

# Reach of Pandemic Relief Projects Supporting Georgia's Early Care and Education Programs

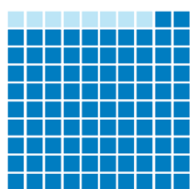
Dale Richards, Rachel Abenavoli, Jing Tang, James Fuller, Cassie Gerson, Diana E. Gal-Szabo, and Diane Early

During the COVID-19 pandemic, Georgia's Department of Early Care and Learning (DECAL) used state and federal pandemic relief funding to implement approximately 30 initiatives to stabilize the early care and education (ECE) industry and support young children and their families.

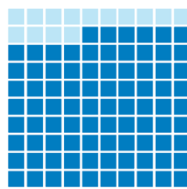
This brief summarizes findings from Child Trends' evaluation of DECAL's pandemic relief initiatives that relate to overall spending and reach of pandemic relief projects in support of ECE providers and teachers. Additional evaluation findings can be found in companion briefs and reports on [DECAL's website](#).

Approximately 3,700 center-based child care providers—representing roughly 92 percent of child care centers in Georgia—and 1,437 family child care providers—about 86 percent of family child care providers in Georgia—received pandemic relief funding.

Who received these funds?



92 percent of child care centers in Georgia



86 percent of family child care in Georgia

On average, each center-based provider received a total of over \$500,000 in pandemic relief funding for their program between March 2020 and April 2024, while each family child care provider received a total of almost \$50,000 during this time. Funding amounts were determined based on program size and type.



\$2 billion

Distributed by DECAL in pandemic relief funding to providers



850,000 payments

To providers as of April 2024

- **ACCESS:** Awarding Child Care Education Scholarship Supplements
- **CAPS:** Childcare and Parent Services
- **POWER:** Providing Our Workforce Essential Recognition
- **STABLE:** Short-Term Assistance Benefit for Licensed Entities

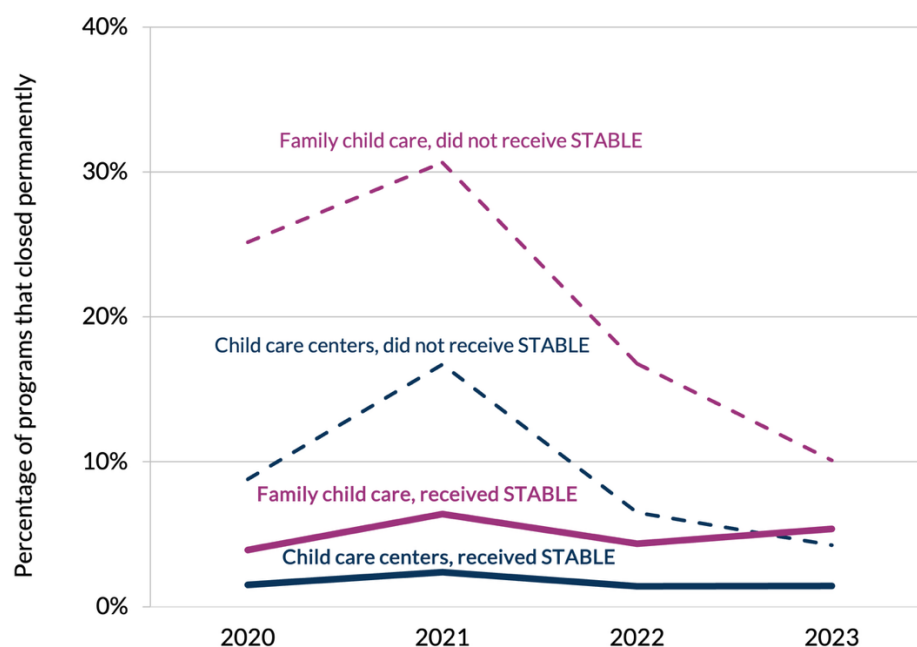
There were four main types of pandemic relief funding: 1) program stabilization grants, which gave providers flexibility in how to spend allocated funds; 2) payments made directly to workforce members; 3) grants for physical resources for programs (e.g., cleaning materials and classroom supplies); and 4) funding for providers participating in CAPS, DECAL's child care subsidy program, and training or educational workforce supports. Additional initiatives were intended to reduce the financial burden on families participating in CAPS.

