliers. Separate analyses excluding these outliers produced the following mean values: \$474,563 (CCLCs), \$46,292 (FCCLHs), \$65,662 (Other), and \$16,140 (School-based Georgia's Pre-K).

² This analysis included some extreme high outliers. Separate analyses excluding these outliers produced the following median values: \$375,888 (CCLCs), \$48,754 (FCCLHs), \$40,000 (Other), and \$10,838 (School-based Georgia's Pre-K).

Most providers who received pandemic relief funding served preschoolers (92% of CCLCs and 95% of FCCLHs) and toddlers (83% of CCLCs and 97% of FCCLHs); slightly lower percentages of providers served infants (77% of CCLCs and 84% of FCCLHs). Over two-thirds (70%) of CCLC and slightly over one-third (37%) of FCCLH providers served CAPS families. Ninety percent of CCLCs, 75 percent of FCCLHs, and 48 percent of other types of licensed programs that received pandemic relief funding participated in Quality Rated.

Child Trends next merged U.S. Census data with the COVID Fund Analytics data to examine program and community characteristics and demographics of those providers who received pandemic relief funding. Program and community characteristics of providers who received pandemic relief funding were similar to the larger population of CCLC and FCCLH providers (see Appendix B, Figure B1). For example, providers who received funding had similar rates of participation in CAPS and Quality Rated and were located in communities with similar racial-ethnic compositions relative to all CCLCs and FCCLHs.

STABLE participation

CCLC and FCCLH providers were eligible to apply for and receive four rounds of STABLE funding. Over 3,800 providers received at least one round of STABLE funds, representing approximately 81 percent to 88 percent of CCLC providers and 78 percent to 88 percent of FCCLH providers.³ Over three-quarters of providers received STABLE at each round. Almost 3,000 (2,932) providers received all four rounds of STABLE funding. Appendix B, Figures B2 and B3 include more information about the characteristics of programs that received STABLE and suggest that participation in CAPS and Quality Rated were slightly greater among programs that received STABLE than among those that did not.

Table 3 shows the average STABLE funds received per provider by provider type and round of STABLE. The “mean amount per provider” displayed in Table 3 indicates that, on average, each CCLC received approximately \$14,000 to \$26,000 during the first three rounds of STABLE and over \$260,000 in the fourth round; each FCCLH received on average \$1,200 to \$2,800 during the first three rounds and over \$25,000 in the fourth round. Given the substantial variation in STABLE funding amounts, Table 3 also shows the median amounts, as well as the 25th and 75th percentile amounts. As seen in the “median amount per provider” row, 50 percent of CCLCs received more than \$187,197 in the fourth round of STABLE and 50 percent of CCLCs received less than that amount. In addition, 50 percent of FCCLHs received more than \$24,955 in the fourth round of STABLE and 50 percent of FCCLHs received less than that amount. Programs received markedly more funding in the fourth round of STABLE, when the ARPA-funded child care stabilization grant funding became available. The first three rounds of STABLE relied on CARES and CRRSA funding, whereas the fourth round relied on ARPA stabilization funding, which provided states substantially more funding than CARES and CRRSA.

Table 3. Amount of STABLE funds received per provider, by provider type

STABLE Round	1	2	3	4
CCLCs				
Number of Programs	2,708	2,591	2,731	2,554
Mean Amount Per Provider ¹	\$13,741	\$19,640	\$25,511	\$266,728
25 th Percentile of Payments	\$5,850	\$8,700	\$13,480	\$93,610
Median Amount Per Provider ²	\$11,160	\$16,800	\$23,117	\$187,197
75 th Percentile of Payments	\$18,360	\$27,300	\$35,697	\$368,161
Standard Deviation of Amount Per Provider	\$10,599	\$14,016	\$14,907	\$247,212
FCCLHs				
Number of Programs	1,109	1,074	1,114	946
Mean Amount Per Provider	\$1,237	\$2,500	\$2,800	\$25,670
25 th Percentile of Payments	\$960	\$2,500	\$2,800	\$24,955

³ The percentage of providers receiving STABLE funds varied across the four rounds of STABLE, which is why we have provided a range.

STABLE Round	1	2	3	4
Median Amount Per Provider	\$1,260	\$2,500	\$2,800	\$24,955
75 th Percentile of Payments	\$1,440	\$2,500	\$2,800	\$24,955
Standard Deviation of Amount Per Provider	\$422	\$0	\$0	\$2,295

Source: Child Trends' analysis of STABLE funds data.

Notes. ¹This analysis includes some extreme high outliers. Separate analyses excluding these outliers produced the following mean values: \$13,219 (1st round), \$19,123 (2nd round), \$24,981 (3rd round), and \$249,095 (4th round).

²This analysis includes some extreme high outliers. Separate analyses excluding these outliers produced the following median values: \$10,980 (1st round), \$16,800 (2nd round) \$22,848 (3rd round), \$180,964 (4th round).

Child Care programmatic trends during the COVID-19 Pandemic

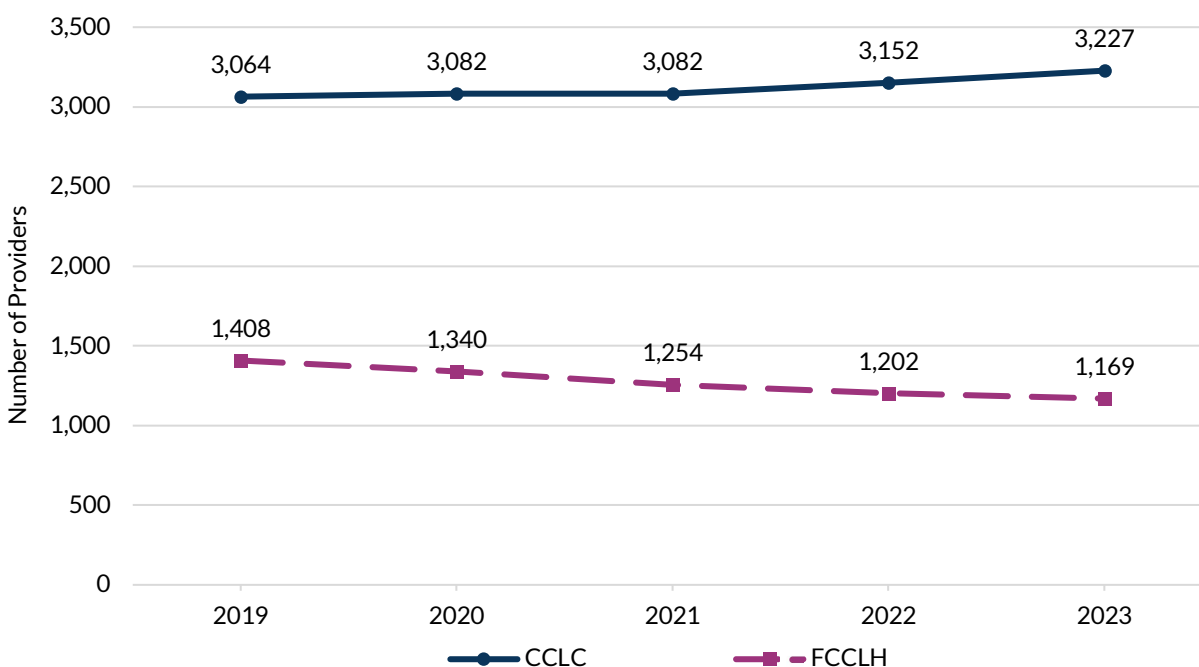
Key Findings

- ▶ CCLCs and FCCLHs that participated in STABLE had significantly lower permanent closure rates than programs that did not participate, and FCCLHs that did not participate in STABLE had the highest closure rates. This was especially evident during the first two years of the COVID-19 pandemic. However, it is important to note that these analyses cannot rule out alternative explanations for these patterns, such as organizational capacity, so we cannot know whether STABLE funding was responsible for keeping programs open.
- ▶ Providers participating in CAPS received funding via multiple pandemic relief projects. CAPS providers had significantly lower permanent closure rates than providers who did not participate in CAPS. In general, the number of CCLC and FCCLH providers serving CAPS families remained relatively stable between May 2019 and October 2023.
- ▶ CCLCs experienced increases in the average number of CAPS families they served, particularly after DECAL expanded families' eligibility for CAPS through the CAPS Expansion Initiative (beginning in November 2021). FCCLH providers served a consistent number of CAPS families over time. This difference between CCLC and FCCLH providers may be due to center-based providers having more capacity to serve more children, both in terms of available slots as well as the financial and business infrastructure to accept more CAPS families.

Number of providers over time

Child Trends examined the number of providers that were operating from 2019-2023 based on licensing data. As seen in Figure 1, the number of all CCLCs and FCCLHs remained relatively stable between 2019 and 2023, with a slight increase of CCLCs and a slight decrease of FCCLHs.

Figure 1. Number of CCLC and FCCLH providers from 2019 to 2023, by provider type



Source: Child Trends' analysis of licensing data.

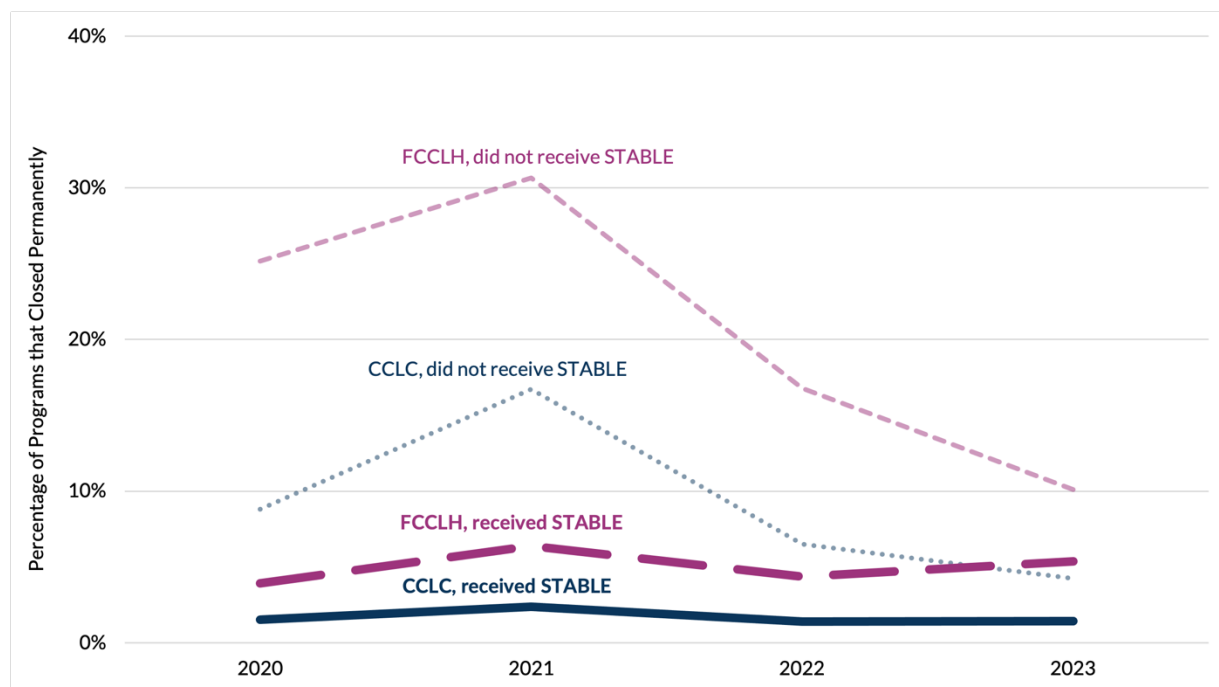
Permanent closures and changes in ownership

Child Trends examined permanent closure rates⁴ during the COVID-19 pandemic among providers that did and did not receive pandemic relief funding, as funds may have allowed providers to continue operating despite pandemic-related challenges (e.g., temporary closures, lost income due to reduced child attendance and enrollment). We focused on providers that did and did not participate in STABLE and/or CAPS because the largest amount of funding flowed to providers through STABLE and CAPS-related pandemic relief projects.

As shown in Figure 2, CCLCs and FCCLHs that participated in any of the four rounds of STABLE had significantly lower closure rates than programs that did not; this appeared to be especially true during the first two years of the COVID-19 pandemic. FCCLHs that did not participate in STABLE had the highest closure rates of all provider types. However, it is important to note that these analyses cannot rule out alternative explanations for these patterns, and we cannot know whether STABLE funding was responsible for keeping programs open. Because providers had to apply to receive STABLE funding, those who applied may have differed from those who did not apply in ways related to closure status, such as overall organizational capacity, how they were personally affected by the pandemic, or their commitment to providing child care. For example, providers with lower organizational capacity may have been less likely to apply to STABLE *and* more likely to close, which could account for these trends.

⁴ We determined permanent closures based on whether programs appeared in each year's licensing file. For example, if a program was found in the 2020 and 2021 licensing file, but not in the 2022 licensing file or thereafter, we flagged them as having closed sometime in 2022. Because a program's license number changes when ownership changes, this group also includes programs that changed ownership between years.

Figure 2. Permanent program closure rates from 2020 to 2023 for providers that did and did not receive STABLE, by provider type



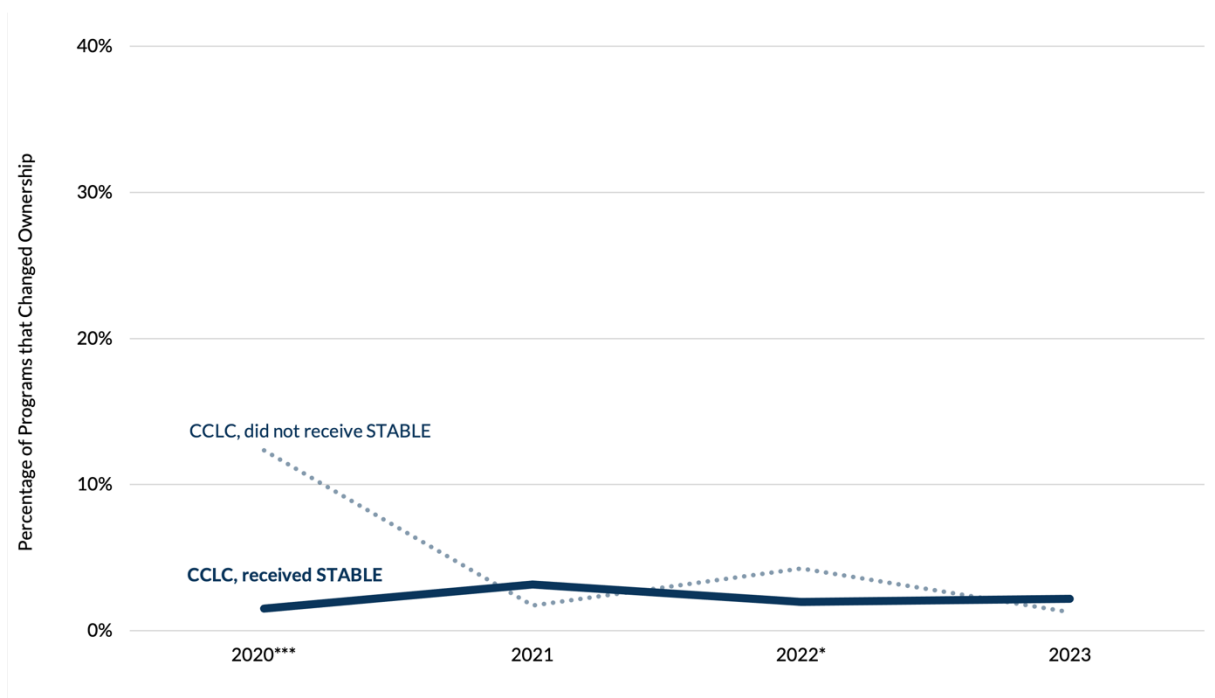
Source: Child Trends' analysis of STABLE funds and licensing data.

Note: We compared total permanent closure rates across years for CCLCs and FCCLHs that did and did not receive STABLE funds. We found that for each type of care, closure rates were statistically significantly lower for programs that received STABLE funds compared to those that did not ($p < .001$). We determined permanent closures based on whether programs appeared in each year's licensing file. For example, if a program was found in the 2020 and 2021 licensing file, but not in the 2022 licensing file or thereafter, we flagged them as having closed sometime in 2022.

In addition, we examined whether there were any differences in change of ownership rates between centers that participated in STABLE and those that did not (see Figure 3).⁵ As noted in the previous footnote, programs with a change in ownership were a subset of those classified as having closed. CCLCs that participated in STABLE had a significantly lower change of ownership rate in 2020 and in 2022 compared to CCLCs that did not.

⁵ We determined changes in ownership based on DECAL's records of such changes.

