

Future Directions for Child Care Stabilization: Insights From State and Territory Uses of COVID-19 Relief Funds

Carlise King, Patti Banghart, Silvana Esposito Hackett, Gabriella Guerra, and Sara Appel

Table of Contents

Acknowledgments	ii
Executive Summary	1
Introduction.....	3
Methodology and Data	6
Key Findings	8
Actions Steps for Additional Research	23
Appendices	25
References	40

Acknowledgments

Child Trends thanks the Child Care and Development Fund (CCDF) administrators and staff who took time out of their busy schedules to pilot and respond to our survey. We also thank the following organizations that participated in our advisory workgroup, sharing their expertise and supporting the coordination of multiple national data collection efforts to track child care stabilization across states and territories: Bipartisan Policy Center, Child Care Aware of America, CLASP, First Five Years Fund, National Association for the Education of Young Children, and the National Women’s Law Center.

This report was made possible through generous funding from the David and Lucile Packard Foundation and the Pritzker Children’s Initiative. The findings and conclusions in this publication are those of the authors and do not reflect the positions or policies of our funders.

Suggested citation: King, C., Banghart, P., Hackett, S., Guerra, G., & Appel, S. (2024). Future directions for child care stabilization: Insights from state and territory uses of COVID-19 relief funds. Child Trends. DOI: 10.56417/1169b4422y

Executive Summary

The COVID-19 pandemic exacerbated inequities in families' access to child care and created an urgent need for states and territories to stabilize their child care systems. From March 2020 to March 2021, Congress allocated more than \$52 billion to states to stabilize child care and support families with young children. These federal COVID-19 relief funds were crucial in preventing additional closures of early care and education (ECE) programs and ensuring that families could maintain employment without losing access to child care. As states and territories finish spending their federal relief funds, there is a critical opportunity for Child Care and Development Fund (CCDF) administrators and early childhood system leaders to explore existing challenges and strengths, understand how changes to policy during the pandemic influenced families and the child care workforce, and set new goals for the long-term success of child care in their communities. The information in this report can help leaders identify and select key indicators that will measure their progress moving forward.

This report provides a snapshot of the amount of COVID-19 funding received, how it was used, and trends in parental participation in the labor force, income levels, work disruptions due to child care needs, child care subsidy receipt, child care supply, and wages for child care workers. Researchers analyzed publicly available data and conducted an online survey of CCDF administrators to verify policy information, detail uses of funding, and understand concerns about the end of COVID-19 funding. The survey, with responses from 34 states, the District of Columbia (DC), and three U.S. territories, offered valuable insights into the impact and future needs of child care stabilization efforts.

Key report findings include:

1. Uses of the COVID-19 relief funding to expand access to child care

- The most common use of funds was providing payments to child care providers based on enrollment rather than attendance (77%), reducing or waiving family co-payments or fees (71%), and expanding family income eligibility (71%). Collectively, these efforts helped support child care providers and families, including parents who were essential workers, during the pandemic.
- States and territories reported using stabilization and discretionary funds to enhance mental health supports for children, families, and child care providers. These supports included mental health consultation services and trauma-informed care training.
- States also reported using discretionary funds to increase compensation for the ECE workforce, with 83 percent providing bonuses, wage increases, or benefits.

2. Changes in families' economic status and child care stability

- Between 2019 and 2022, labor force participation among families remained steady, and the percentage of families in poverty decreased slightly, but child care disruptions declined more slowly. In April 2021, about 7 percent of families experienced child care disruptions, which surged to 30 percent by January 2022 before decreasing to 17 percent by the summer of 2022, indicating that stable child care arrangements remained a challenge.
- Initially, most families supervised their children while working during disruptions (30%), but as this proved unsustainable, other actions like taking paid leave (up 16%) and reducing work hours (up 11%) became more common along with increases in families leaving their jobs or taking unpaid leave.

3. Changes in families receiving child care assistance through the Child Care and Development Block Grant (CCDBG)

- From 2019 to 2021, there was an 8 percent decline in the estimated number of children and families receiving financial assistance through the CCDBG. This decline likely reflects initial challenges such as provider closures, staff shortages, and capacity limitations during the pandemic; however, these data do not capture the impact of actions resulting from the American Rescue Plan Act (ARPA) funds, which were not allocated until March 2021.
- Additional tracking of child care assistance data is needed to better understand trends following increases in family eligibility.

4. Changes in child care supply and workforce

- The overall number child care providers decreased by 6 percent between 2019 and 2022 with a greater decline in home-based care options.
- Despite a 16 percent wage increase for child care workers during the pandemic, their overall workforce declined by 18 percent, with child care salaries (averaging \$29,570) still significantly lower than kindergarten teachers' salaries, which average \$65,120 annually. States invested relief funds in financial support and flexible payment policies to stabilize child care programs, yet workforce challenges persisted, affecting the availability of care.

5. Concerns regarding end of COVID-19 funding

- The top concerns among CCDF administrators now that stabilization grants have ended are maintaining ECE staff compensation (78%), fears of losing staff (76%), and increased child care costs for families (68%).
- Administrators also expressed concerns about the end of discretionary funds in September 2024 with the most common concern being the potential for waiting lists in child care subsidy programs (40%).
- Seventy percent of administrators indicated that state funds were used to supplement COVID-19 relief primarily to increase provider reimbursement rates and support other stabilization policies.

These findings provide an initial snapshot of child care stabilization trends; however, there are limitations due to the timeframe of available data, which may not fully align with the distribution of all funding. Disaggregation of the data is also needed to examine variations among different groups. These gaps need to be addressed through additional research. The report's action steps for further research offer recommendations to reflect on and apply lessons learned from policy actions taken during the pandemic. Assessing state and territory-specific contexts before and after the pandemic is critical to building on each child care system's strengths and areas for improvement, ultimately achieving long-term stabilization and equitable child care access for families.

Introduction

Before the COVID-19 pandemic, the early care and education (ECE) system was already fragile, characterized by low wages, high turnover, and limited access for many families, particularly those with low incomes, living in rural areas, or with infants, toddlers, or children with disabilities.^{i,iii,iii} The onset of the pandemic exacerbated these existing challenges leading to significant hardships for child care providers and families with young children. By April 2020, approximately two-thirds of child care providers were closed, and one-third remained closed as of April 2021^{iv} due to financial instability from temporary closures and/or lower enrollment.^v

The child care workforce—predominantly composed of Black, Hispanic, and other women of color¹, including immigrant women—was among the hardest-hit sectors with employment nationwide decreasing by 33 percent between April 2019 and April 2020.^{vi} Families with young children also faced economic hardship and additional barriers to employment due to decreased access to child care during the pandemic with Black and Latino families disproportionately affected.^{vii,viii} The pandemic not only worsened inequities in ECE access but also underscored the urgent need for additional federal funding to support the stabilization of the child care sector during and post-pandemic.

This report provides an initial snapshot of the policies implemented by state and territories with COVID-19 relief funds and analyzes changes within the child care sector and experiences of families with young children. As states finalize spending of the COVID-19 child care relief funds, this snapshot can provide insights on the shifting needs and changed policies over the course of the pandemic to help inform states' and territories' goals for the future.