**More than 3,800 providers (80-90% of all providers) received at least one round of stabilization funding through the STABLE project, with almost 3,000 providers receiving all four rounds.**

Child care centers spent over one third of their STABLE funds during the first three rounds on retaining or hiring teachers, while family child care providers spent over one third on facilities (e.g., repairs/improvements).

**Child care centers and family child care providers that participated in STABLE had significantly lower permanent closure rates than programs that did not, and family child care providers that did not participate in STABLE had the highest closure rates (see Figure 1). This was especially evident during the first two years of the COVID-19 pandemic.<sup>1</sup>**

**Figure 1. Permanent program closure rates from 2020 to 2023 for providers that did and did not receive STABLE, by provider type**



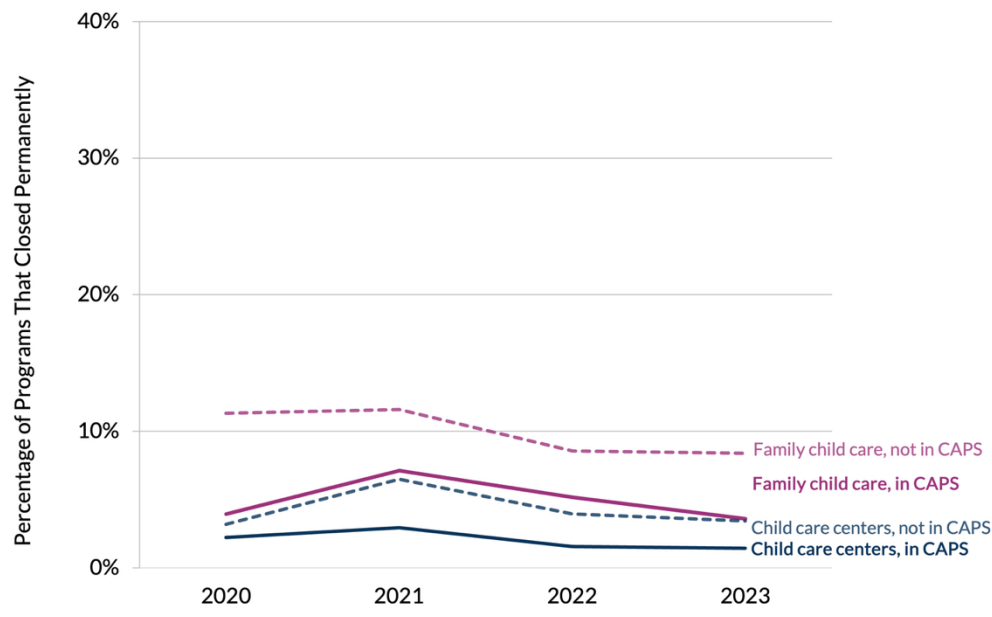
**Source:** Child Trends analysis of STABLE funds and licensing data

**Providers participating in CAPS received increased reimbursement rates through the ACCESS project, increased bonus payments based on their program's quality rating, and emergency payments that allowed them to be paid based on enrollment—even when children were absent or the program was temporarily closed. From May 2020 to October 2023, about 70 percent of center-based providers and a little over one third of family child care providers participated in CAPS.**

<sup>1</sup> 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.

CAPS providers had significantly lower permanent closure rates than providers who did not participate in CAPS (see Figure 2). In general, the number of center-based and family child care providers serving CAPS families remained relatively stable from May 2019 to October 2023.

**Figure 2.** 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 center-based and family child care providers that did and did not participate in CAPS. For both center-based providers ( $p < .01$ ) and family child care providers ( $p < .001$ ), providers who participated in CAPS had significantly lower closure rates than those who did not participate.

**Nearly 55,000 members of the ECE workforce received at least one bonus payment of \$1,000 through the POWER project.**

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, and reducing the financial burden on families.

## Acknowledgments

We would like to thank DECAL staff for their insight and contributions to this project, as well as the providers, teachers, and families who participated in the study. We would also like to share our appreciation for Child Trends staff, including Priya Koushik, Audrey Franchett, Rebekah Stafford, and Catherine Schaefer.

**Suggested Citation:** Richards, D., Abenavoli, R., Tang, J., Fuller, J., Gerson, C., Gal-Szabo, D.E., & Early, D. (2025). Reach of pandemic relief projects supporting Georgia's early care and education programs. Georgia Department of Early Care and Learning.