Figure 3. Change of ownership rates from 2020 to 2023 among CCLCs that did and did not receive STABLE

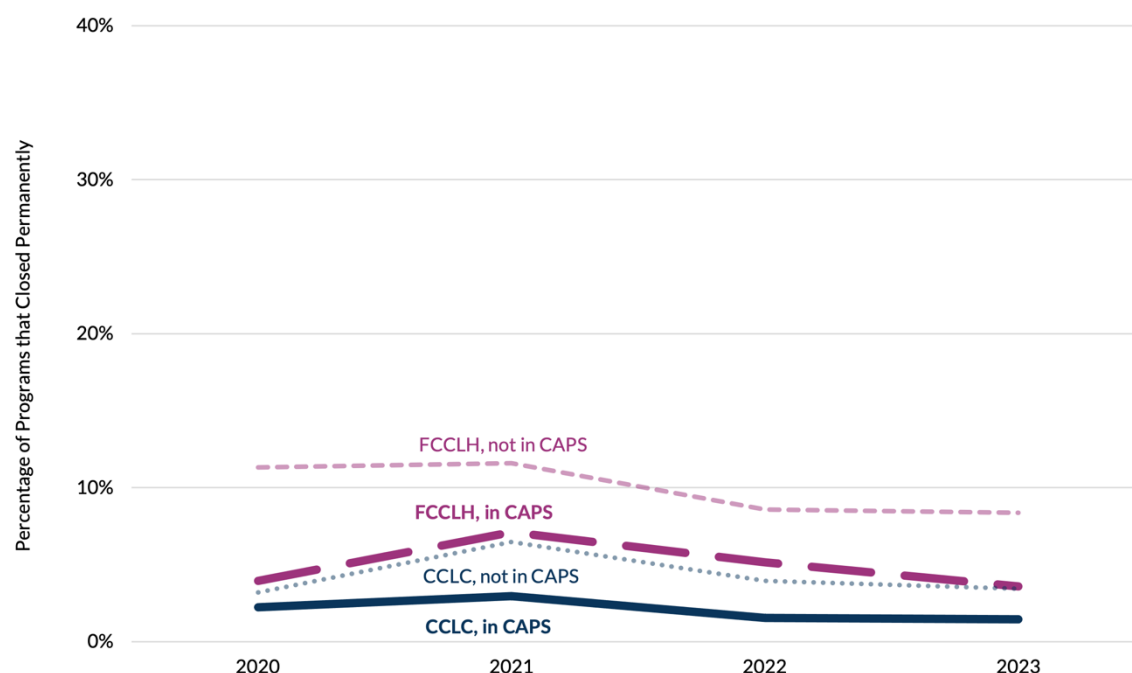


Source: Child Trends' analysis of STABLE data

Note: We compared the changes in ownership rates between CCLCs that received STABLE funds and those that did not for each year from 2020 to 2023. Significant differences were found in 2020 ($p < .001$) and 2022 ($p < .05$).

Providers participating in CAPS received funding via multiple pandemic relief projects (e.g., increased provider rates via ACCESS, enrollment-based payments via CAPS Emergency Policy Payments, increased Quality Rated [QR] tiered reimbursement). As seen in Figure 4, providers participating in CAPS had significantly lower rates of permanent closure than providers that did not participate in CAPS, regardless of provider type. As with our analyses of STABLE, our analyses here cannot rule out alternative explanations for these patterns, so we cannot know whether pandemic relief funding for CAPS providers was responsible for keeping these programs open.

Figure 4. Permanent program closure rates from 2020 to 2023 for providers that did and did not participate in CAPS, by provider type



Source: Child Trends' analysis of CAPS and licensing data

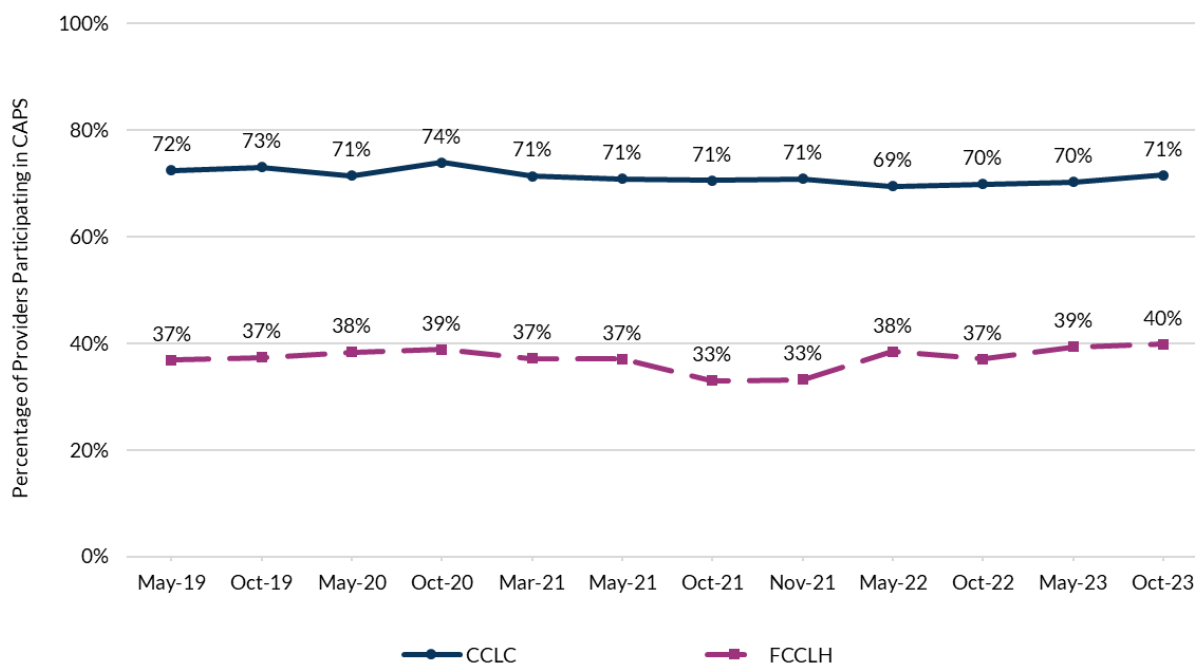
Note: We compared total closure rates across years for CCLCs and FCCLHs that did and did not participate in CAPS. For both CCLCs ($p < .01$) and FCCLHs ($p < .001$), providers who participated in CAPS had significantly lower closure rates than those who did not participate in CAPS.

Changes in CAPS participation over time

Child Trends analyzed licensing and CAPS data at specific points in time between May 2019 and October 2023 to examine patterns in CAPS participation rates over time, including when new pandemic relief initiatives or projects were implemented. As shown in Figure 5, the percentage of providers participating in CAPS⁶ fluctuated slightly for CCLCs, and was lower and showed a little more variability for FCCLHs.

⁶ Programs participating in CAPS were defined as those serving at least one child participating in CAPS for at least one service week between May 2019 and October 2023. We did not include license-exempt and informal care programs because our licensing data do not provide a complete list of these program types.

Figure 5. Percentage of CCLCs and FCCLHs that served CAPS families from 2019 to 2023, by provider type

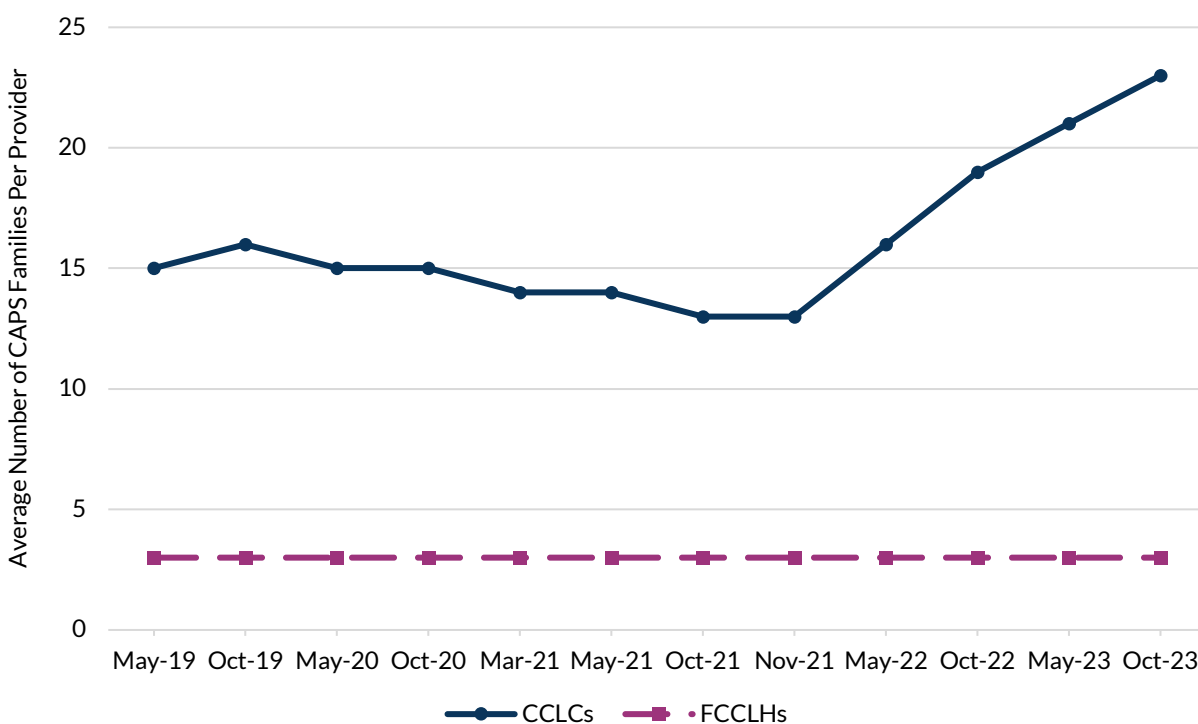


Source: Child Trends' analysis of CAPS and licensing data, 2019-2023.

Note: We did not report the number of license-exempt and informal care programs in this figure because our licensing data do not provide a complete list of these program types.

We also examined the average number of CAPS families served by different types of providers from May 2019 to October 2023 (see Figure 6). While FCCLH providers served a consistent number of CAPS families over time, CCLC providers increased the average number of CAPS families they served, particularly after the CAPS Expansion began in November 2021. This may be due to center-based providers having more capacity to serve more children, both in terms of available slots as well the financial and business infrastructure to accept more CAPS families.

Figure 6. Average number of CAPS families per program served by CCLCs and FCCLHs from 2019 to 2023, by provider type



Source: Child Trends' analysis of CAPS data, 2019-2023.

Note: We did not report the number of license-exempt and informal care programs in this figure because our licensing data do not provide a complete list of these program types.

Providers' experiences with pandemic relief projects and initiatives

Key Findings

- ▶ Over three-quarters of survey respondents indicated that they spent at least some of the pandemic funding relief they received on personal protective equipment (PPE) and/or cleaning supplies; learning materials, technology or classroom equipment; and repairing or improving facilities. Very few spent funds to pay for mental health services for staff or families.
- ▶ During the first three rounds of STABLE, CCLCs spent over one third of their STABLE funds on retaining or hiring teachers, and FCCLH providers spent over a third on facilities (e.g., repairs/improvements). In the fourth round of STABLE, CLCCs allocated about two-thirds of their STABLE funds to workforce supports, while FCCLHs allocated about half of their funds for this purpose.
- ▶ Providers received a variety of grants via ClassWallet to spend on physical resources, yet for many grants, providers did not spend all of their allocated funding. Providers in focus groups discussed challenges with the ClassWallet platform that might have contributed to this (see details in the next section).
- ▶ Providers who responded to the survey reported that the most helpful type of support was projects with flexible funds (e.g., STABLE, where providers could choose how to spend the funds). Providers reported that the next most helpful type of support was funds paid directly to individuals, followed by grants for physical resources, additional funding/flexibility for CAPS, and support for training or other educational supports.
- ▶ Survey participants agreed or strongly agreed that the funds helped them avoid layoffs and retain staff, avoid or delay closing, make needed repairs, and continue their quality improvement activities. Providers in the focus groups also thought the most helpful aspect of the funds was that they helped keep their programs open and operating.
- ▶ In general, there was not much variation in survey responses by provider type. However, FCCLH providers were more likely than center-based administrators to report that the funding helped reduce their own stress and make child care more affordable for families. In addition, center-based administrators were more likely than FCCLH providers to report that funding helped them recruit and retain staff. CCLC and FCCLH providers were more likely than school-based Georgia's Pre-K program administrators to report that the funds were helpful in several ways.
- ▶ Survey responses indicated that providers in different types of programs found the funding helpful. However, providers in small center-based programs (compared to larger programs), programs that participated in CAPS (compared to those that did not), and programs that participated in Quality Rated (compared to those that did not) rated pandemic relief funding as more helpful in several ways.

Pandemic relief project spending allocations

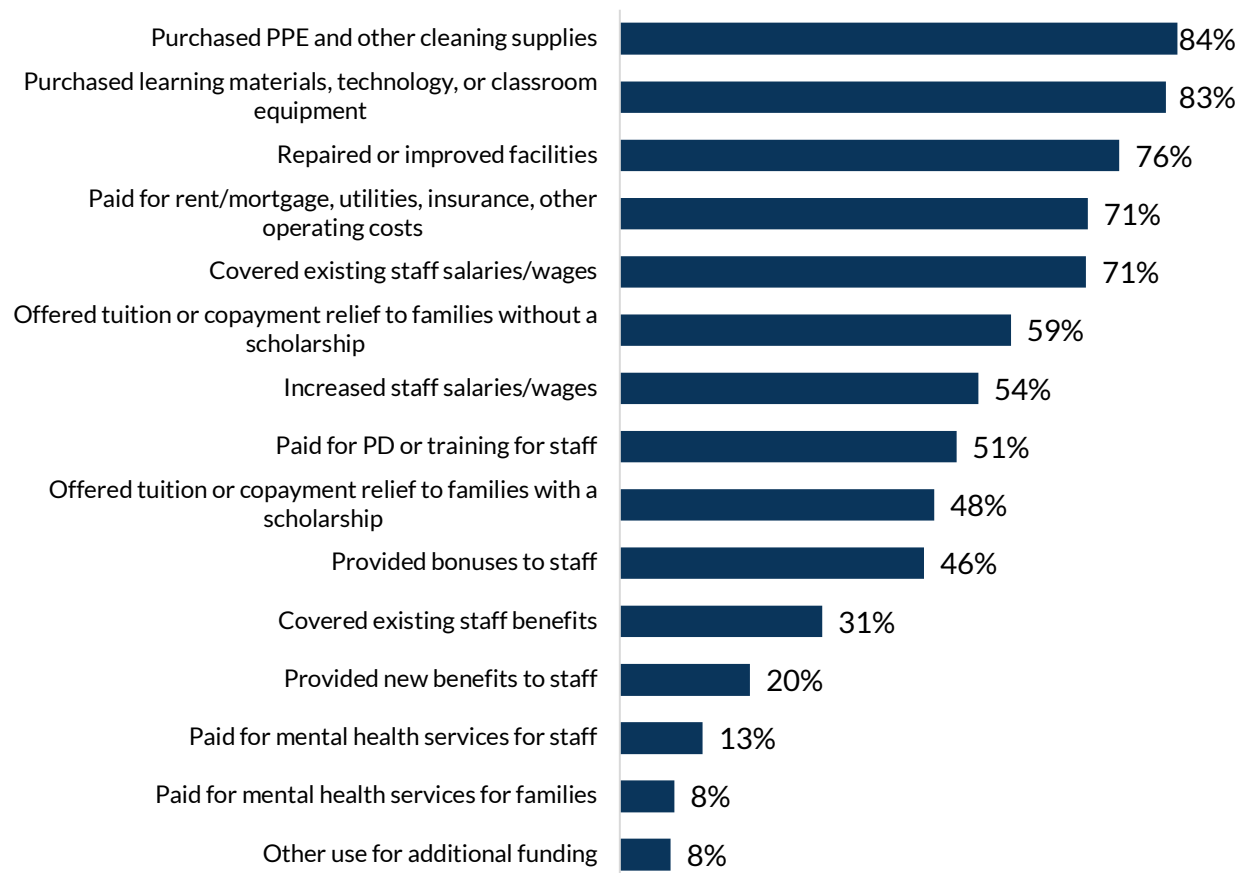
Some pandemic relief projects distributed funds in the form of payments or grants to providers who then had flexibility in deciding how to allocate and spend the funding. Child Trends analyzed three types of data to understand how providers spent these flexible funds: (a) survey responses about how providers spent

funds across all pandemic relief funding they received,⁷ (b) STABLE administrative data on how providers' spent stabilization grant funds across four rounds of funding, and (c) ClassWallet administrative data on how providers spent grants for physical resources.⁸

Provider-reported spending patterns across all pandemic relief projects

We asked survey respondents to report the categories in which they spent any pandemic relief funds (see Appendix A, Table A2 for participation across pandemic relief projects).⁹ Over three-quarters of survey respondents indicated that they spent at least some pandemic relief funds on personal protective equipment (PPE) and/or cleaning supplies; learning materials, technology or classroom equipment; and repairing or improving facilities (see Figure 7). Other common ways in which providers used funds included covering rent/mortgage, utilities, or other operating costs and covering existing staff salaries. Few programs reported using funds for mental health services for staff or families.

Figure 7. Percentage of providers who used pandemic relief funds for different purposes



Source: Child Trends' analysis of provider survey data (2024).

⁷ On the survey, providers were asked to consider all funding they received, which could have included STABLE funds, grants for physical resources, and increased rates and other payments to CAPS providers (i.e., ACCESS, CAPS Emergency Policy Payments, and Increased Tiered Reimbursement).

⁸ Georgia's Pre-K Grants and SHARE Grants were administered outside the ClassWallet platform, and so we did not examine spending patterns for these grants.

⁹ We asked survey participants to think about all funding they received when responding to these questions, so we are not able to distinguish between different pandemic relief projects (e.g., STABLE versus grant-related projects).

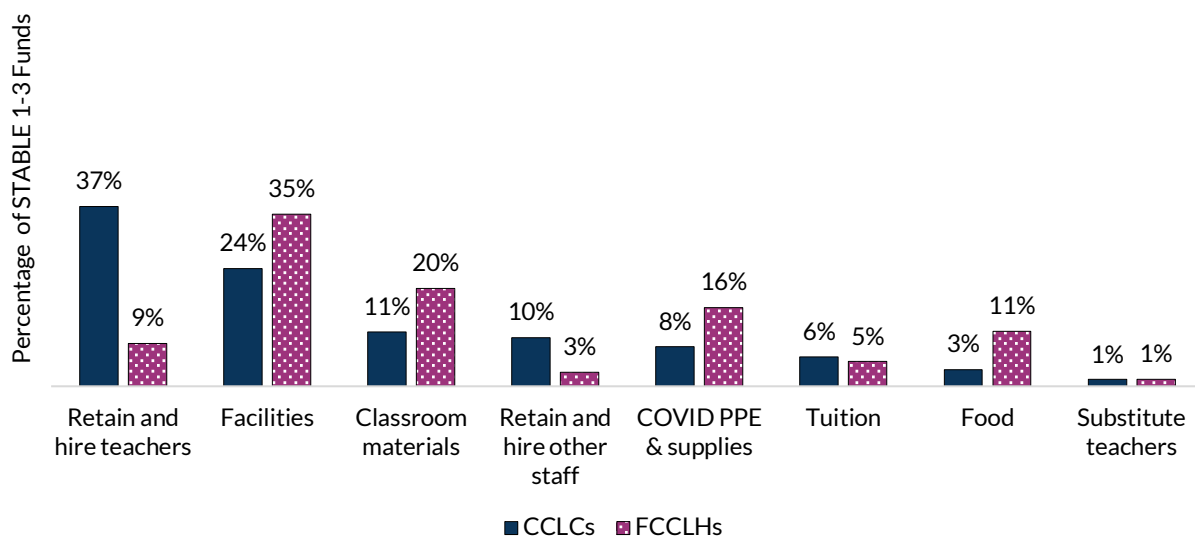
We also examined whether spending patterns varied by provider type. Child care centers¹⁰ were more likely than FCCLH providers (who may not have employed other staff) and school-based Georgia's Pre-K programs to report using funds to cover, and increase, existing staff salaries/wages. FCCLHs were more likely than child care centers and school-based Georgia's Pre-K programs to report using funds to repair or improve facilities or to pay for rent/mortgage, utilities, insurance, and other operating costs (see Appendix C, Figure C1).