Overview of federal COVID-19 relief funds for child care

From March 2020 to March 2021, Congress allocated more than \$52 billion to states to help stabilize child care and support families with young children through the:

- [Coronavirus Aid, Relief, and Economic Security \(CARES\) Act](#)
- [Coronavirus Response and Relief Supplemental Appropriations \(CRRSA\) Act](#)
- [American Rescue Plan Act \(ARPA\)](#)
- The COVID-19 relief funding for child care from ARPA included approximately \$24 billion for stabilization grants to help ECE programs remain open or reopen and approximately \$15 billion for discretionary funding for Child Care and Development Block Grant (CCDBG) activities (see Figure 1). The discretionary funds were not restricted to the COVID-19 response and could be used to support a variety of activities, such as expanding access to child care assistance, expanding outreach on the availability of child care assistance, providing mental health supports for child care providers and children in their care, and supporting vaccinations.^{ix,x} Overall, the purpose of the federal COVID-19 relief funds for child care was to financially support ECE programs to avoid additional closures and to ensure that more families did not have to reduce their work hours or leave their jobs due to lack of child care.

¹ The 2018 Workforce Index does not define the races/ethnicities included in the “other” category.

ARPA funds accounted for the largest percentage of all federal COVID-19 relief funds for child care stabilization. Award amounts for states and territories for the child care stabilization grants ranged from approximately \$22.3 million in the Northern Mariana Islands to about \$2.7 billion in Texas. With these funds, stabilization grants were distributed to more than 99,500 child care centers and more than 124,000 family child care homes, reaching more than 10 million children served in these programs as of June 2023 (see Figure 2). Award amounts for states and territories for additional Child Care and Development Fund (CCDF) discretionary funding ranged from \$13.9 million in the Northern Mariana Islands to about \$1.7 billion in Texas. See Appendix A for total funding by state.

Box 1. Types of COVID-19 funding

Stabilization Grants: These are funds states, territories, and tribes must subgrant directly to child care providers to stabilize the child care sector during the pandemic.

Discretionary Funds: These are funds that states, territories, and tribes can use to stabilize the child care sector during the pandemic. Funds can be used to:

- Expand access to high-quality child care (e.g., increasing providers' reimbursement rates, wages, etc.)
- Expand access to child care assistance (e.g., increasing eligibility limits, waiving or reducing parent co-payments)
- Expand outreach on the availability of child care assistance, particularly to underserved communities or populations in states
- Provide mental health supports for child care providers and children in their care
- Support vaccinations

Figure 1. Federal COVID-19 relief funds for child care stabilization, by funding source^{xi,xii,xiii}

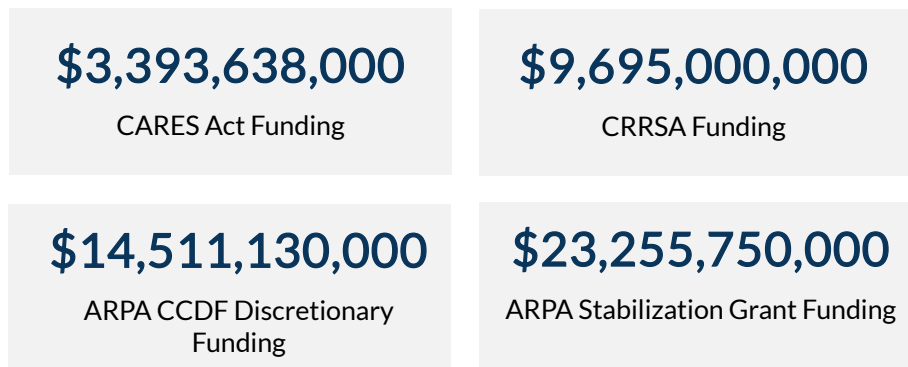
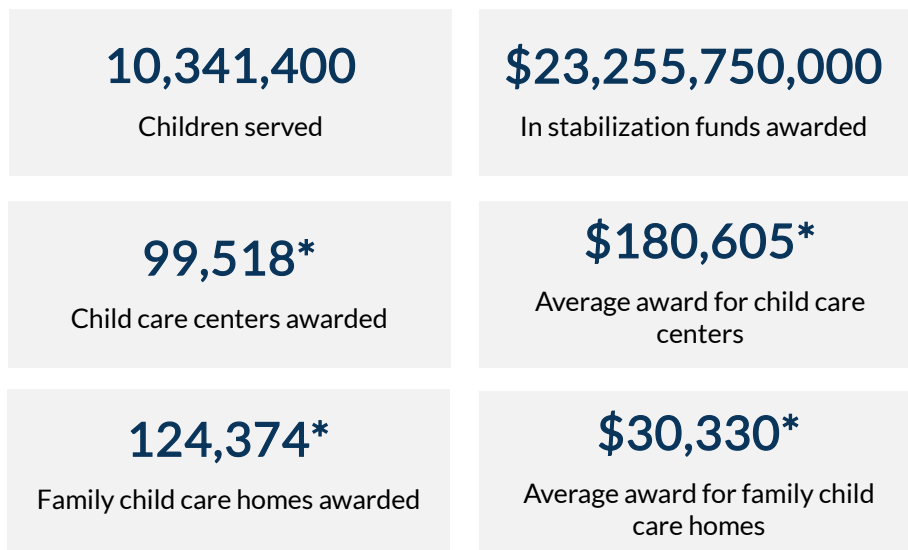


Figure 2. American Rescue Plan Act (ARPA) stabilization funding summary



Source: U.S. Department of Health and Human Services. Administration for Children and Families. Office of Child Care. ARPA Child Care Stabilization Funding State and Territory Fact Sheets (June 2023)

*Reflects state reported revisions.

States needed to distribute all stabilization grant funds to providers by September 2023, and they must spend their ARPA CCDF discretionary funding by the end of September 2024.^{xiv} As states spend these funds, it is important to understand trends related to child care stabilization and how child care providers and families with young children are faring. These trends can help states and territories identify current strengths and challenges in their child care system and plan for a more stable and equitable system in the future.

About this report

The purpose of this report is to explore the status of child care stabilization across states and territories by summarizing the following four key factors of stabilization and identifying actionable steps that state and territory child care administrators and ECE leaders can take to measure and monitor progress toward stabilization:

- Policies states implemented with COVID-19 relief funding to expand access to child care
- Changes in families' economic status and child care stability
- Changes in families receiving child care assistance through the CCDBG
- Changes in child care supply and workforce
- Concerns regarding end of COVID-19 funding

The following research questions were used to explore the four key areas of child care stabilization above:

1. How did states and territories prioritize COVID-19 child care relief funds during the pandemic?
2. What was the impact of the pandemic on families' child care arrangements, employment, and economic status (including poverty, labor force participation, and disruptions in child care)?
3. How did relief funds support child care programs and the workforce during and post-pandemic (e.g., maintaining provider supply, stability of the workforce, and wages)?
4. What are the funding needs of states following the end of COVID-relief funding?

Methodology and Data

To address the first research question, the research team conducted a scan of 46 relevant reports and national and state child care policy websites to identify policies implemented by states using COVID-19 child care relief funds. An inductive qualitative approach was used to code the state policy data. This approach involved developing policy categories based on the descriptions of policies identified from the scan. Similar policies were grouped according to their relevance to families, child care programs, and administrative processes. The scan resulted in the following seven policy categories for analysis:

1. Reduce/Waive family co-payments/fees
2. Expand eligibility criteria
3. Improve information systems and/or enhanced referrals to help families identify care
4. Provide mental health consultation services
5. Increase reimbursement rates
6. Payment based on enrollment not attendance
7. Payments during closures

For the second and third research questions, we compiled publicly available data from 2019 to 2022 from the American Community Survey (ACS), the Bureau of Labor Statistics (BLS), Census PULSE survey, Quality Progress Report, ACF-801 case-level data, and ACF-901 – American Rescue Plan Act (ARPA) Stabilization Grants Provider-Level data (see Box 2 for more information about these data sources). These data were used to describe trends in parental employment, family income status, child care disruptions during the pandemic, the number of children and families receiving child care subsidies, child care supply, and ECE workforce.