STABLE funding allocations

One of the largest sources of pandemic relief funding for providers was STABLE, which consisted of four rounds of funding issued in the form of direct payments. Depending on the funding round, there were different requirements about how providers had to allocate STABLE funds (e.g., a certain percentage of the funds needed to support teachers and/or families). However, providers still had a lot of flexibility in how they used the funds to meet their programs' and families' needs.

Child Trends examined how providers allocated STABLE funds within their programs across the four funding rounds using STABLE administrative data. Due to the shift in federal funding that required additional detailed reporting, different information was available for the first three rounds of STABLE (STABLE 1, 2, and 3) compared to STABLE 4. As shown in Figure 8, across the first three rounds, CCLCs reported allocating the largest percentage of their STABLE funds to retaining and hiring teachers and staff, followed by spending on facilities and classroom materials. FCCLH providers spent the largest percentage of their funds across the first three rounds on facilities, followed by classroom materials.

Figure 8. Percentage of STABLE 1-3 funds allocated to different categories of spending, by provider type

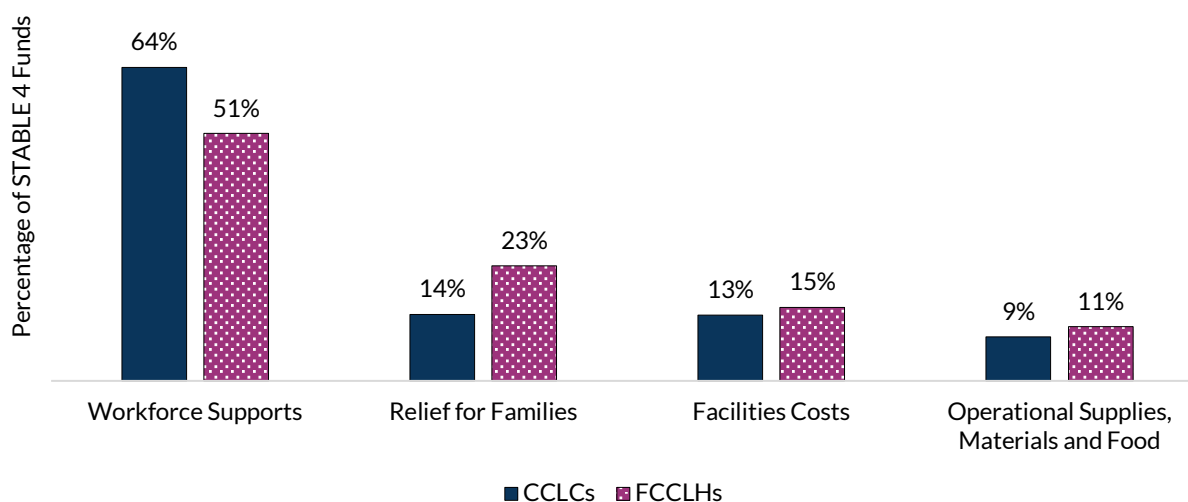


Source: Child Trends' analysis of STABLE funds data.

¹⁰ We combined CCLCs and other center-based programs (e.g., Georgia's Head Start, military programs) when analyzing data as there were so few other center-based respondents. We refer to both groups collectively as "child care centers."

For the fourth round of STABLE funds, providers had to report how they allocated their funds across four categories (Figure 9). Both CCLCs and FCCLHs allocated the largest portion to workforce supports, followed by family relief and facility costs. Providers also reported additional information about workforce supports: CCLCs most commonly allocated funds for retention bonuses and wage increases, while FCCLH providers most commonly allocated funds for wage increases, supplemental pay, and hiring bonuses. See Appendix C, Figure C2 and Tables C1 and C2 for additional information about workforce supports.

Figure 9. Percentage of STABLE 4 funds allocated to different categories of spending, by provider type



Source: Child Trends' analysis of STABLE funds data.

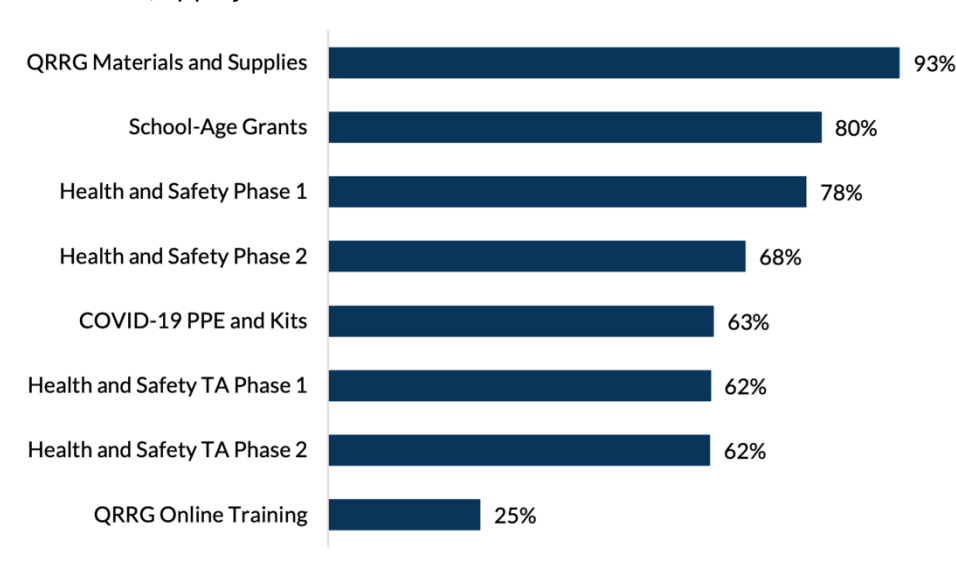
ClassWallet funding allocations

ClassWallet is a vendor platform that DECAL used to distribute grants for physical resources to providers and, in some cases, teachers.¹¹ DECAL allocated specific amounts to providers via ClassWallet instead of sending checks (referred to as “allocations” in the findings below). Providers could then spend those allocations by making purchases through vendors on the ClassWallet platform. Child Trends analyzed reports generated by ClassWallet to understand the amount of funds that were allocated to providers, and the average amount and percentage of allocated funds providers spent for each pandemic relief project.

For most grants distributed via ClassWallet, providers spent, on average, 25 percent to 93 percent of the funds they had been allocated across the different grants, meaning that they did not spend 7 percent to 75 percent of allocated funding, depending on the grant (see Figure 10). The project with the highest percentage of funds spent was QRRG Materials and Supplies. Providers spent 25 percent of funds, on average, on the QRRG Online Training project.

¹¹ More information about funds distributed to teachers via ClassWallet can be found in the companion report focused on teachers.

Figure 10. Percentage of pandemic relief funds providers spent on average out of their allocated funds in ClassWallet, by project



Source: Child Trends' analysis of ClassWallet administrative data.

Note: ClassWallet data included allocations and expenses through April 29, 2024. Health and Safety Phase 2 and Health and Safety TA Phase 2 wallets were still open as of April 29, 2024, when Child Trends received the data, which means that providers were still spending these funds. Before conducting analyses, we excluded anomalies in the data including allocations that were deemed extreme based on allocation guidelines from ClassWallet, glitches in the ClassWallet system, and/or errors in user IDs.

Providers' perceptions of how pandemic relief funding supported programs

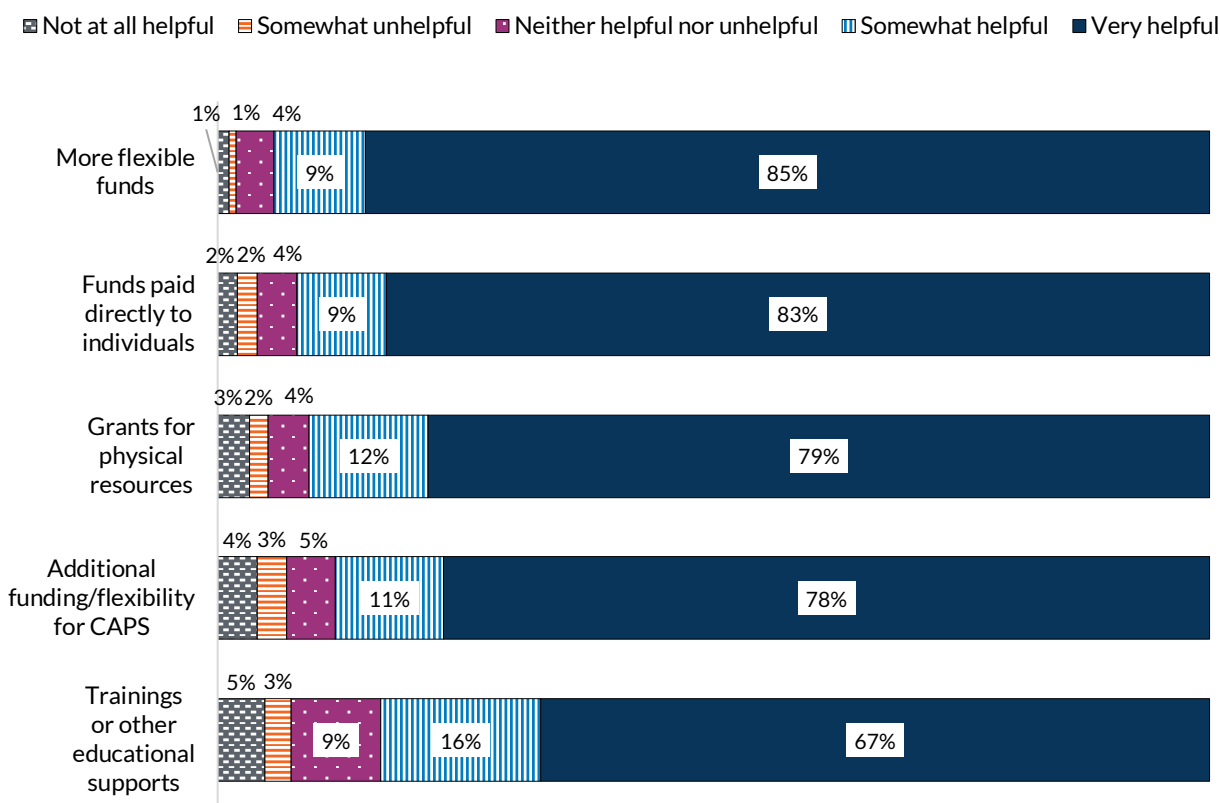
We asked providers about how the pandemic relief funding they received helped their programs. Below, we present results regarding providers' perceptions of (a) overall helpfulness of different types of supports for programs (e.g., trainings, grants for physical resources, flexible funding), (b) specific ways in which pandemic relief funding supported programs (e.g., helped avoid closing, helped retain staff), and (c) ways in which perceptions of pandemic relief funding varied by program characteristics (e.g., program type, size, whether participating in CAPS or in Quality Rated).

Overall helpfulness of different categories of supports

Child Trends surveyed providers to understand the helpfulness of the different categories of supports, including flexible funds (e.g., STABLE), additional funding/flexibility for CAPS (e.g., ACCESS, CAPS Emergency Payments), grants for physical resources (e.g., Health & Safety Grants to purchase supplies or make improvements to facilities), funds paid directly to individuals (e.g., staff bonuses), and trainings or other educational supports (see Figure 11).¹² Providers reported that the most helpful type of support was having flexible funds. Funds paid directly to individuals were also rated as very helpful, followed by grants for physical resources, additional funding/flexibility for CAPS, and support for training or other educational supports. Child care centers were more likely than FCCLHs, and FCCLHs were more likely than school-based Georgia's Pre-K programs, to report that additional funding or flexibility for CAPS was somewhat or very helpful (see Appendix D, Figure D1).

¹² Providers were asked to report on all categories of funding, including ones they did not receive, but had the option to select "not applicable" for supports they did not receive.

Figure 11. Providers' perceptions of the most helpful categories of pandemic relief supports



Source: Child Trends' analysis of provider survey data (2024).

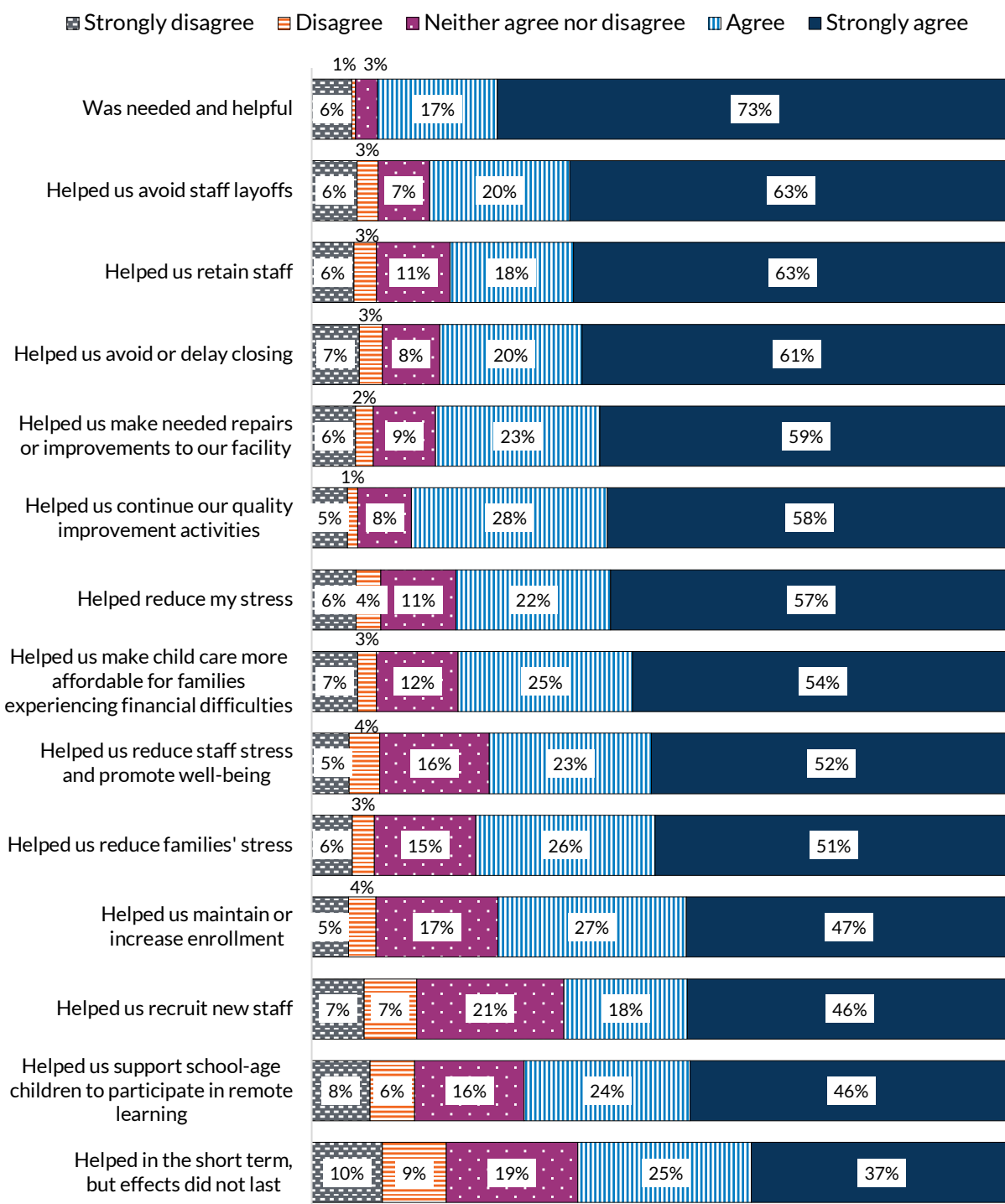
Specific ways in which pandemic relief funding supported programs

Ninety percent of providers who responded to the survey agreed or strongly agreed that the funds they received were needed and helpful (see Figure 12). Providers also agreed or strongly agreed that the funds helped them avoid layoffs and retain staff, avoid or delay closing, make needed repairs, and continue their quality improvement activities. Over half (62 percent) of survey participants also agreed or strongly agreed that while the pandemic relief efforts were helpful in the short term, the effects did not last.

We also examined whether perceptions about the helpfulness of pandemic relief funding varied by provider characteristics (i.e., provider type, size,¹³ and whether they participated in CAPS or Quality Rated). In general, responses were similar for child care centers and FCCLHs. However, FCCLHs were more likely than child care centers to report that the funding helped reduce their own stress and make child care more affordable for families, and child care centers were more likely than FCCLHs to report that funding helped them recruit and retain staff. CCLC and FCCLH providers were more likely than administrators of school-based Georgia's Pre-K programs to report that the funds were helpful across nearly all categories listed in Figure 12 (see Appendix D, Figure D2). In addition, small center-based programs (compared to programs of other sizes), programs that participated in CAPS (compared to those that did not), and programs that participated in Quality Rated (compared to those that did not) rated pandemic relief funding as more helpful across most categories (see Appendix D, Figures D3, D4, and D5).