Box 2. Publicly available data sources

- **American Community Survey (ACS)** data on families with children under 5 living in poverty and families with children under 6 with both parents in the labor force for years 2019-2022
- **Bureau of Labor Statistics (BLS)** data on child care employment numbers and average hourly and yearly wages for child care workers
- **PULSE** survey data on child care disruptions, use of leave, employment, and child supervision during child care disruptions
- **Administration for Children and Families (ACF) Quality Progress Report (QPR)** data on the number and type of providers operating in each state
- **ACF 801 child care data** on characteristics of children, families, and providers who received child care subsidies

For our final research question, which aims to understand how CCDF lead agencies used the COVID-19 relief funds and the potential concerns of states as these funds come to an end, Child Trends conducted an online survey. This survey was sent to CCDF administrators in all 50 states, DC, and the U.S. territories. The survey asked CCDF lead agencies to:

- Verify the policy information collected through the policy scan
- Provide additional details on the use of funds for mental health support and financial supports for the ECE workforce
- Report on policies supported through additional state spending
- Share any concerns about the end of COVID-19 funding

The survey was piloted in April and May 2024 with a sample of states. After incorporating feedback from the pilot states, the final survey was launched in July 2024. The survey remained open until August 23, 2024. Child Trends received responses from 34 states, DC, and 3 U.S. territories for a total of 37 respondents.

Key Findings

This section summarizes key findings from our analysis of the national survey and publicly available data. For this report, we have defined stabilization as reaching levels that do not fall below pre-pandemic standards.^{xv} We used 2019 data as the pre-pandemic comparison point when measuring progress toward stabilization because child care relief funding was intended to prevent the child care industry from collapsing, not to make significant improvements. However, we also recognize that, before the pandemic, the child care industry faced significant inequities and challenges related to child care supply, workforce compensation, and families' access to care. Using 2019 as a comparison point does not imply that reaching 2019 levels is the goal or sufficient to address the issues that existed before the pandemic.

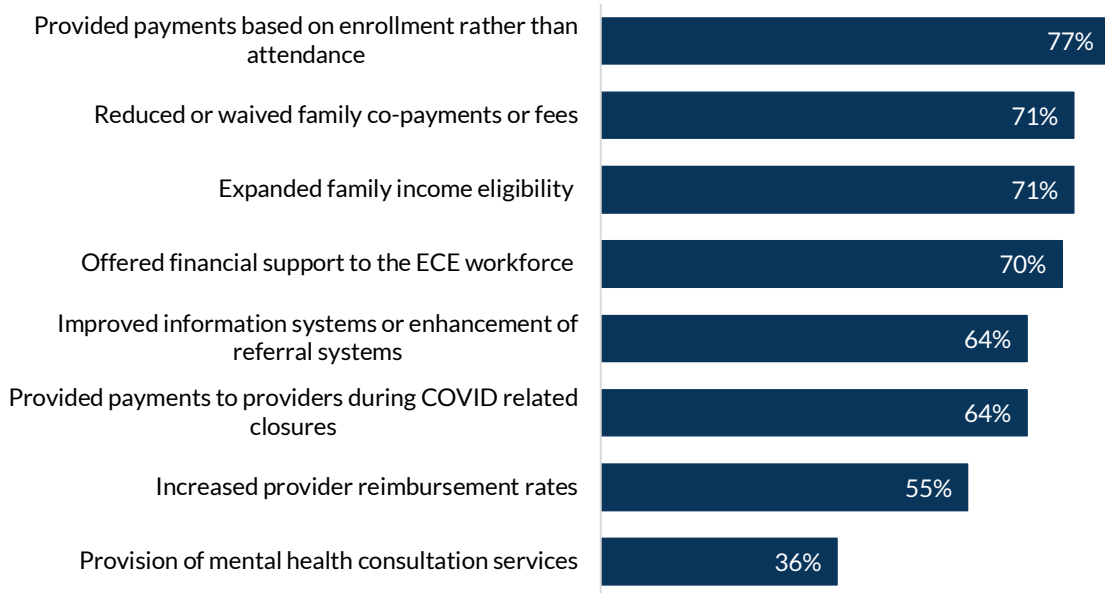
There will also be instances where results are shown separately for funds distributed through stabilization grants and discretionary funding. This distinction is made because stabilization grants were typically lump sums sub-granted directly to providers, while discretionary funds could include a variety of activities administered through an array of government funded programs (see Box 1 for details).

Policies implemented with COVID-19 relief funds

Given the flexibility and number of allowable uses for the ARPA discretionary funds, we explored how states supported children and families to improve child care stabilization. Based on our policy scan, we identified seven policy categories that CCDF lead agencies used the child care relief funding for to support child care providers and families. We then surveyed state and territory administrators to confirm if the policy information we collected about the uses of the COVID-19 relief funds related to these categories was accurate. See Appendix B for a list of uses by state and territory.

Based on the policy scan, which included information from all states, DC, and U.S. territories (n=56), we found that the most common use of the funds was to provide payments based on enrollment rather than attendance, with 77 percent of states and territories adopting this policy. This approach ensured that providers' payments were not tied to a child's daily attendance, which could be disrupted by periodic closures or absences due to illness or other health and safety concerns. The next most common uses of the funds were reducing or waiving family co-payments or fees (71%) and expanding family income eligibility (71%). The reduction or waiver of family fees helped ease the financial burden on families during that time. Expanding family income eligibility allowed many states to provide access to child care for essential workers who were required to work due to the nature of their jobs. As illustrated in Figure 3, states used the funds for a variety of policies.

Figure 3. State uses of the COVID-19 relief funds for child care stabilization, by policy category (N = 56)



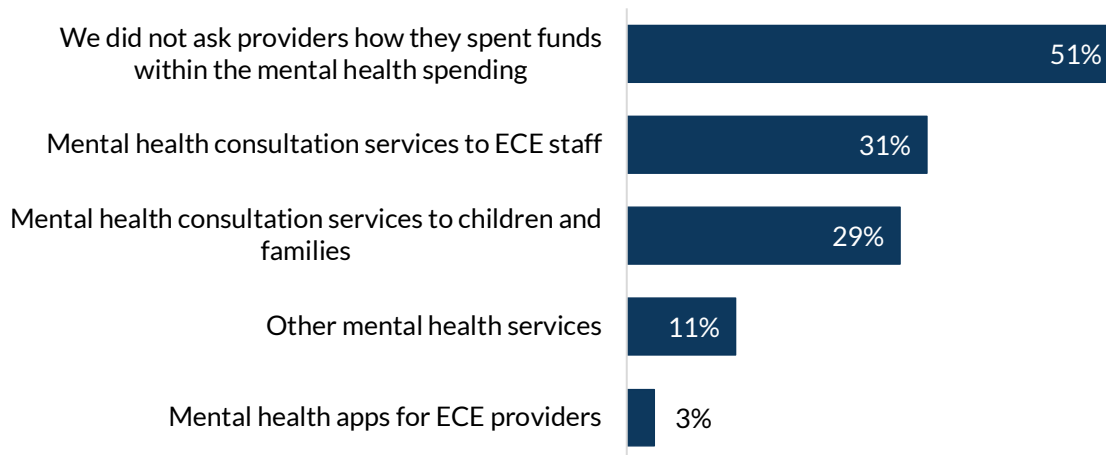
Source: Child Trends' Policy Scan of 50 states, DC, and U.S. territories. (Information from the policy scan was also confirmed by the 37 states and territories that completed the 2024 Child Trends Survey of CCDF Administrators.)