¹³ The analysis based on program size included only child care centers.

Figure 12. Providers' views of how pandemic relief funding helped their program



Source: Child Trends' analysis of provider survey data (2024).

In the focus groups, providers expressed views about the helpfulness of the pandemic relief funds that were similar to those they expressed in the surveys. Most providers in the focus groups said that the most helpful aspect of receiving the pandemic relief funds was keeping programs open and keeping staff turnover low. Providers in the focus groups reported using pandemic relief funds to cover basic program costs, such as the

cost of food and overhead costs (e.g., insurance, mortgages, and utilities). In addition, having funds to cover the gaps in revenue that occurred when some families no longer used care allowed programs to remain open.

"I started my daycare and got licensed right smack dab in the middle of COVID, like as soon as COVID started is when I got licensed. So it was like a sink or swim situation. So when the funding came about, I can't even tell you how relieved I was. Not so much because I'm getting so much money, but because I'm able to keep my doors open. My dream doesn't have to die, you know, the passion I have. I can continue on with it."

"We have had such low turnover since the stabilization grant of being able to give the raises... So having STABLE, it really helped us be able to kind of meet those gaps."

Additionally, many providers mentioned that pandemic relief funding allowed them to purchase material resources and make necessary upgrades to their centers or homes. For instance, FCCLH providers reported that they used funds, like the Health and Safety Grants, to put in new flooring, replace old and broken appliances, update classroom toys and supplies, or purchase outdoor play structures. CCLC administrators and school-based Georgia's Pre-K directors noted that they used the money to purchase new classroom furniture like tables, a play kitchen set, science centers, listening centers, or new technology for their classrooms and for families during the peak of the pandemic. Across all settings, these types of materials and improvements helped providers maintain their program quality and cleanliness, which made it easier for them to work; such improvements also benefited the children in their programs. Some providers mentioned that if they had not received this funding, it would have been challenging to maintain a safe child care program because their program needed updated structural equipment. Providers also noted that these upgrades made their staff feel appreciated and excited to work:

"Overall it made them (program staff) feel valued. It was like oh hey, we really are appreciated. We do see where it hit us and then just also I'll say even as the director walking in and seeing the classrooms with this new looking furniture. Not the old stuff that was taped over or painted. You can only put so many coats of paint on that. But now it's crisp and clean, a lot neater looking. Not that we had messy rooms, but it just looks fresh and so they were very excited just as everybody is when you get new things. They were super excited about that [and] the students were excited to be able to see the rooms transform."

Several providers noted that one of the most helpful aspects of pandemic relief funding was that it allowed them to continue making a living to support themselves and their own families. Specifically, center-based providers mentioned that they used funds to give their staff raises, bonuses, or incentives, and many FCCLH providers used funds to pay their own salary to make a living wage.

"(It would have been) catastrophic (without the funds). Well, I'm telling you that I only was getting \$230 a week, during the pandemic. Do you think a family can live like that? So I think it would have been catastrophic—I can't imagine—because imagine living with only \$230 dollars, which was what I was earning at that time. I couldn't survive, that is, no one could survive like that. Not even a single person could (live like that), having to pay all their bills. So that help was quite important, wonderful, great, productive for me, in my case."

Although many programs needed pandemic relief funds for general operating costs, some providers were able to use the funds in unique ways, such as providing mental health services for staff and families or facilitating new events for children or training for staff. The funding also allowed providers to support families and keep families in their care. For instance, providers used funds to support families by creating or offering new scholarships and various forms of financial support to parents for tuition but also for food or other necessities. Keeping families in their care was especially crucial for FCCLH providers, as losing even one or two families meant a substantially reduced wage.

"We waived the application fee for parents and that was a tremendous help for a lot of the families, of course. And we would buy like out of our budget, we would buy like little food packs and we would send them home with the families so they got used to that as well."

Many providers indicated that a key benefit of the funds was that staff felt appreciated and valued. The pandemic was a challenging time for providers, but the extra funds helped providers feel valued and recognized as essential workers.

"I think that the feeling valued was a big thing. I don't know if pre-K would have felt as valued if the funds, if they did not also receive funds, cause you know K through 12 world was receiving a lot of funds, right? ... So I think that showing that they're as valued as the K through 12 world was huge."

"I have a lot of colleagues who have child care across the United States and in our little chat groups. It was crazy for a lot of them and I always I have been patting Georgia on the back because they really looked out for our providers to make certain that if we were receiving subsidy or any type of funding that we, we were paid really good."

Providers also noted that their staff were able to share more resources and communicate more with each other about behavioral issues that come up in their classrooms due to training and other support they received through DECAL focused on children's behavior and social-emotional learning (e.g., Pyramid Model training, Online Learning Library Initiative [OLLI] courses, or mental health consultation).

"I just wanted to say with the Pyramid Model, and the social emotional training, I think it was beneficial because as we were talking about earlier, the social emotional needs of the kids are becoming greater now. And that training benefited our teachers and we also got a lot of materials for that too."

Pandemic relief project implementation successes and challenges

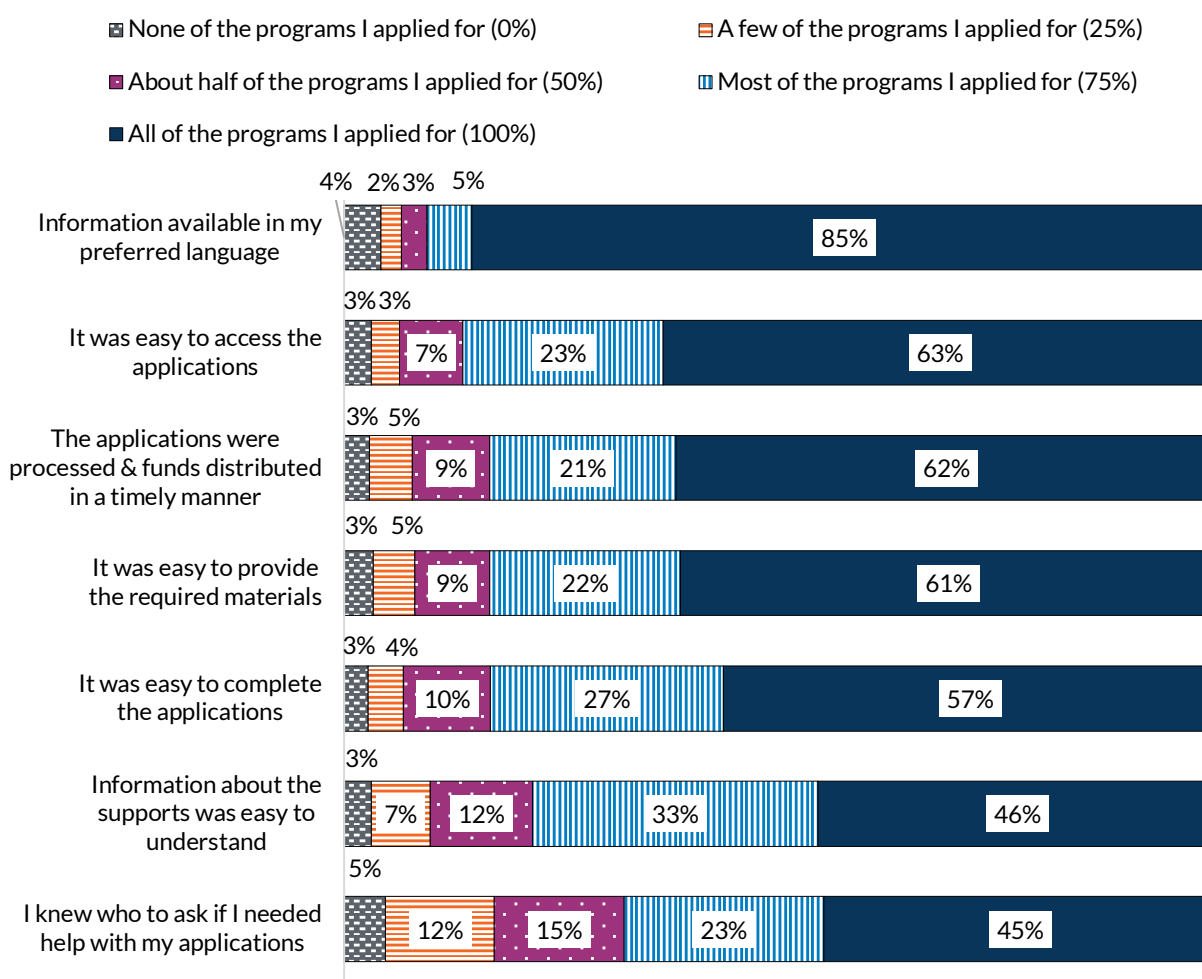
Key Findings

- ▶ The vast majority of survey participants reported that applications were easy to access and that information was available in their preferred language.
- ▶ Few providers reported challenges receiving funds. That said, the most common challenges were not knowing who to ask for help and not knowing what they were eligible for. Providers who participated in focus groups also described challenges in managing and using the funds (e.g., budgeting and spending specific amounts in designated categories with STABLE funds).
- ▶ Providers reported challenges with ClassWallet, noting that the platform was confusing, items were overpriced, and providers were limited in the vendors, products, and services they could select via ClassWallet. Overall, providers felt like they could not always use ClassWallet funds to best serve their programs.
- ▶ When asked about what supports would have been helpful, focus group participants mentioned better communication from DECAL (e.g., updates about providers' application status and instruction about how to use the ClassWallet platform), as well as increased mental/behavioral supports (e.g., on-site staff) given the rising challenges for staff and families.

In surveys and focus groups, Child Trends asked providers about their experiences applying for pandemic funding relief projects and initiatives.¹⁴ Overall, providers had positive experiences applying for the funds. Most survey participants reported that information was available in their preferred language for all the supports they applied for and that applications were easy to access (see Figure 13). In contrast, less than half of respondents reported that information about supports was easy to understand and that they knew who to ask if they needed help for all the supports they applied for.

We also examined whether providers from different types of programs had different opinions regarding the ease of applying for pandemic relief supports (see Appendix E, Figure E1). There were few differences by type of program, though child care centers were more likely to report that it was easy to provide the required materials than FCCLHs and school-based Georgia's Pre-K programs, and school-based Georgia's Pre-K programs were more likely than FCCLHs to report that they knew who to ask if they needed help with their applications.

Figure 13. Providers' perceptions of the ease of applying for pandemic relief supports



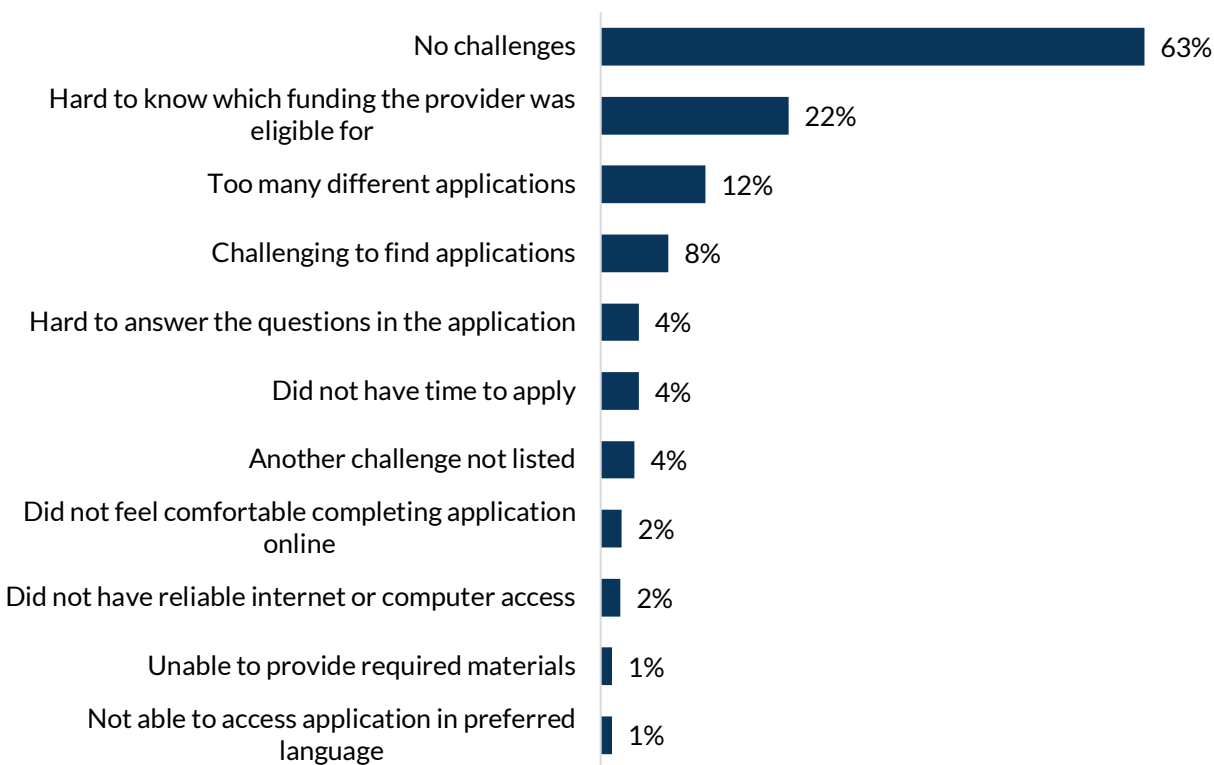
Source: Child Trends' analysis of provider survey data (2024).

¹⁴ In general, all providers who applied for funding ultimately received that funding, as long as they met eligibility requirements. In other words, applications were not competitive.

Survey participants were asked to indicate what challenges they experienced in accessing resources. Nearly two-thirds of respondents reported encountering no challenges in applying for funds and supports (see Figure 14). That said, nearly one-quarter experienced challenges in determining which supports their program was eligible for.

Challenges with accessing the funds generally did not differ much by provider type (see Appendix E, Figure E2). However, FCCLHs were more likely than child care centers and/or school-based Georgia's Pre-K programs to report that it was hard to answer the questions in the application, that they did not have reliable internet or computer access, that they did not feel comfortable completing the application online, and that they were not able to access the application in their preferred language.

Figure 14. Percentage of providers reporting challenges in accessing pandemic relief supports



Source: Child Trends' analysis of provider survey data (2024).

Like survey respondents, providers who participated in focus groups reported experiencing minimal challenges in applying for funds. Of those who experienced challenges, a few described complications with the paperwork or the burden that the paperwork created for their staff depending on the size of their center. Some providers in the focus groups mentioned supporting their staff by bringing in a notary to complete the application. A few Spanish-speaking providers described some challenges applying for pandemic relief funding via computer, but they were able to get assistance from family members or other providers.

The majority of the challenges providers mentioned were related to managing and using the funds they received. For instance, many providers in the focus groups described that it was difficult to estimate how much stabilization funding they would need in each funding category included in the fourth round of STABLE (i.e., workforce supports; relief for families; facilities costs; and operational supplies, materials, and food), as they were unsure what challenges they might face in the near future. The reporting was also

complex, with many providers spending extensive time and resources to provide accurate information on how they had spent the funds.

Most providers said they appreciated the supply grants, as they allowed them the flexibility to decide how to spend the funds, yet many discussed challenges using ClassWallet. Providers reported that ClassWallet was confusing and limited providers in terms of the types of vendors or products and services they could purchase. Further, many felt like the items in the system were overpriced. Overall, providers felt like they could not always use the funds to best serve their programs because of the restrictions placed on the relief funding projects and initiatives.

"I think the first round of money that we received in ClassWallet was super confusing. Some providers were being told you couldn't buy this with it. Other providers were already buying that with it. There was a lot of confusion and I had a lot of issues with Class Wallet when health and safety [grants] came out. I had an appliance store here, where I was trying to spend the funds locally because we did not have a local appliance store. We don't have a Home Depot that was listed on the ClassWallet. And that appliance store did everything that he could possibly do to try to become a vendor and was just ignored. I waited 3 months to spend the funds and finally ended up going with Home Depot because the appliance store could never become a vendor."

"I tried getting different vendors for this and that, the approval process was a nightmare. I just spent the money on the options that they allowed us on ClassWallet, a rack of puzzles was \$120, and I could find the exact same thing on Amazon for \$50, but we had to spend the funding, so it was use it or lose it. ClassWallet may work for some situations, but they inflate the price and really take advantage of the situation."

Additionally, although many FCCLH providers appreciated receiving \$1,000 bonus payments through the Providing Our Workforce Essential Recognition (POWER) project,¹⁵ they were not aware they needed to pay taxes on the payments. This created some unexpected challenges for a few providers, who described loss of benefits such as Medicare or having to pay into a different tax bracket.

Participant 1: "Look, it helped a lot. The only issue I had was that we had to pay tax on that."

Participant 2: "We barely have to pay taxes so when our pay is increased to more than 10,000 per year, it affected our insurance. Yes, that affected us, because it affected our access to health insurance."

Participant 3: "They took away my Medicaid because of it. We just didn't know since we had never earned that and now our insurance is still high. So it all has its repercussions."

We also asked providers to share what additional supports could have been helpful during the pandemic. All providers in the focus groups were very grateful and appreciative of the pandemic relief supports that were in place, saying the type and focus of the supports (e.g., a focus on workforce, families, facilities) were appropriate. However, some did mention areas for improvement. Several providers asked for better communication from DECAL and more collaboration among other agencies. For example, several providers wanted better instructions on how to use ClassWallet, guidance in the application process, updates on their application status, and communication around the various funds for which they were eligible. Several providers also talked about the increased behavioral and mental health challenges children, parents, and staff are facing and wished for additional mental health funding to pay for services or on-site mental health staff.

¹⁵ POWER was a pandemic relief funding project that provided up to three \$1000 bonus payments to teachers, CCLC administrators, FCCLH providers, and other staff in ECE programs. Because most recipients were teachers, findings about POWER are reported more extensively in the companion report focused on teachers.