Provision of mental health services

Due to the limited information from our initial policy scan regarding the types of mental health supports funded by COVID-19 relief, we included additional survey questions to gather more information. These questions focused on the types of mental health supports for which ECE programs used stabilization grants as well as supports funded by the state's ARPA discretionary funding.

Among the states and territories that responded about how ECE providers in their area used stabilization grant funding (n=35), many did not ask providers specifically how they used the funds for mental health supports (see Figure 4). However, 31 percent of respondents indicated that ECE providers used stabilization grant funds to offer mental health consultation services for their staff, and 29 percent reported that providers offered these services to children and families.

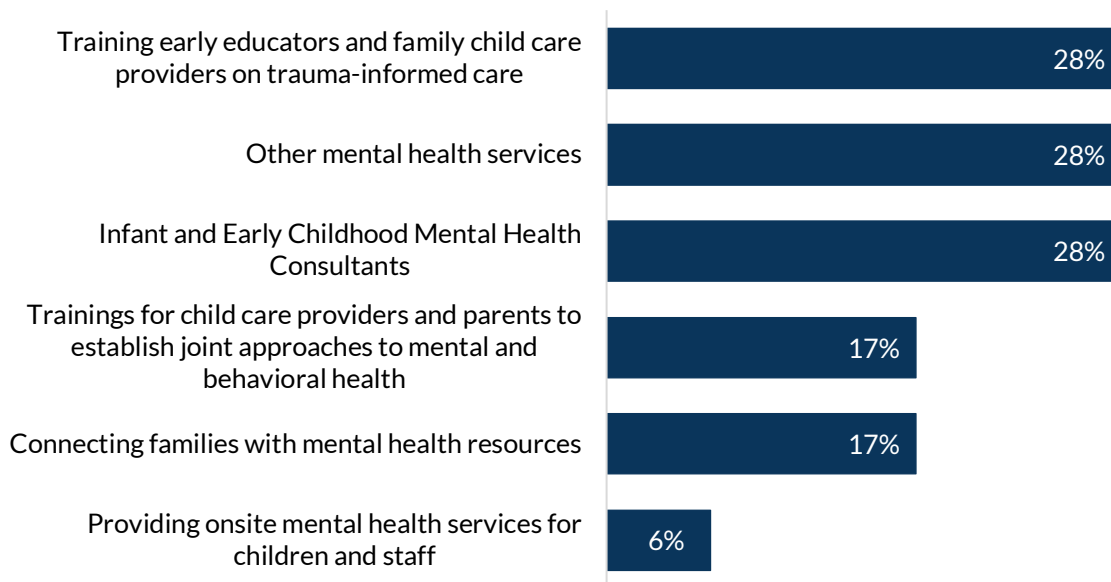
Figure 4. Providers' use of stabilization grants to support mental health services (N = 35)



Source: 2024 Child Trends Survey of CCDF Administrators completed by 37 states and territories

Figure 5 shows that among the states and territories that responded about how they used ARPA discretionary funding for mental health supports (n=36), the most common reported uses were providing training to early educators and family child care providers on trauma-informed care (28%), offering infant and early childhood mental health consultation services (28%), and other non-specified mental health services (28%). Of the states that offered a description for non-specified mental health services, states reported these funds were used for training and general mental health supports for staff and families.

Figure 5. Types of mental health offerings funded using discretionary CCDF funds (N = 36)



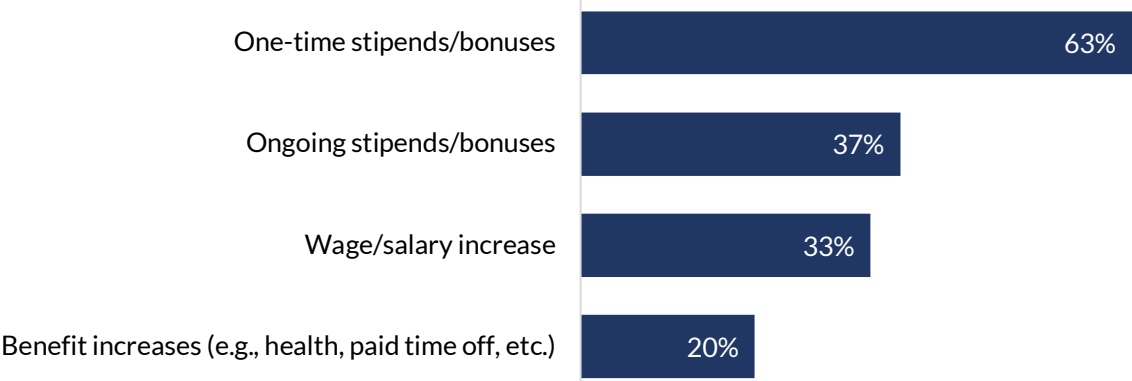
Source: 2024 Child Trends Survey of CCDF Administrators completed by 37 states and territories

Supporting the ECE workforce

Our policy scan also yielded very little information on whether and how ARPA discretionary funds were used to provide direct compensation to the ECE workforce (e.g., stipends, bonuses, wage increases, or benefits). To address this gap, we asked states and territories additional questions about their use of discretionary funds for compensation and, if applicable, the types of compensation they provided.

The majority (83%) of responding states and territories (n=36) reported using ARPA discretionary funds to compensate the workforce (see Figure 6). Among those who specified the types of compensation offered (n=30), 63% provided one-time bonuses; more than a third (37%) offered ongoing bonuses; a third provided wage or salary increases (33%); and 20% offered benefit increases.

Figure 6. Respondents that reported using ARPA discretionary funds to offer workforce supports (N = 30)



Source: 2024 Child Trends Survey of CCDF Administrators completed by 37 states and territories

State highlights

Seven states provided additional compensation through ARPA funds for more than 20,000 ECE workforce members

- **Colorado** provided **25,000** ECE workforce members with bonuses and increased wages and benefits.
- **Indiana** provided more than **67,000** ECE workforce members with bonuses and increased wages.
- **New York** provided **80,000** ECE workforce members with bonuses and increased wages and benefits.
- **North Carolina** provided more than **41,000** ECE workforce members with bonuses and increased wages and benefits.
- **Oklahoma** provided bonuses to **20,000** ECE workforce members.
- **Tennessee** provided bonuses to **20,000** ECE workforce members.
- **Wisconsin** provided more than **55,000** ECE workforce members with bonuses and increased wages and benefits.

Changes to families' economic status, employment status, and child care arrangements during the pandemic

Families experienced additional economic instability during the pandemic and frequent child care disruptions which further impacted their economic instability. The following tables and figures, which are based on data from the Bureau of Labor Statistics and Census PULSE data, show changes in families' workforce participation, income levels, and work disruptions due to child care.