Perceptions of impact on teachers and families

Key Findings

- ▶ Providers reported that pandemic relief funding benefitted teachers by enabling them to purchase necessary classroom supplies.
- ▶ Providers said funds allowed them to honor and show appreciation toward their staff, which in turn helped with promoting retention and boosting morale.
- ▶ Providers in focus groups noted that pandemic relief funds helped providers support families and therefore helped providers stay in business (because the funding allowed families to continue using care).

Providers participating in the focus groups commonly stated that the pandemic relief funds were beneficial for many teachers and families. Beyond allowing providers to stay in business and purchase necessary supplies and materials for their classrooms, many providers mentioned that the funds allowed staff to feel appreciated. Providers felt that the funds allowed them to honor and show appreciation toward their staff, which in turn helped promote retention, boost morale, and provide opportunities to help their staff continue working as educators.

"It put me in a position where in the last three years I've had the same lead teachers. I haven't had as much of a revolving door, so it helped with staffing to the point that people actually stay. And it just kind of helped create an environment where we were able to give the staff what they deserved. Everybody knows their staff deserves paid time off. They deserve to take a vacation. They deserve it. But it's like when you're working out what you're bringing in. Then if it's a huge gap because like parents aren't making enough money to pay \$500 a week, but to actually give those benefits, you would have the charge close to that. So that's what made it (pandemic funds) so useful for me."

Many providers also discussed how the relief funds were also necessary for families. They noted that often the providers were the only constant in these families' lives during the pandemic and the child care they provided was a service that families needed in order to work and to provide for their families. These relationships were also reciprocal, as families' continued enrollment of their children in child care programs allowed providers to continue their work and also maintain their livelihood during the pandemic.

Sustainability

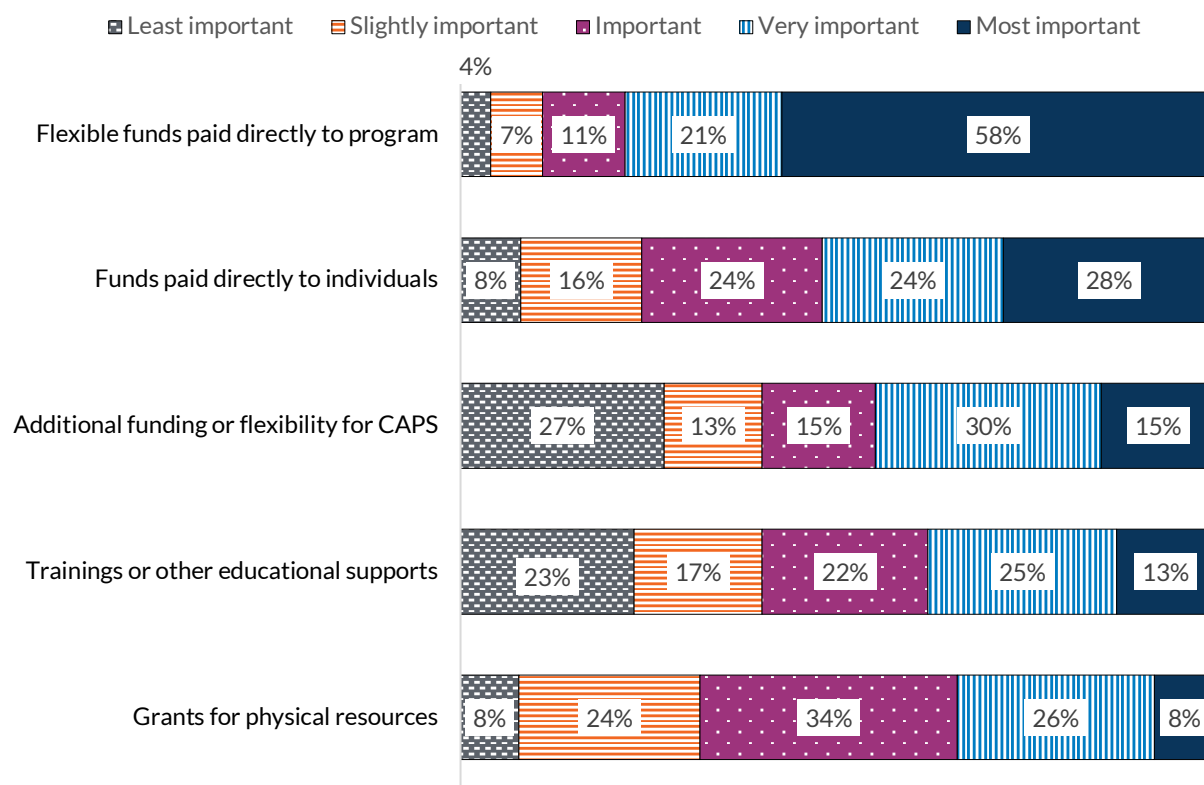
Key Findings

- ▶ Survey participants ranked “flexible funds paid directly to programs” as the most important funding to continue.
- ▶ Many survey participants agreed or strongly agreed that they were worried about their program’s financial stability and ability to retain staff now that most pandemic relief supports have ended.
- ▶ Providers who participated in focus groups wished they could continue to pay their staff higher wages and provide fair benefits, especially given inflation and sustained challenges post-pandemic. Many said they were no longer paying incentives or bonuses to their staff or had to reduce staff hours, limit program activities, and limit any updates to materials in order to reduce costs.
- ▶ After pandemic relief funding ended, many providers said they had to use less expensive practices, change some program functions (e.g., reducing their hours of operation, reducing activities or special events), or reduce support going to families. Several providers said they had to increase their program tuition.

We asked survey participants to rank five types of funding from least to most important to indicate which supports they thought were most important for providers to continue to receive. Providers ranked “flexible funds paid directly to the program” as the most important support to continue (see Figure 15). Less than 10 percent of providers ranked “grants for physical resources” as most important.

We also examined whether there were differences by provider type in ranking of the importance of sustaining different types of supports (see Appendix F, Figure F1). Child care centers and FCCLHs were more likely than school-based Georgia’s Pre-K programs to rank flexible funds paid directly to programs and additional funding or flexibility for CAPS as the most or second most important. FCCLHs were more likely than child care centers and school-based Georgia’s Pre-K programs to rank funds paid directly to individuals as most or second most important, while school-based Georgia’s Pre-K programs were more likely than child care centers to rank grants for physical resources as most or second most important.

Figure 15. Providers' rankings of the importance of continuing various categories of financial supports after existing pandemic relief funding ends

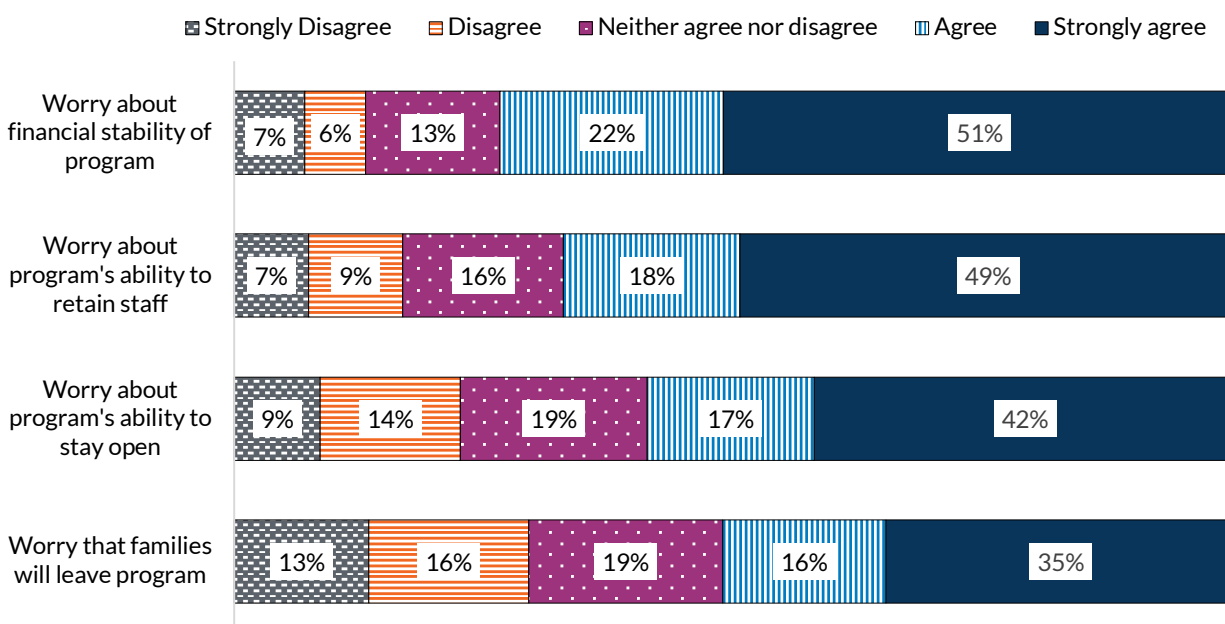


Source: Child Trends' analysis of provider survey data (2024).

Survey participants also rated how strongly they agreed or disagreed with certain worries about the future of their program (see Figure 16). Nearly three quarters of providers agreed or strongly agreed that they were worried about the financial stability of their program. About two thirds of providers were worried about their program's ability to retain staff. About half of providers were worried about their program's ability to stay open and that families would leave their program.

Child care centers and FCCLHs were more likely than school-based Georgia's Pre-K programs to worry about each of the items we asked about related to the future of their program (see Appendix F, Figure F2). In addition, FCCLHs were more likely than child care centers and school-based Georgia's Pre-K programs, and child care centers more likely than school-based Georgia's Pre-K programs, to worry about their program's ability to stay open and that families would leave their program.

Figure 16. Providers' worries about the future of their program after pandemic relief funding ends

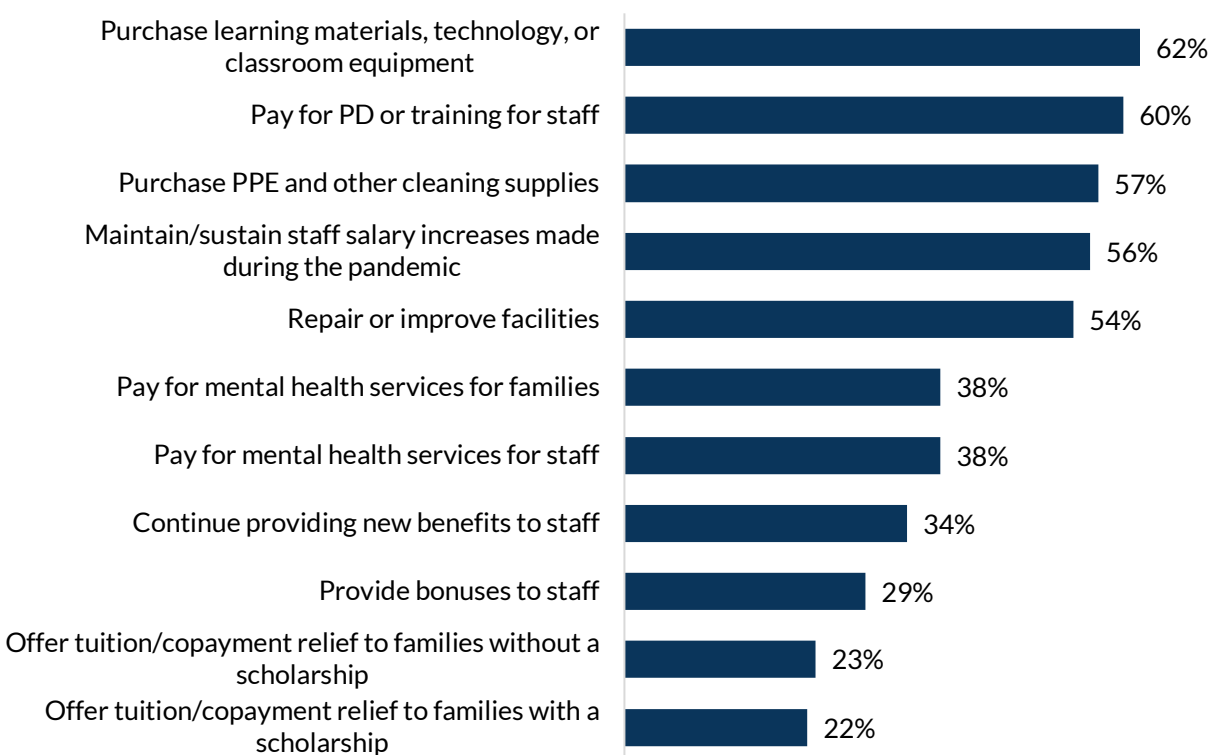


Source: Child Trends' analysis of provider survey data (2024).

Finally, survey participants indicated which activities they planned to continue even after they stopped receiving pandemic relief funding (see Figure 17). Nearly two-thirds indicated that they would continue purchasing learning materials, technology, or classroom equipment; this was the most common activity providers planned to continue. A little over half of survey respondents reported that they would maintain or sustain staff salary increases implemented during the pandemic and continue to repair or improve facilities. Only about one-third said they would continue to provide new benefits or bonuses to staff, and less than one-quarter said that they would continue to offer tuition/copayment relief to families with or without a CAPS scholarship.

Responses were similar between child care centers and FCCLHs for most activities, except that a greater percentage of child care centers than FCCLHs reported that they would maintain or sustain staff salary increases. Additionally, a greater percentage of FCCLHs than child care centers said they would continue to purchase PPE and other cleaning supplies (see Appendix F, Figure F3).

Figure 17. Percentage of providers who will continue different activities after pandemic relief funding ends



Source: Child Trends' analysis of provider survey data (2024).

In focus groups, we asked providers how things were going for their programs now that some or all of their pandemic relief funding had ended. When asked which strategies they were continuing to implement, if any, most providers described not being able to continue strategies implemented during the pandemic because of the relief funding ending. Many said they were no longer paying incentives or bonuses to their staff or had to reduce staff hours, limit program activities, and limit any updates to materials in order to reduce costs. Several CCLC providers mentioned that they wished they could continue to pay their staff higher wages and provide fair benefits, especially with the increase in inflation and sustained challenges post-pandemic. Similarly, several providers wished for additional supply grants to be able to purchase materials for their programs and classes to avoid paying for these items themselves.

"It's a sad feeling to say I have to stop showing you guys as much appreciation as I did because I'm no longer getting this money, and it's the morale boost. It's a morale killer to think that their value now goes down because we're no longer getting this money because, truthfully, I don't care how many parties and things we do for them and say we appreciate them, they want their money and they wanna be able to go and take that money."

Multiple providers reported having to increase their tuition in order to run their program. Many stopped or paused increasing their tuition rates during the pandemic because they were receiving pandemic relief funds.

"I raised my rates as well just because the cost of living has gone up so much and we all just kind of started realizing we have to raise our rates. I didn't raise mine during the funding because I was getting those funds and so I kind of gave the parents a break that way, not raising it every year. But then when the funds ran out, I had to play catch up."

Now that most pandemic relief funding has ended, providers reported having to cut back tremendously on the supports they were once providing to their staff and families. Post-pandemic inflation has led to an increase in the cost of running child care programs, creating new challenges for providers. Many providers described having to revert to less expensive practices, change some program functions (e.g., reducing their hours of operation, reducing activities or special events), or reduce the support going to families after pandemic relief funding ended. A few providers said that they wished for expanded CAPS options such as wider eligibility and greater cost coverage to providers.

“One thing that we used to be able to give to teachers were two days a semester to actually work on paperwork. We have children with IEPs, all of that paperwork type stuff, parent conferences, and that's being reduced this coming year because I'd have to pay for it. I have to pay for subs and so I was able to use some of that money to pay for the subs. Well, now that we have no extra funds, we just have to reduce our wants.”

“I feel like with that funding gone, there is now the stress of administration in that form of having to do collections that normally was not there. That has added to the workload of my admin team, even if it is collecting the \$4 a week from the parents with four kids, they don't wanna pay \$4 and the reality is it's 2024 and you have some of these families who have 4-year-olds, 3-year-olds, 2-year-olds, or 1-year-olds who have never had to pay for child care, and now they are in a place where they are having to pay every single week and it's just foreign to them. And it adds a level of stress to the admin.”

Although many providers noted changes they had to make after funding ended, a few noted that they had been thinking about sustainability from the outset. For example, one center director created an incentive program for staff that accounted for the pandemic funds eventually ending.

“I'll just add also one thing that was important for me as an owner that we were able to implement was to not implement anything that I wouldn't be able to continue once the funding was pulled. So it was important to think about longevity, and one of the great things that it allowed us to be able to implement was a bonus system so that we were able to onboard employees at reasonable hourly rates and provide bonuses quarterly that they were able to earn based on performance and benchmark standards for our company. It was something that in the long range planning for our company, it was an incentive, but it was also something that helped us develop an internal process for our staff that has boosted retention.”

Conclusion

Throughout the COVID-19 pandemic, DECAL implemented projects and initiatives aimed at stabilizing early care and education programs and supporting the ECE workforce, children, and families. For providers, this included projects and initiatives focused on child care stabilization funding, increased rates and flexibility for providers participating in CAPS, and grants for physical resources and trainings for programs. This evaluation sought to understand providers' experiences with pandemic relief efforts, including the reach of the funding, implementation successes and challenges, perceptions of impact on teachers and families, and sustainability.

Overall, DECAL distributed approximately two billion dollars in pandemic relief funding to providers during the COVID-19 pandemic, making over 850,000 payments as of April 2024. This evaluation found that, despite the short timeframe for distributing a huge amount of money during an unprecedented global health crisis, the initiatives and funding were able to stabilize the ECE industry, getting needed dollars and supports out to providers and workforce members. Providers reported feeling supported and noted that the pandemic relief funds helped to implement programmatic improvements, retain and show appreciation for

staff, and avoid closures. Further, providers reported seeing positive impacts on the families they serve as the pandemic relief funding supported families in continuing to seek care, which in turn helped keep programs open.

Acknowledgments

We would like to thank DECAL staff for their insight and contributions to this project, and to the providers who completed surveys and participated in focus groups. We would also like to share appreciation to Child Trends staff including Ilana Huz for assistance with note taking, Priya Koushik for assistance with creating figures and tables, and Renee Ryberg, Catherine Schaefer, and Colleen McBride for editing and report production.