Changes to families with parents in the labor force

According to data from the U.S. Census Bureau from 2019 to 2022, there was no significant change in the number of families with children under 18 or children under age 6 with parents participating in the labor force nationally. State and territory variations ranged from a 2 percent decrease in West Virginia to a 7 percent increase in Pennsylvania for parents with children under age 6, and from a 2 percent increase to a 4 percent decrease in DC and Puerto Rico, respectively. This suggests that, despite the challenges families faced during the pandemic—such as child care and school closures—many continued working out of economic necessity. Additionally, families were aided by supports like increased financial assistance through COVID-19 relief funding and the shift to remote work. It should be noted that labor force participation data defines “in the labor force” as including persons who are unemployed but looking for work. This could potentially mask differences in unemployment rates for parents. For example, in 2019, the unemployment rate for parents was 3 percent. By 2020, the unemployment rate for parents had more than doubled to 7 percent.^{xvi}

The year-to-year differences in parental employment may also mask month-to-month differences in parental employment during the pandemic as well as the differing experiences of subgroups of parents, such as differences in employment between mothers and fathers, differences by race and ethnicity, and between parents working in different economic sectors. An analysis conducted by the Center on Poverty and Social Policy at Columbia University, for example, found that in 2020, the rate of Black or Hispanic children with at least one unemployed parent was twice the rate of White children with at least one unemployed parent. The analysis also found that while the rate of children with unemployed mothers has historically been higher than the rate of children with unemployed fathers, the difference in those rates increased from 1 percentage points to 4 percentage points between January and April 2020.^{xvii}

Table 1. Families with parents in the labor force

	Families With Children Under 18 With Parents in the Labor Force	Families with Children Under 6 With Parents in the Labor Force
2019	33,564,066 (71.5%)	15,039,449 (66.2%)
2020	33,697,040 (71.8%)	15,045,945 (66.7%)
2021	34,480,760 (71.9%)	14,992,885 (66.9%)
2022	34,254,226 (72.2%)	14,763,552 (67.3%)
% Change	2%	-2%

Source: U.S. Census Bureau. Selected Economic Characteristics. American Community Survey 5-Year Estimates

Changes to families living in poverty

There are several options to gauge trends in family poverty in the United States. The U.S. Census Bureau produces the Official Poverty Measure by setting a national poverty threshold and using pre-tax income and family size and composition to estimate the population below that threshold. The U.S. Census Bureau also produces the Supplemental Poverty Measure, which builds on the Official Poverty Measure by including non-cash benefits (e.g., nutrition or housing assistance) and refundable tax credits in their calculation of family economic resources subtracting key basic needs expenses and making geographic adjustments to the poverty threshold. This report uses the Official Poverty Measure from the American Community Survey to estimate the percentage of families with children living in poverty as it most closely aligns with the U.S. Department of Health and Human Services' eligibility guidelines for federal child care subsidies.

The percentage of all families, including those with young children under age 5, living in poverty decreased slightly nationally from 2019 to 2022 (see Table 2). Several factors could have contributed to this trend. For instance, the federal government provided financial stimulus funds to families during this time based on their income and the number of children and expanded the child tax credit, which directly increased household incomes.^{xviii,xix}

Table 2. Percentage of families living below the Federal Poverty Line

	Families With Children Living in Poverty	Families with Children Under 5 Living in Poverty
2019	15.1%	14.4%
2020	14.3%	13.5%
2021	13.9%	13.1%
2022	13.6%	12.8%
% Difference	-1.5%	-1.6%

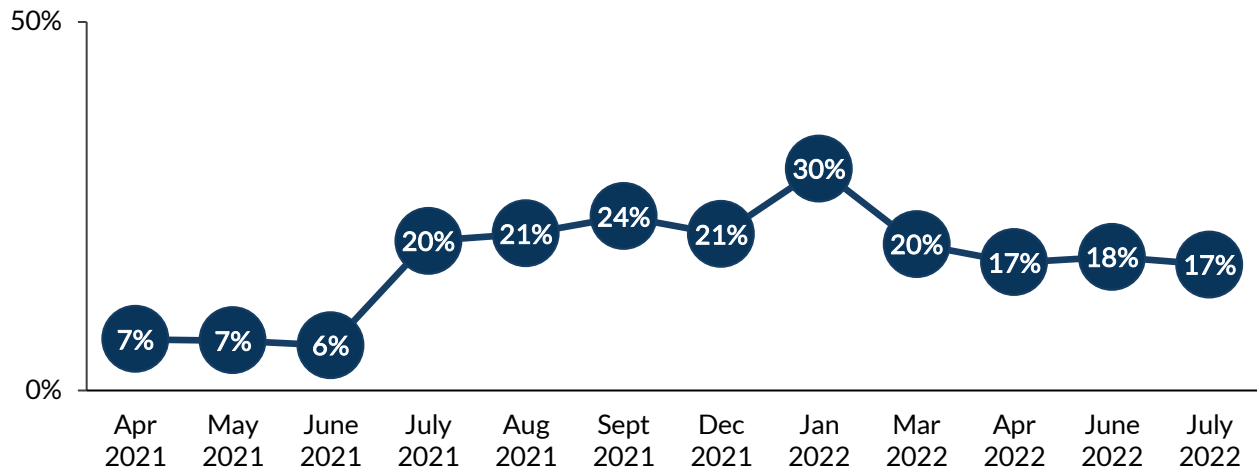
Source: U.S. Census Bureau. Selected Economic Characteristics. American Community Survey 5-Year Estimates

Families experiencing child care disruptions

While workforce participation among families remained steady and the percentage of families in poverty decreased, Figure 7 shows that the decline in child care disruptions has been slower. In April 2021, around 7 percent of families experienced child care disruptions, which surged to 30 percent by January 2022 before decreasing to 17 percent by the summer of 2022. These trends, alongside data on workforce participation, suggest that while families continued to work, the stability of their child care arrangements remained a challenge through the summer of 2022².

² The total number of households responding to Household Pulse Survey items related to child care disruptions varied from a low of 31 million households in July 2021 to a high of 97.4 million households in May 2021.

Figure 7. Percentage of families who reported experiencing child care disruptions

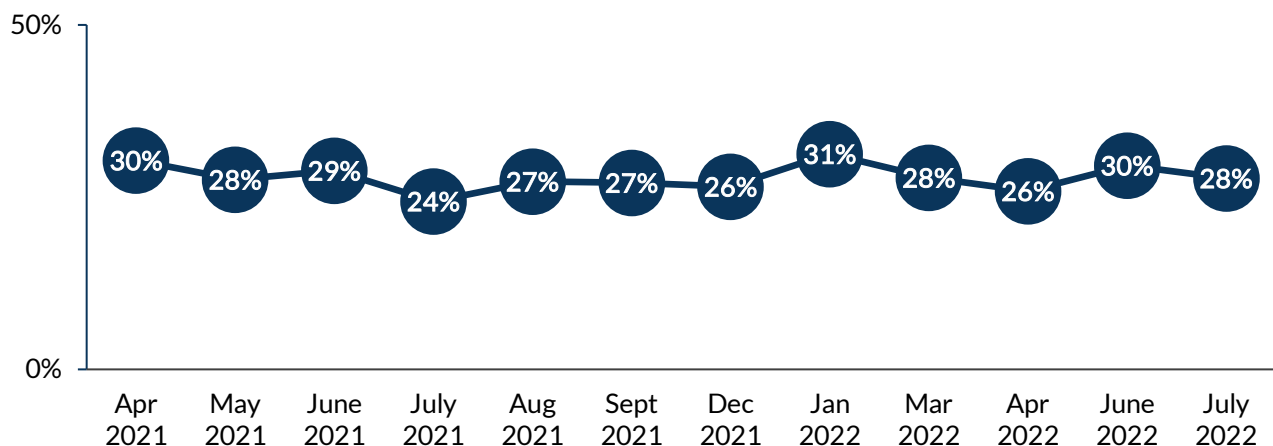


Source: U.S. Census Bureau. Household Pulse Survey Data Tables

Figures 8-13 show the actions families took in response to child care disruptions. The most common response was for families to supervise their children while working, with approximately 30 percent of families reporting this action in April 2021. However, by July 2022, the percentage of families choosing this option had decreased, while other actions increased. This suggests that although balancing child care and work duties was an initial choice for many families, it was unsustainable for families or families felt safer with other solutions over time.

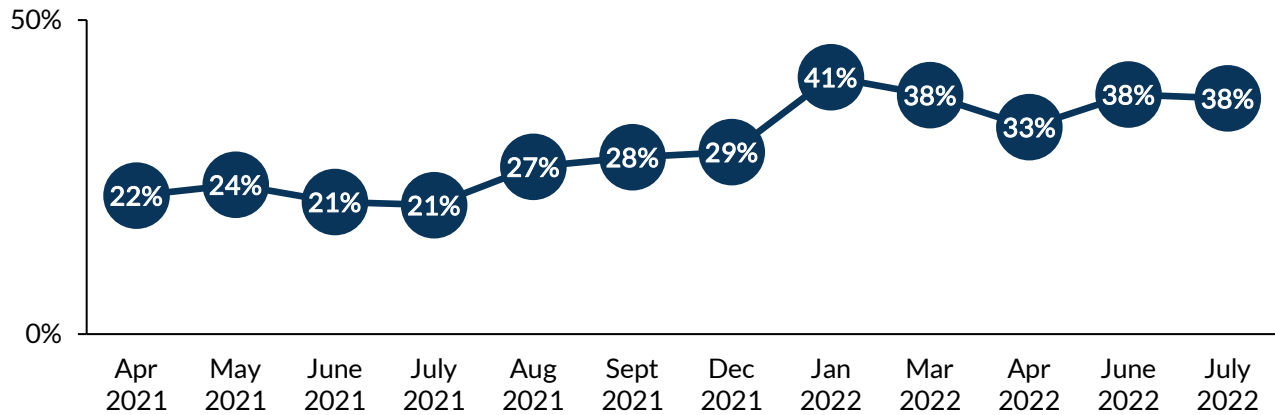
The most significant increases were seen between April 2021 and July 2022 in families taking paid leave due to child care disruptions (a 16% increase) and reducing work hours (an 11% increase) when facing child care disruptions. Additionally, the percentage of families reporting that they left their job, took unpaid leave, or lost their job due to child care disruptions rose by 11 percent, 8 percent, and 6 percent, respectively, between December 2021 and January 2022.

Figure 8. Percentage of families who experienced child care disruptions who reported supervising children while working



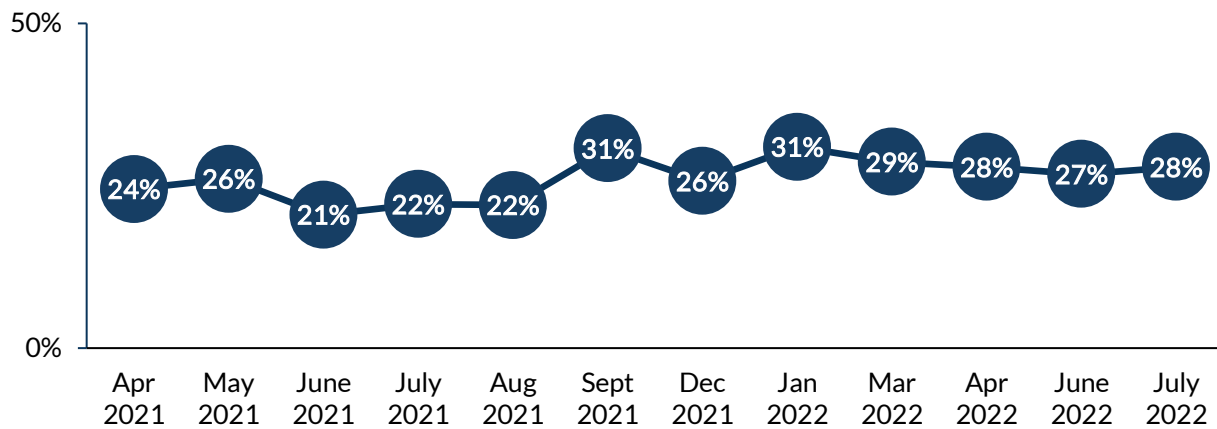
Source: U.S. Census Bureau. Household Pulse Survey Data Tables

Figure 9. Percentage of families who experienced child care disruptions who reported using paid leave to care for children



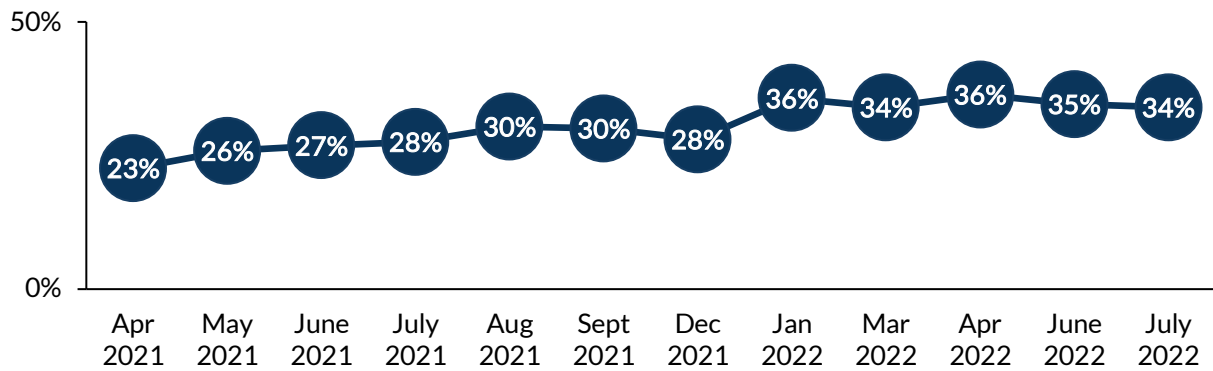
Source: U.S. Census Bureau. Household Pulse Survey Data Tables

Figure 10. Percentage of families who experienced child care disruptions who reported using unpaid leave to care for children