Appendix A: Characteristics of Survey and Focus Group Participants

Table A1. Program-level characteristics of pandemic relief funding survey participants

	N	%
Program type		
Child care center, including CCLCs and others	336	52%
FCCLH	214	33%
School-based Georgia's Pre-K program	100	15%
Program size*		
Small (0-50)	105	31%
Medium (51-100)	111	33%
Large (101-200)	87	26%
Extra-large (201+)	22	7%
Age groups served		
Infants and toddlers	471	72%
Preschool-age	460	71%
School-age	313	48%
Participates in Quality Rated	446	69%
Serves at least one CAPS child	389	60%
Program closures during COVID-19 pandemic		
Closed for longer than 1 month	209	32%
Closed between 1 week and 1 month	122	19%
Closed for 1 week or less	74	11%
Never closed	186	29%

Source: Child Trends' analysis of provider survey data (2024).

* Child care centers only

Table A2. Pandemic relief funds received by survey participants

Pandemic relief project	N	%
STABLE	526	81%
POWER	438	67%
POWER-ED	75	12%
Georgia's Pre-K Grants	49	8%
Health & Safety Grants	488	75%
COVID Test and Personal Protective Equipment (PPE) Grants	395	61%
Teacher Supply Grants	301	46%
Quality Rated Restoration Grants	304	47%
Quality Rated Increased Tiered Reimbursement	283	44%
Provider Rate Increase for ACCESS	212	33%
CAPS Emergency Policy Payments	278	43%

Pandemic relief project	N	%
SHARE Grants	74	11%
School-Age Grants	257	40%
Pyramid Model Training	102	16%
SOLVE	47	7%
Other funds	11	2%

Source: Child Trends' analysis of provider survey data (2024).

Table A3. Provider-level characteristics of pandemic relief funding survey participants

Characteristic	N	%
Role*		
Site director	266	61%
Owner	122	28%
Executive director (oversees multiple sites)	19	4%
Project director	17	4%
Assistant site director	16	4%
Other	19	4%
Education		
Some high school	6	1%
High school diploma or GED	70	11%
Some college	96	15%
Technical or vocational training	84	13%
Associate degree (A.A., A.S.)	79	12%
Bachelor's degree or equivalent (B.A., B.S.)	114	18%
Graduate degree (M.A., M.Ed., Ph.D., Ed.D.)	155	24%
Other	7	1%
Age		
Under 25	1	0.2%
26-34	33	5%
35-44	120	18%
45-54	216	33%
Over 55	224	34%
Prefer not to answer	17	3%
Race/ethnicity		
Black or African American	317	52%
White	210	35%
Hispanic, Latino, or other Spanish origin	21	34%
Prefer not to answer	34	6%
More than one race	21	3%
Another race, ethnicity, or origin**	7	1%

Source: Child Trends' analysis of provider survey data (2024).

* Child care centers and school-based Georgia's Pre-K programs only.

** Another race, ethnicity, or origin includes Asian or Asian American and Native Hawaiian.

Table A4. Program-level characteristics of pandemic relief funding focus group participants

Characteristic	N	%
Program type		
FCCLH	20	50%
Child care center, including CCLCs and others	16	40%
School-based Georgia's Pre-K program	4	10%
Participates in Quality Rated	30	75%
Serves at least one CAPS child	25	63%
Program closures		
Closed for longer than 1 month	19	48%
Closed between 1 week and 1 month	8	20%
Closed for 1 week or less	2	5%
Never closed	11	28%

Source: Child Trends' analysis of provider survey data (2024).

Table A5. Pandemic relief funds received by focus group participants

Pandemic relief project	N	%
STABLE	36	90%
POWER	31	78%
POWER-ED	5	13%
Georgia's Pre-K Grants	3	8%
Health and Safety Grants	32	80%
COVID Test and Personal Protective Equipment (PPE) Grants	26	65%
Teacher Supply Grants	18	45%
Quality Rated Restoration Grants	20	50%
Quality Rated Increased Tiered Reimbursement	17	43%
Provider Rate Increase for ACCESS	15	38%
CAPS Emergency Policy Payments	15	38%
SHARE Grants	6	15%
School-Age Grants	18	45%
Pyramid Model Training	7	18%
Other funding	1	3%

Source: Child Trends' analysis of provider survey data (2024).

Table A6. Provider-level characteristics of pandemic relief funding focus group participants

Characteristic	N	%
Role*		
Site director	15	38%
Owner	5	13%
Project director	4	10%
Assistant site director	2	5%
Executive director (oversees multiple sites)	1	3%

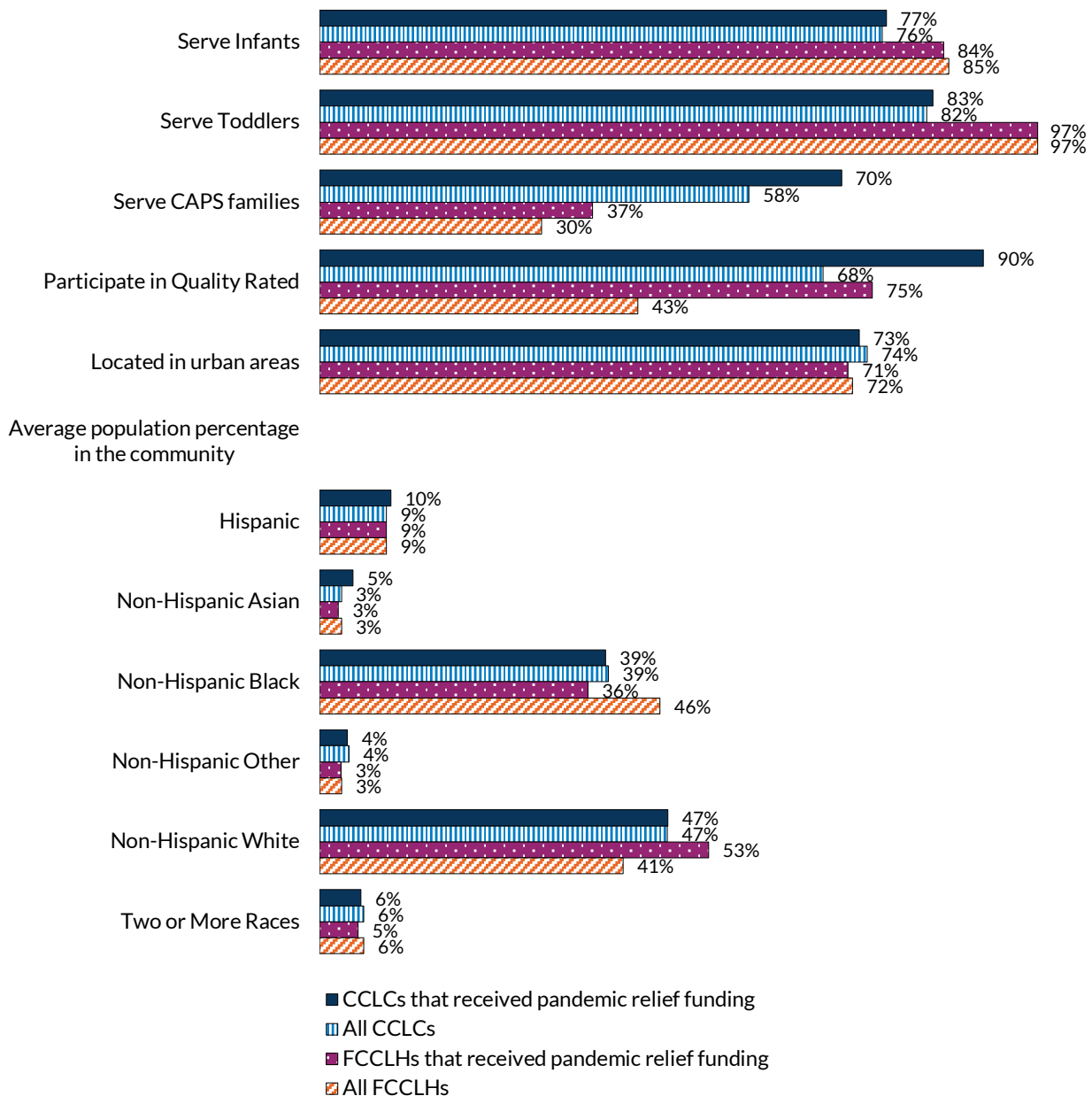
Characteristic	N	%
Education		
Some high school	0	0%
High school diploma or GED	4	10%
Some college	7	18%
Technical or vocational training	6	15%
Associate degree (A.A., A.S.)	6	15%
Bachelor's degree or equivalent (B.A., B.S.)	6	15%
Graduate degree (M.A., M.Ed., Ph.D., Ed.D.)	11	28%
Age		
Under 25	0	0%
26-34	2	5%
35-44	4	10%
45-54	14	35%
Over 55	18	45%
Prefer not to answer	2	5%
Race/ethnicity		
Black or African American	16	40%
White	16	40%
Hispanic, Latino, or other Spanish origin	6	15%
More than one race	1	3%
Prefer not to answer	1	3%

Source: Child Trends' analysis of provider survey data (2024).

* Child care centers and school-based Georgia's Pre-K programs only.

Appendix B: Characteristics of Programs Participating in Pandemic Relief Projects

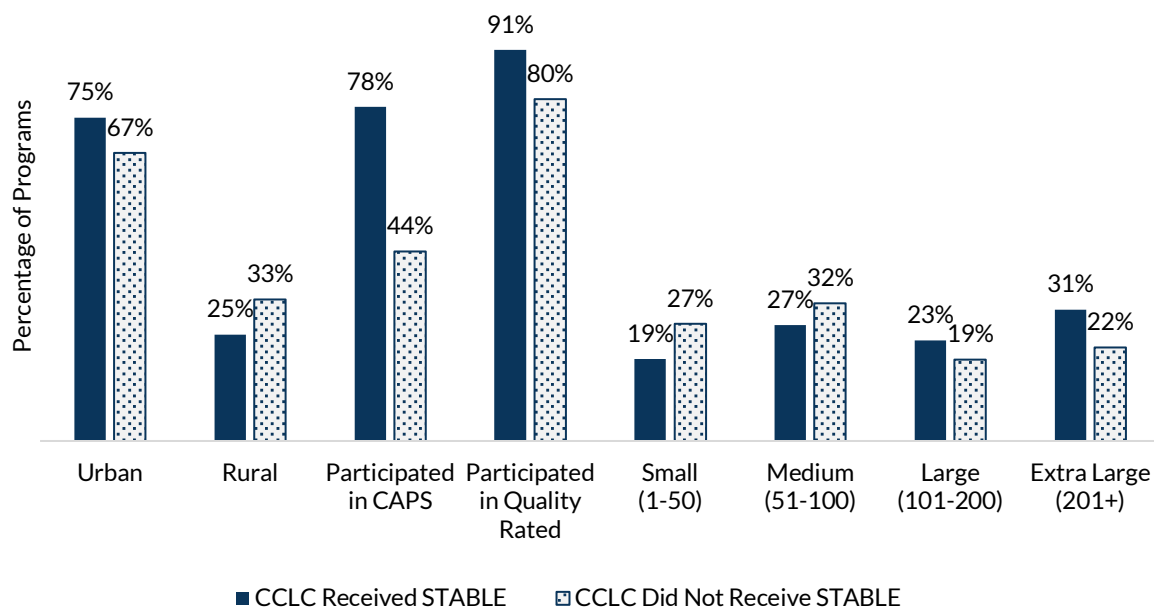
Figure B1. Characteristics of CCLCs and FCCLHs that received any pandemic relief funding relative to all licensed CCLCs and FCCLHs



Source: Child Trends' analysis of COVID Fund Analytics, U.S. Census, and licensing data.

Note: Findings for non-Hispanic American Indian and Alaskan Native (AIAN) and non-Hispanic Native Hawaiian and Other Pacific Islander (NHPI) populations were not included in this table due to their small percentages (<1 percent).

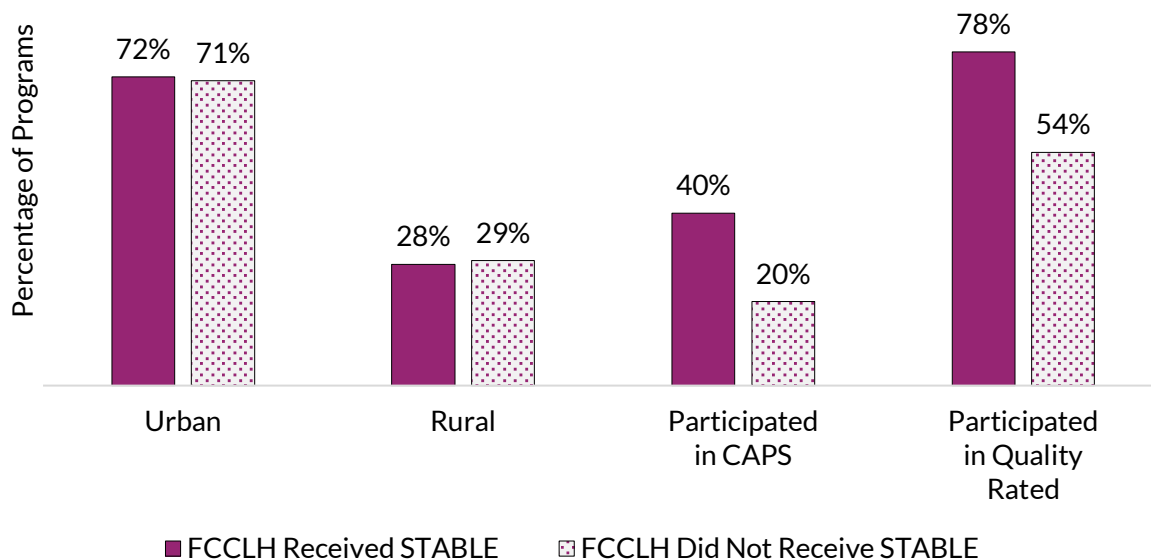
Figure B2. Characteristics of CCLCs that did and did not receive STABLE funding



Source: Child Trends' analysis of STABLE funds, licensing data, and U.S. Census data.

Note: This figure includes all CCLCs (n = 3,950) that were open at some point between 2021 and 2024 according to licensing data. Programs were considered as "participating in STABLE" if they participated in at least one round of STABLE. Program characteristics (e.g., CAPS and Quality Rated participation) changed over time for some programs; the figure presents characteristics as of the most recent data available on each program.

Figure B3. Characteristics of FCCLHs that did and did not receive STABLE funding

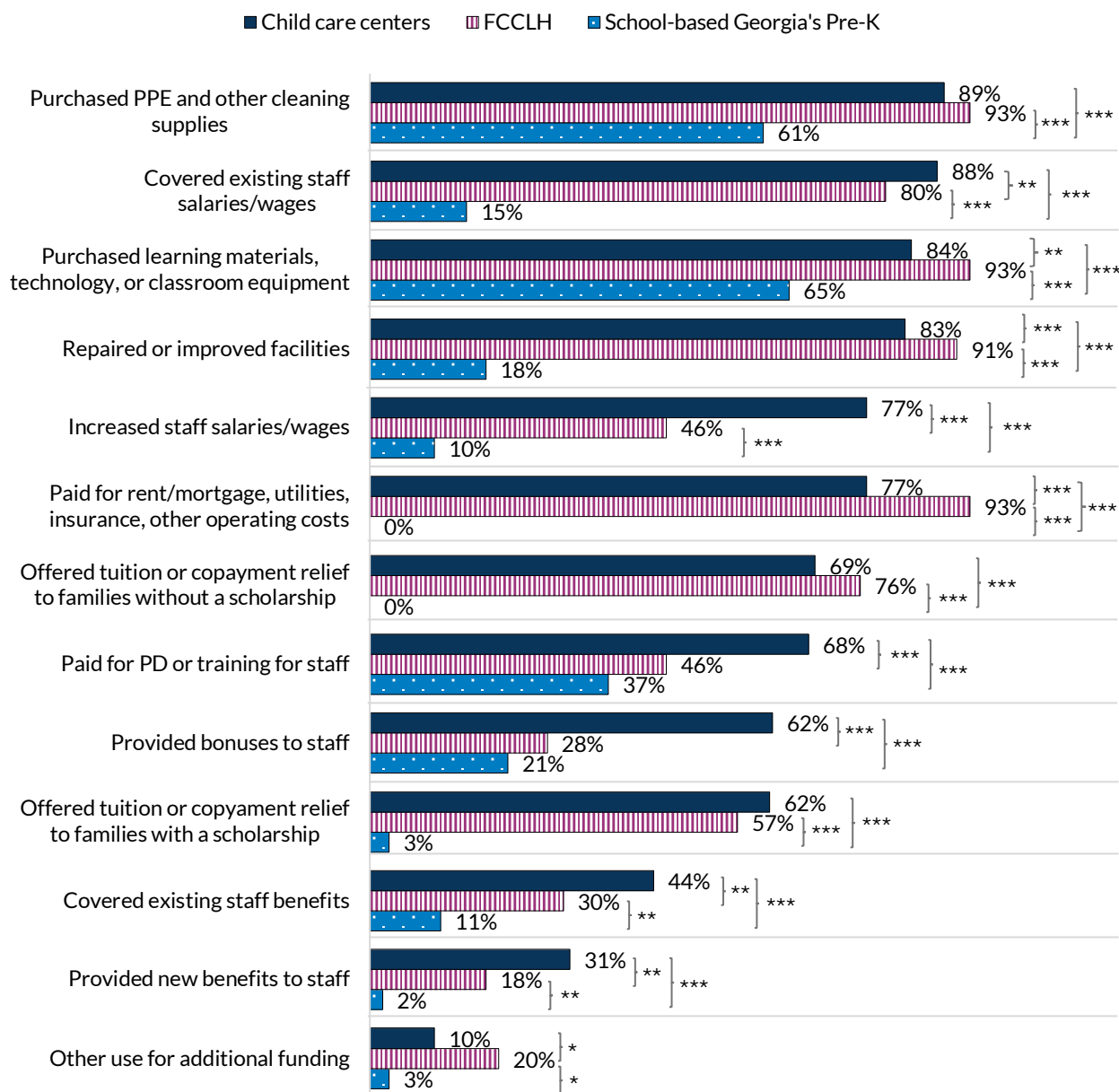


Source: Child Trends' analysis of STABLE funds, licensing data, and U.S. Census data.

Note: This figure includes all FCCLHs (n = 1,661) that were open at some point between 2021 and 2024 according to licensing data. Programs were considered as "participating in STABLE" if they participated in at least one round of STABLE. Program characteristics (e.g., CAPS and Quality Rated participation) changed over time for some programs; the figure presents characteristics as of the most recent data available on each program.

Appendix C: Additional Pandemic Relief Project Spending Allocation Information

Figure C1. Percentage of providers who used pandemic relief funds for different purposes, by provider type.



Source: Child Trends' analysis of provider survey data (2024).

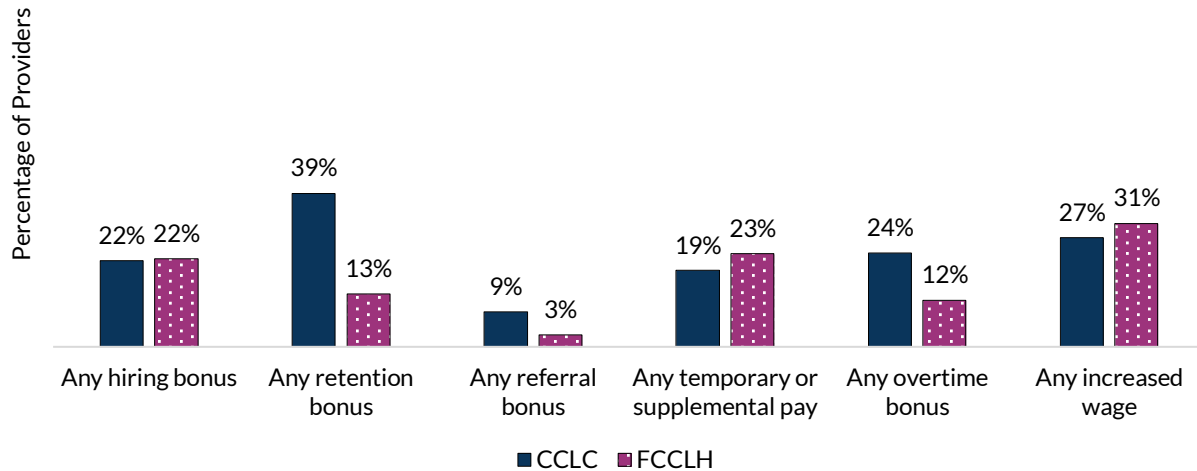
Note: Only items for which there was a significant difference are included in the figure; see Figure 7 for the full list. Child care centers include CCLCs and other center-based programs (e.g., Georgia's Head Start and military programs).

* Indicates a statistically significant difference of $p < 0.05$.

** Indicates a statistically significant difference of $p < 0.01$.

*** Indicates a statistically significant difference of $p < 0.001$.

Figure C2. Ways in which providers used STABLE 4 funds to provide different types of workforce supports to their employees



Source: Child Trends' analysis of STABLE 4 funds data.

Table C1. Percentage of CCLC employees that received STABLE 4 workforce supports, by role

	Administrative/ Office	Management/ Leadership/ Owner	Other	Specialist/ Counselor	Teaching/ Education
Any Increased Wage	29%	43%	36%	39%	33%
Any Retention Bonus	20%	30%	24%	27%	22%
Any Overtime Bonus	18%	14%	12%	11%	12%
Any Temporary or Supplemental Pay	11%	12%	9%	12%	9%
Any Hiring Bonus	8%	8%	7%	9%	7%
Any Referral Bonus	2%	3%	2%	4%	2%

Source: Child Trends' analysis of STABLE 4 funds data.

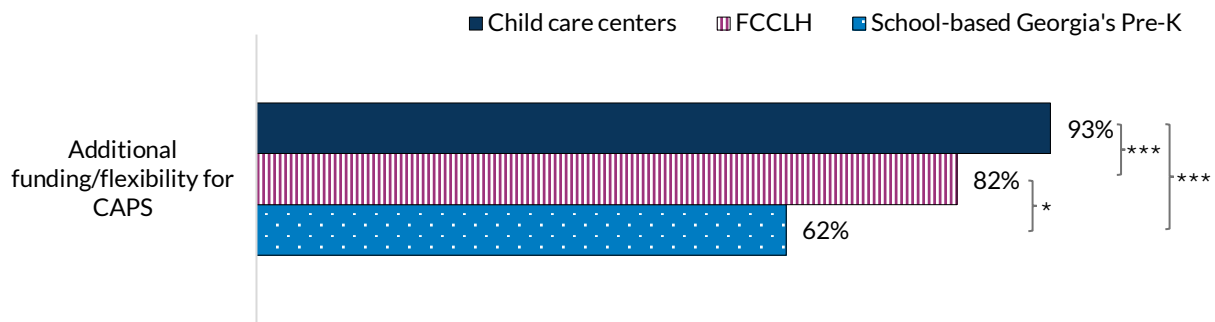
Table C2. Percentage of FCCLH employees that received STABLE 4 workforce supports, by role

	Management/Leadership/Owner	Teaching/Education
Any Increased Wage	29%	30%
Any Temporary or Supplemental Pay	22%	17%
Any Hiring Bonus	20%	18%
Any Retention Bonus	14%	16%
Any Overtime Bonus	12%	12%
Any Referral Bonus	3%	4%

Source: Child Trends' analysis of STABLE funds data.

Appendix D: Perceptions of Pandemic Relief Funding by Program Characteristics

Figure D1. Providers' perceptions of the most helpful categories of pandemic relief supports, by provider type



Source: Child Trends' analysis of provider survey data (2024).

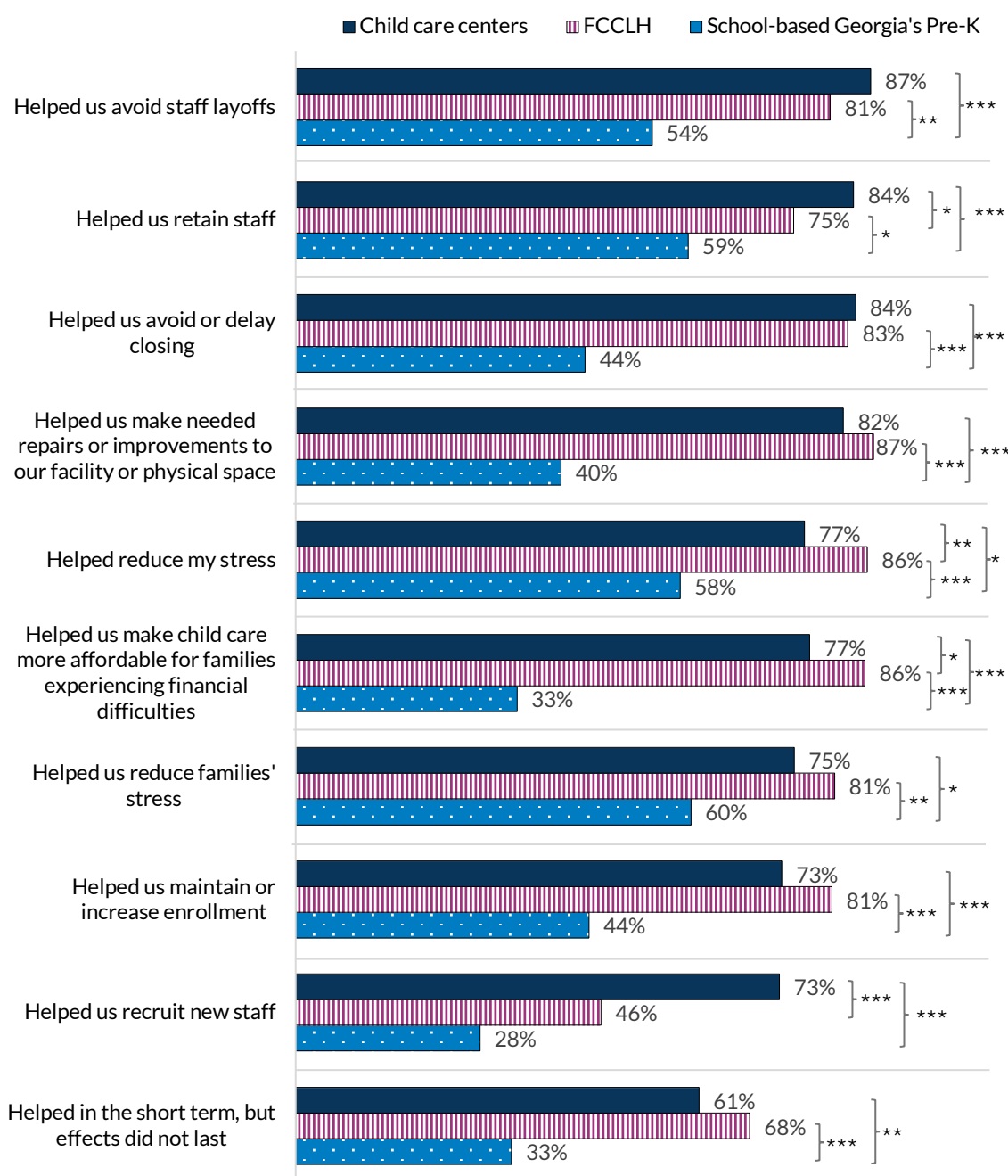
Note: Only items for which there was a significant difference are included in the figure; see Figure 11 for the full list of items. Child care centers include CCLCs as well as other center-based programs such as Georgia's Head Start and military child care programs.

* Indicates a statistically significant difference of $p < 0.05$.

** Indicates a statistically significant difference of $p < 0.01$.

*** Indicates a statistically significant difference of $p < 0.001$.

Figure D2. Providers' views of how pandemic relief funding helped their program, by provider type



Source: Child Trends' analysis of provider survey data (2024).

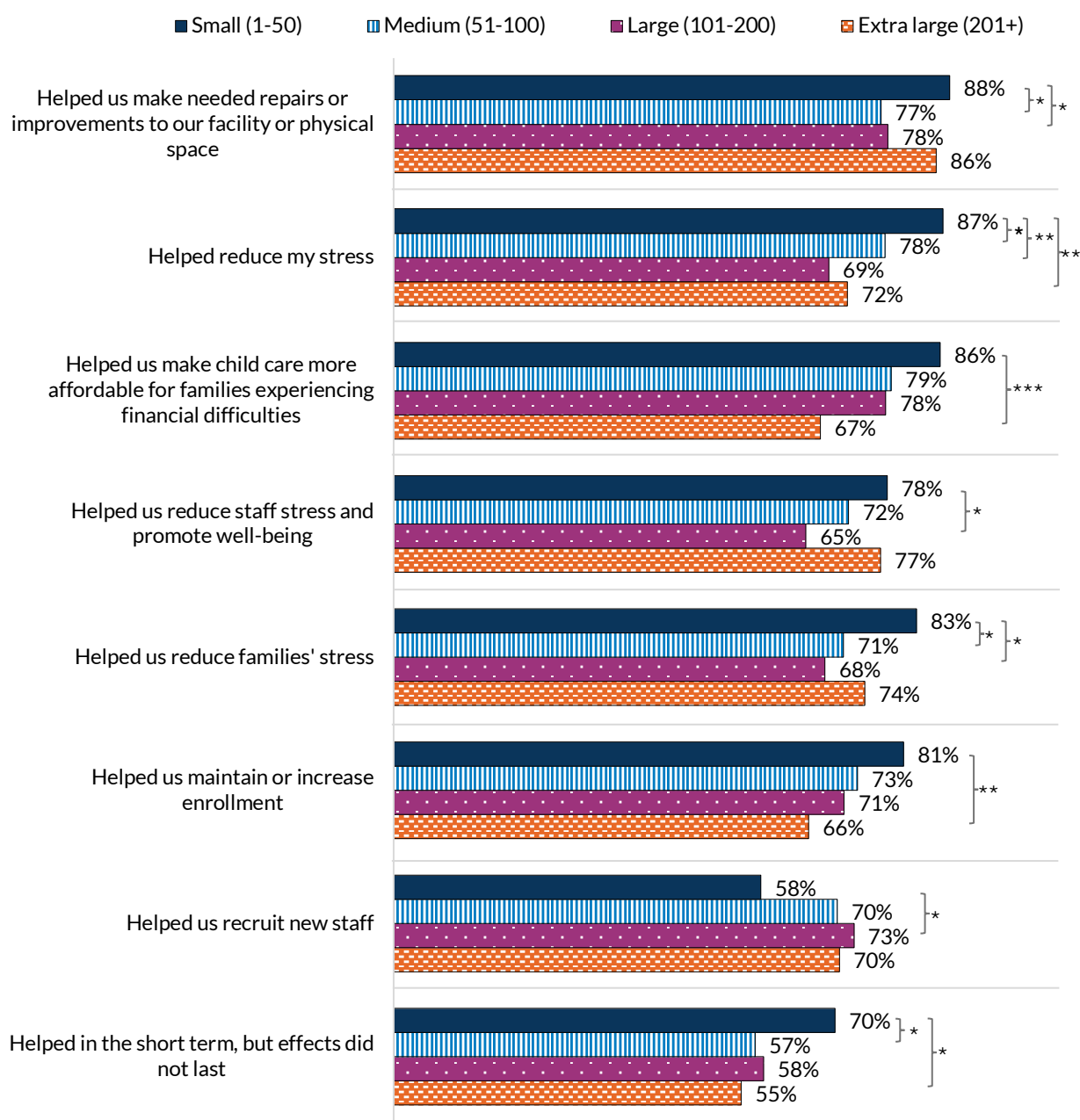
Note: Child care centers include CCLCs as well as other center-based programs such as Georgia's Head Start and military child care programs. Only items for which there was a significant difference are included in the figure; see Figure 12 for the full list of items.

* Indicates a statistically significant difference of $p < 0.05$.

** Indicates a statistically significant difference of $p < 0.01$.

*** Indicates a statistically significant difference of $p < 0.001$.

Figure D3. Providers' views of how pandemic relief funding helped their program, by program size



Source: Child Trends' analysis of provider survey data (2024).

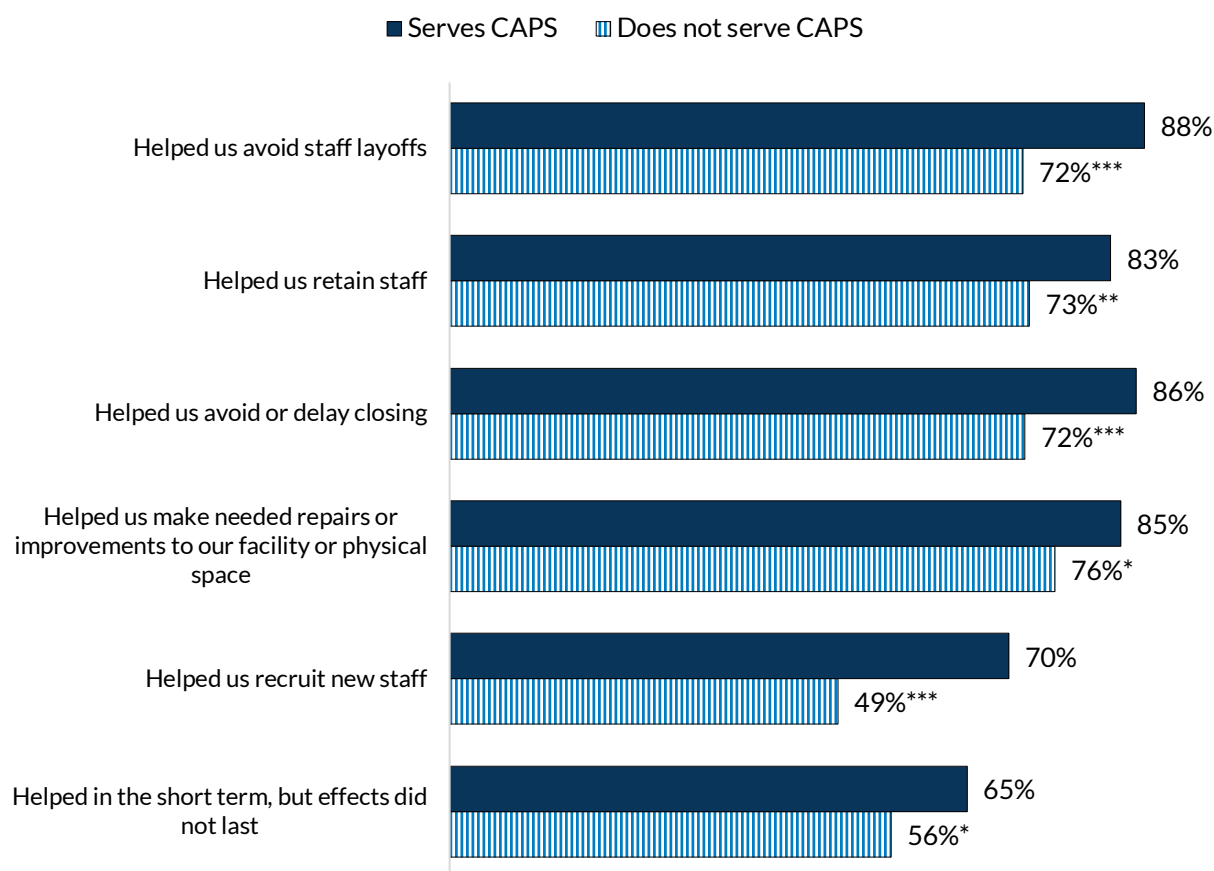
Note: Only items for which there was a significant difference are included in the figure; see Figure 12 for the full list of items.