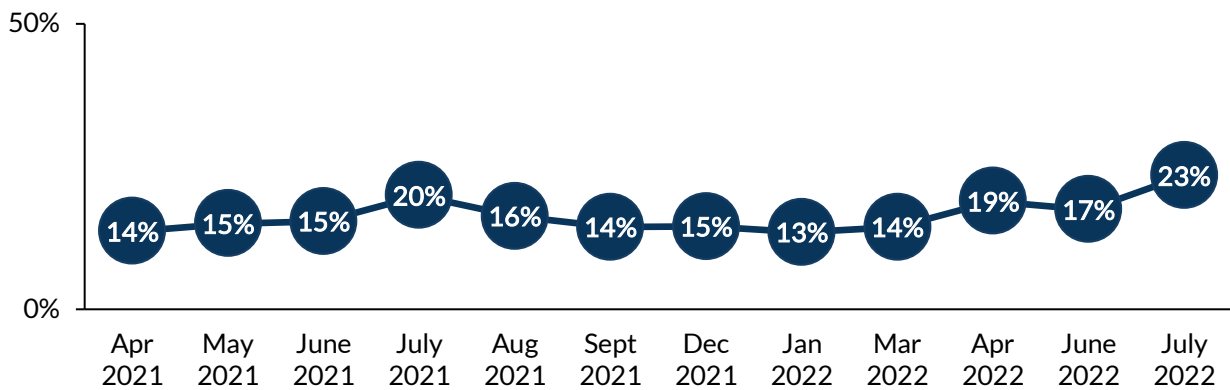
Source: U.S. Census Bureau. Household Pulse Survey Data Tables

Figure 11. Percentage of families who experienced child care disruptions who reported reducing work hours to care for children



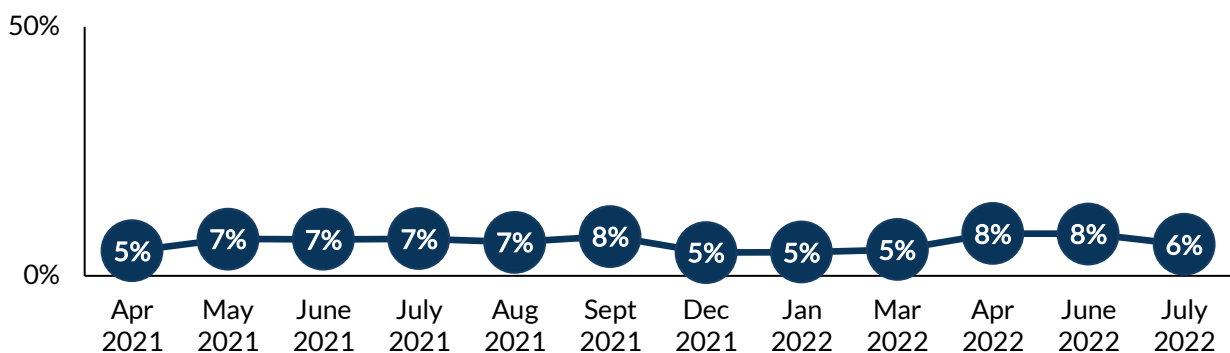
Source: U.S. Census Bureau. Household Pulse Survey Data Tables

Figure 12. Percentage of families who experienced child care disruptions who reported leaving jobs to care for children



Source: U.S. Census Bureau. Household Pulse Survey Data Tables

Figure 13. Percentage of families who experienced child care disruptions who reported job loss due to child care responsibilities



Source: U.S. Census Bureau. Household Pulse Survey Data Tables

Changes to the number of children and families receiving child care assistance

Tables 3 and 4 present data on the number and characteristics of children and families receiving financial assistance for child care through the Child Care and Development Block Grant (CCDBG). The CCDBG subsidizes child care costs for families with children under age 13 who earn less than 85% of the state median income. Overall, the estimated number of children and families served by CCDBG both declined by 8 percent. The number of children participating in CCDBG by age remained consistent across age groups, with a 1 percent change in any age group. The decrease in children and families served in 2021 may reflect families' shift in child care needs and preferences to not have children in a public setting and having a more difficult time finding a provider given closures, staff shortages, and capacity limitations during the pandemic. The decrease in the number of children and families served also likely does not reflect changes to expand family income eligibility or waive co-payments—two policies that were widely implemented with ARPA funds starting in 2021—to help make child care more accessible.

Table 3. Estimate of children and families who received child care assistance from 2019-2021

	Estimate of Children	Estimate of Families
2019	1,428,500	864,000
2020	1,484,100	899,100
2021	1,313,700	797,200
% Change	-8%	-8%

Source: U.S. Department of Health and Human Services. Child Care and Development Fund Statistics

Table 4. Percentage of children receiving child care assistance by age group from 2019-2021

	Age 0-1	Age 1-2	Age 2-3	Age 3-4	Age 4-5	Age 5-6	Age 6+
2019	5%	10%	13%	14%	14%	10%	35%
2020	4%	10%	13%	14%	13%	10%	36%
2021	4%	9%	13%	14%	13%	11%	36%
% Difference	-1%	-1%	0%	0%	-1%	1%	1%

Source: U.S. Department of Health and Human Services. Child Care and Development Fund Statistics

The percentage of children receiving child care assistance by race and ethnicity remained largely unchanged between 2019 and 2021 (see Table 5), with the exception of a slight decrease in Black/African American children (-2%) and a three percent increase in White children receiving assistance.

Table 5. Percentage of children receiving child care assistance by race and ethnicity from 2019-2021

	American Indian/Alaska Native	Asian	Black/African American	Native Hawaiian/Pacific Islander	White	Multi Racial
2019	1%	1%	40%	1%	42%	4%
2020	1%	1%	40%	0%	43%	4%
2021	1%	1%	38%	0%	45%	4%
% Difference	0%	0%	-2%	N/A	3%	0%

	Hispanic	Non-Hispanic
2019	24%	73%
2020	25%	72%
2021	24%	73%
% Difference	0%	0%

Source: U.S. Department of Health and Human Services. Child Care and Development Fund Statistics

Tables 6 and 7 illustrate changes in whether families were responsible for a co-payment (or co-pay) and the percentage of the family’s income the co-payment represents. A co-pay is the amount of money a family contributes toward the cost of subsidized child care. The percentage of families with no income, who were not required to pay a co-pay, remained unchanged between 2019 and 2021. The percentage of families with an income who were not required to pay a co-pay increased by 13%, while those required to pay a co-pay decreased by the same amount (-13%) from 2019 to 2021. The percentage of a family’s income that co-pay represented stayed the same at 6 percent.

Table 6. Percentage of families receiving child care assistance by co-pay status from 2019-2021

	With No Co-Pay/No Income	With No Co-Pay	With Co-Pay
2019	21%	21%	58%
2020	21%	33%	46%
2021	21%	34%	45%
% Difference	0%	13%	-13%

Source: U.S. Department of Health and Human Services. Child Care and Development Fund Statistics

Table 7. Co-pay as percentage of family income for families receiving child care assistance from 2019-2021

Co-Pay as Percentage of Family Income	
2019	6%
2020	6%
2021	6%
% Difference	0%

Source: U.S. Department of Health and Human Services. Child Care and Development Fund Statistics (excludes families with \$0 co-pay)

Child care supply and workforce changes during the pandemic

A major concern during the pandemic was the stabilization of child care programs. Providing financial support and flexible payment policies was intended to help programs remain open or to reopen during the pandemic. As described above in our policy scan, many states used funds to increase payments to child care providers. In this section, we examined trends in the number of licensed and license exempt providers nationally as well as shifts in compensation for those working in child care programs. See Appendices C through F for changes in child care supply by type of provider by state and territory.

Table 8 shows an overall decrease in the number of total providers between 2019 and 2022 by type of provider. While the number of center-based providers remained fairly stable, there was a noticeable decrease in the number of licensed family child care providers (-7.9%) and in-home care (-45.9%) available.