* Indicates a statistically significant difference of $p < 0.05$.

** Indicates a statistically significant difference of $p < 0.01$.

*** Indicates a statistically significant difference of $p < 0.001$.

Figure D4. Providers' views of how pandemic relief funding helped their program, by whether the program serves CAPS families



Source: Child Trends analysis of provider survey data (2024).

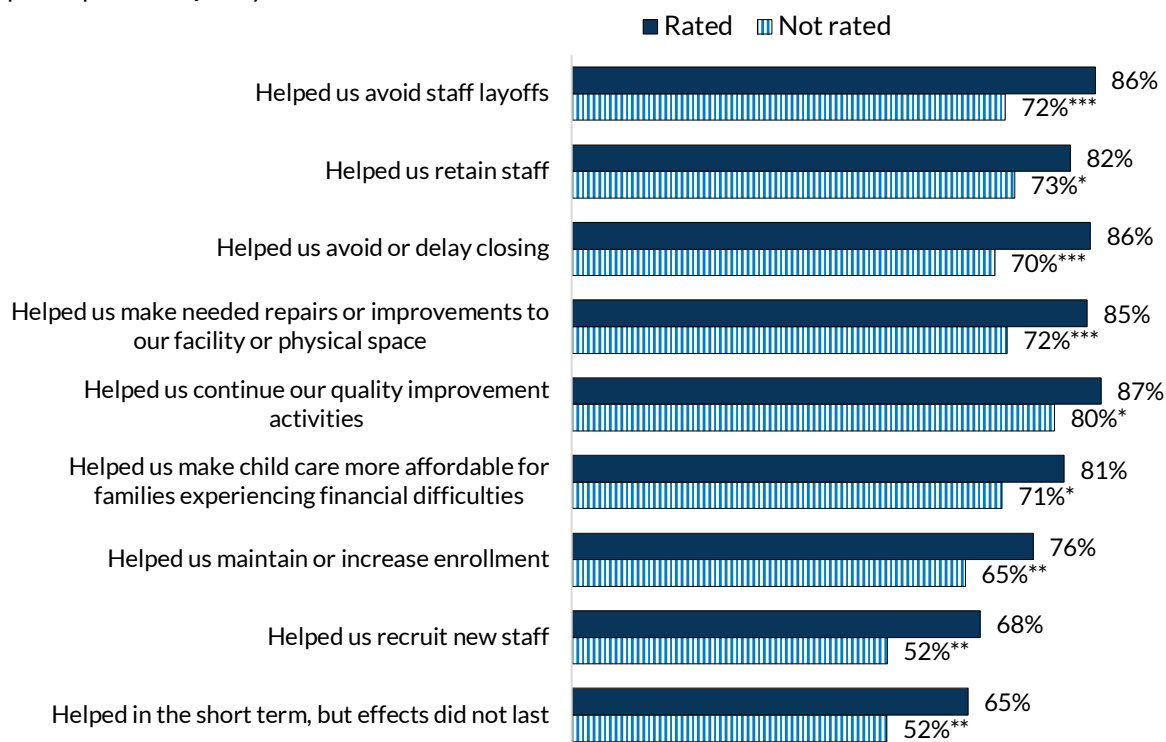
Note: Only items for which there was a significant difference are included in the figure; see Figure 12 for the full list of items.

* Indicates a statistically significant difference of $p < 0.05$.

** Indicates a statistically significant difference of $p < 0.01$.

*** Indicates a statistically significant difference of $p < 0.001$.

Figure D5. Providers' views of how pandemic relief funding helped their program, by whether the program participates in Quality Rated



Source: Child Trends' analysis of provider survey data (2024).

Note: Only items for which there was a significant difference are included in the figure; see Figure 12 for the full list of items.

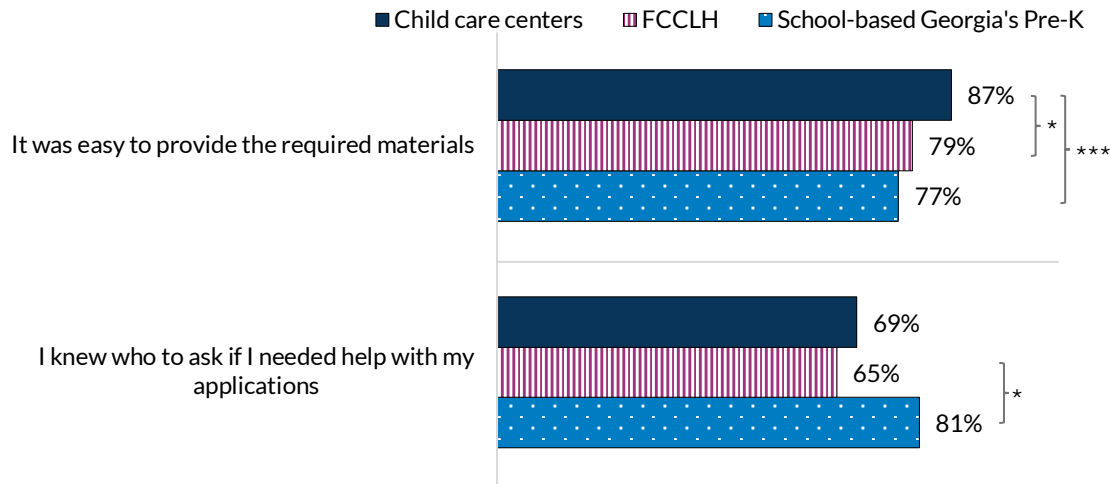
* Indicates a statistically significant difference of $p < 0.05$.

** Indicates a statistically significant difference of $p < 0.01$.

*** Indicates a statistically significant difference of $p < 0.001$.

Appendix E: Successes and Challenges by Provider Type

Figure E1. Providers' perceptions of the ease of applying for pandemic relief supports, by provider type



Source: Child Trends' analysis of provider survey data (2024).

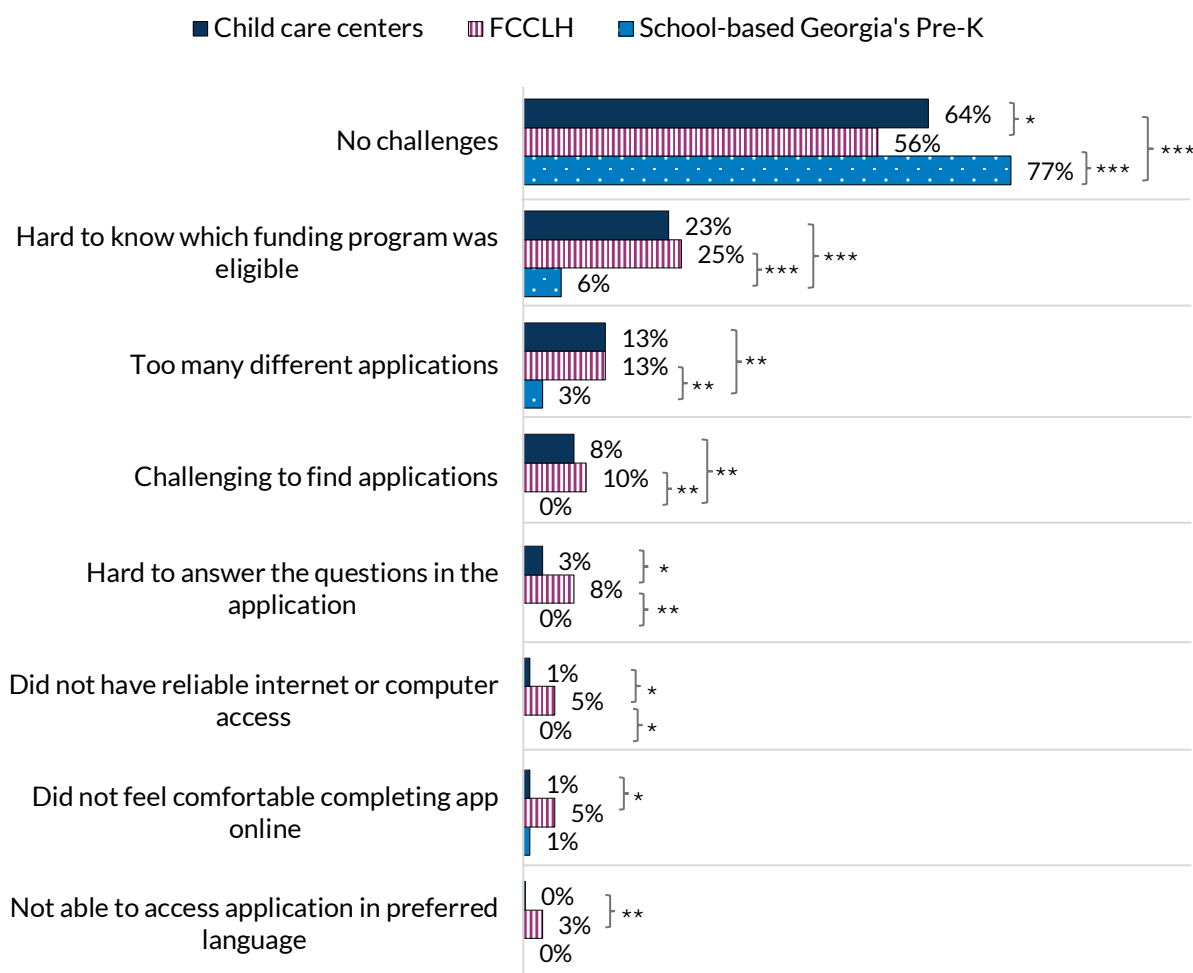
Note: Only items for which there was a significant difference are included in the figure; see Figure 13 for the full list of items. Child care centers include CCLCs as well as other center-based programs such as Georgia's Head Start and military child care programs.

* Indicates a statistically significant difference of $p < 0.05$.

** Indicates a statistically significant difference of $p < 0.01$.

*** Indicates a statistically significant difference of $p < 0.001$.

Figure E2. Percentage of providers reporting challenges in accessing pandemic relief supports, by provider type



Source: Child Trends' analysis of provider survey data (2024).

Note: Only items for which there was a significant difference are included in the figure; see Figure 14 for the full list of items. Child care centers include CCLCs as well as other center-based programs such as Georgia's Head Start and military child care programs.

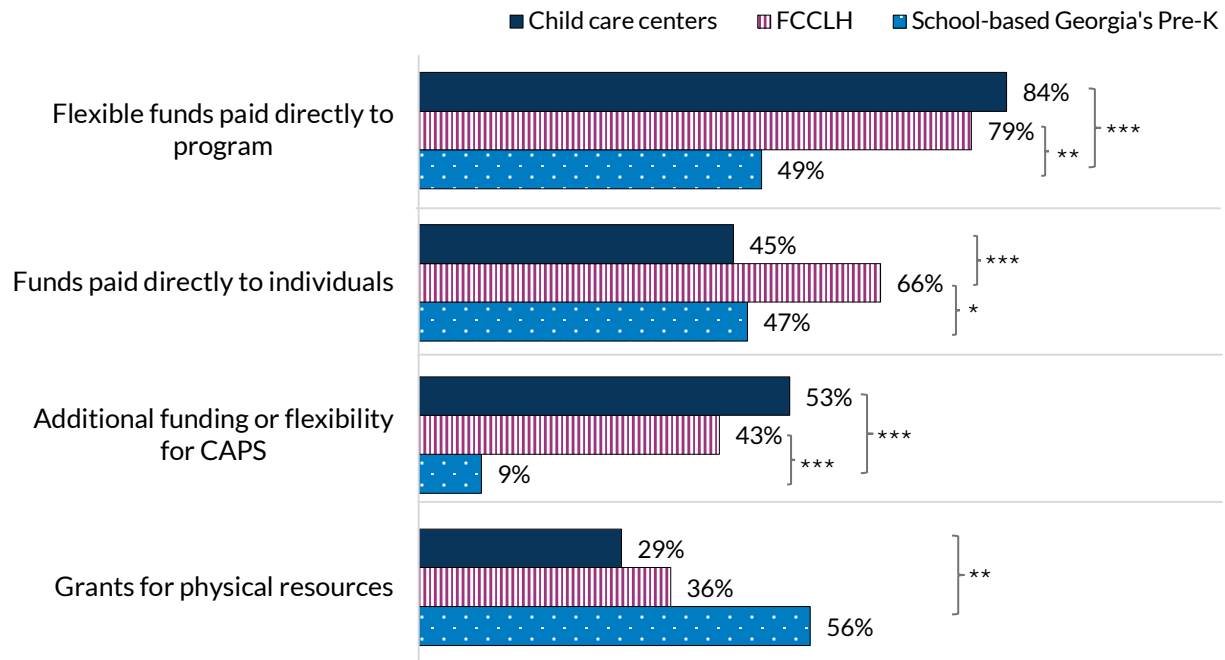
* Indicates a statistically significant difference of $p < 0.05$.

** Indicates a statistically significant difference of $p < 0.01$.

*** Indicates a statistically significant difference of $p < 0.001$.

Appendix F: Sustainability by Provider Type

Figure F1. Providers' rankings of the most and second most important categories of financial supports to continue after existing pandemic relief funding ends, by provider type



Source: Child Trends' analysis of provider survey data (2024).

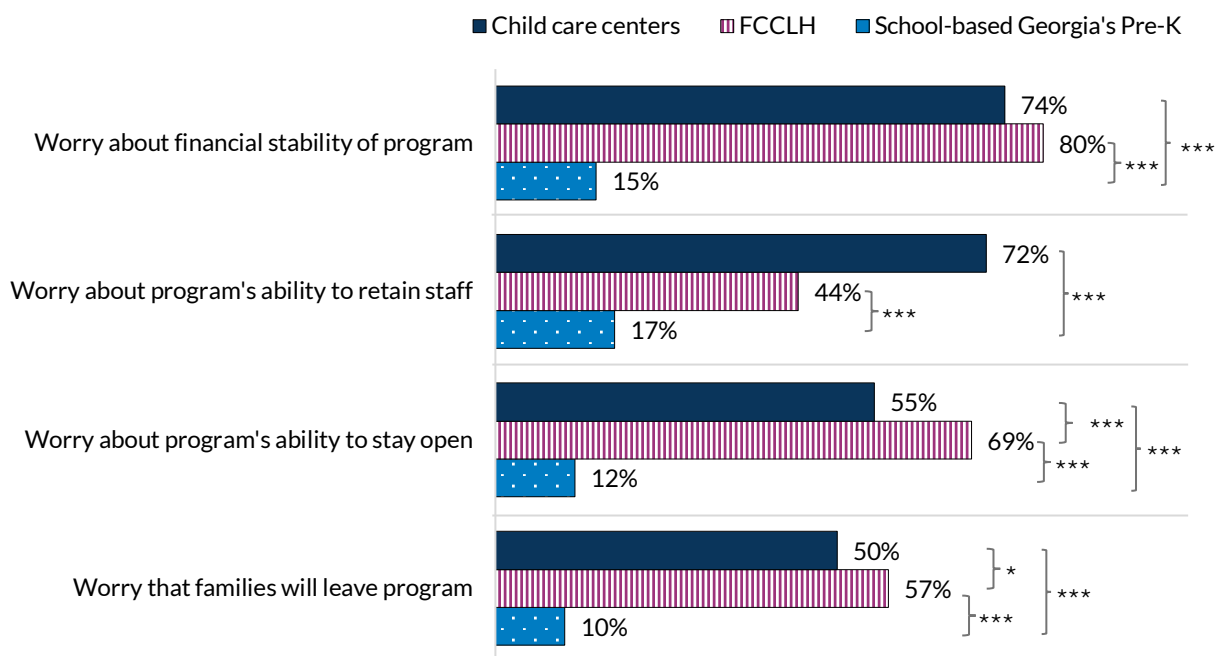
Note: Child care centers includes CCLCs as well as other center-based programs such as Georgia's Head Start and military child care programs. Only items for which there was a significant difference are included in the figure; see Figure 15 for the full list of items.

* Indicates a statistically significant difference of $p < 0.05$.

** Indicates a statistically significant difference of $p < 0.01$.

*** Indicates a statistically significant difference of $p < 0.001$.

Figure F2. Providers' worries about the future of their program after pandemic relief funding ends, by provider type



Source: Child Trends' analysis of provider survey data (2024).

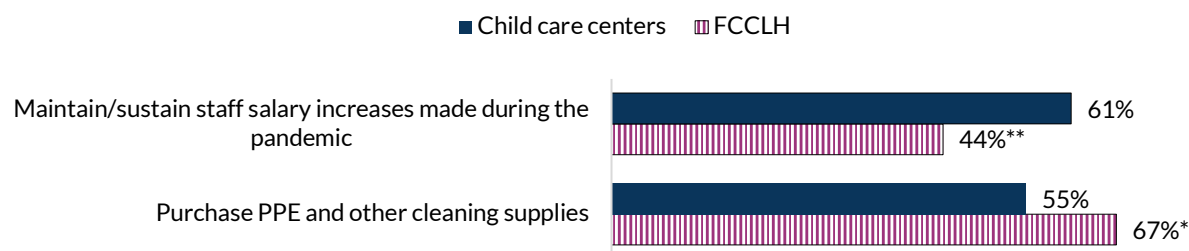
Note: Child care centers includes CCLCs as well as other center-based programs such as Georgia's Head Start and military child care programs. Only items for which there was a significant difference are included in the figure; see Figure 16 for the full list of items.

* Indicates a statistically significant difference of $p < 0.05$.

** Indicates a statistically significant difference of $p < 0.01$.

*** Indicates a statistically significant difference of $p < 0.001$.

Figure F3. Percentage of providers who will continue different activities after pandemic relief funding ends, by provider type



Source: Child Trends' analysis of provider survey data (2024).

Note: Only items for which there was a significant difference are included in the figure; see Figure 17 for the full list of items. Child care centers include CCLCs as well as other center-based programs such as Georgia's Head Start and military child care programs.

* Indicates a statistically significant difference of $p < 0.05$.

** Indicates a statistically significant difference of $p < 0.01$.

*** Indicates a statistically significant difference of $p < 0.001$.