Table 8. Number of child care providers from 2019-2022, by type of provider

	Center Based - Licensed	Center Based - License Exempt	Family Child Care - Licensed	Family Child Care - License Exempt	In-Home Care	Other*	Total Providers
2019	119,742 (34%)	20,558 (6%)	119,388 (34%)	58,560 (17%)	27,996 (8%)	858 (<1%)	347,102
2020	117,785 (36%)	21,569 (7%)	114,978 (35%)	49,010 (15%)	20,711 (6%)	327 (<1%)	324,380
2021	113,368 (35%)	20,159 (6%)	107,950 (34%)	61,245 (19%)	15,494 (5%)	1,730 (<1%)	319,946
2022	118,870 (36%)	21,234 (6%)	109,946 (34%)	57,273 (18%)	15,143 (5%)	2,763 (<1%)	325,229
% Change	-0.7%	3.3%	-7.9%	-2.2%	-45.9%	N/A*	-6.3%

* Other includes programs not applicable to provided categories due to state-specific designations.

Source: U.S. Department of Health and Human Services. Quality Progress Report. Percentages may not add to 100% due to rounding.

Child care staffing and compensation during the pandemic were a large concern and key area of focus for stabilization efforts. As highlighted in our policy scan and national survey, many states and territories invested relief funds for one-time and ongoing bonuses, wage increases, and benefits (see Figure 6). While wages for child care employees increased by 16 percent, Table 9 shows the overall number of child care employees decreased by 18 percent, indicating a continued decline in the workforce despite increased wages (see Appendix G for all states). Child care salaries (averaging \$29,570) in 2022, while showing an increase, were still significantly lower than kindergarten teachers' salaries, which average \$65,120 annually.^{xx}

Table 9. Child care employment and wage changes from 2019-2022*

	Number of Persons Employed in Child Care	Average Hourly Wage	Average Annual Wage
2019	561,520	\$12.27	\$25,510
2020	494,360	\$12.88	\$26,790
2021	438,520	\$13.31	\$27,680
2022	459,460	\$14.22	\$29,570
% Change	-18%		16%

Estimates do not include self-employed workers.

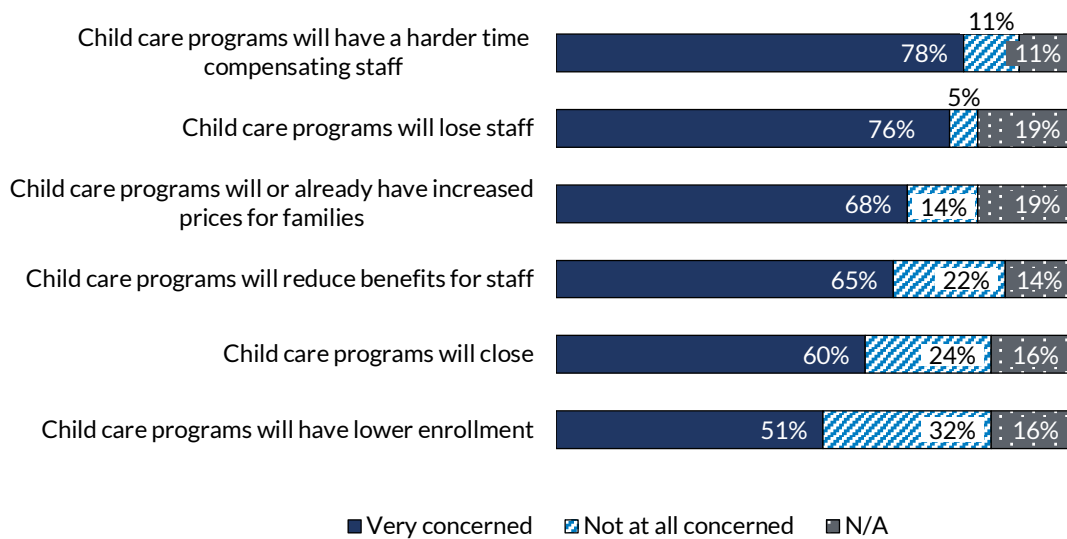
Source: U.S. Bureau of Labor Statistics. 2020-2023 State Occupational Employment and Wage Estimates

Concerns regarding end of COVID-19 funding

In our national survey, we aimed to understand the concerns CCDF administrators have regarding the end of COVID-19 funding and whether states plan to continue any of the policies implemented during the funding period. We specifically asked administrators about their concerns related to stabilization grants and discretionary funding used to support program sustainability, maintaining adequate staffing, and ensuring family access to child care programs. Respondents indicated whether they were very concerned, not concerned at all, or if the outcome was not applicable to them for each type of funding.

At least half of the respondents expressed concern about all the listed outcomes once COVID-19 funding ends (see Figure 14). The top concern was difficulty maintaining compensation for staff (78%), followed closely by fears of losing staff (76%). Fewer than five states or territories indicated that staff compensation or retention was not a concern. More than two-thirds expressed concern that families would face increased child care costs. Additionally, 65 percent were worried that staff benefits would be reduced due to the funding's end, while 60 percent and 51 percent of administrators were concerned about program closures and declining enrollment, respectively.

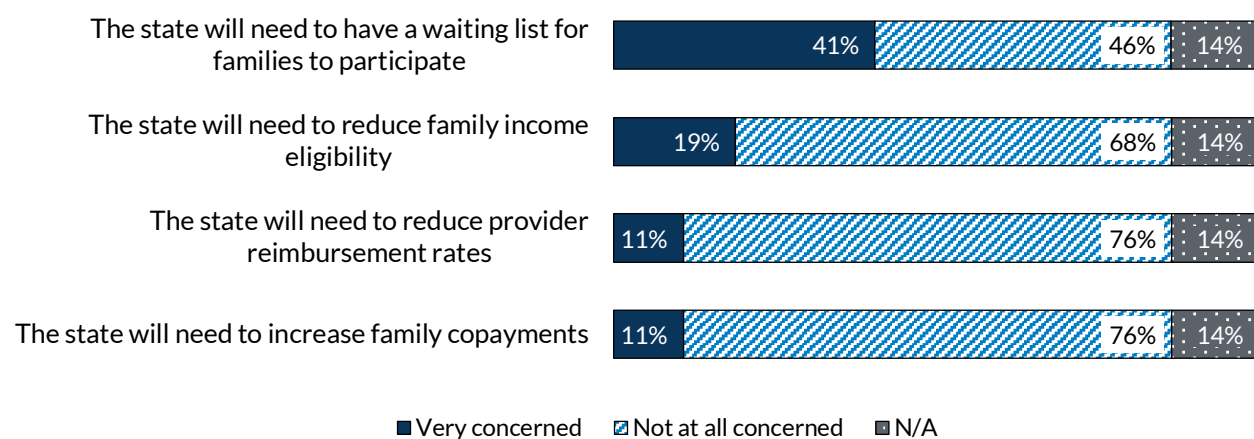
Figure 14. Concerns regarding end of child care stabilization grants to providers (N = 37)



Source: 2024 Child Trends Survey of CCDF Administrators completed by 37 states and territories

When asked about concerns related to the outcomes of discretionary funds ending in September 2024, administrators reported fewer concerns compared to the end of stabilization grants that went directly to providers. The most common concern was about having a waiting list for families to access their child care subsidy program (40%). Additionally, 19 percent were concerned about needing to reduce family income eligibility, while about 11 percent expressed concern about needing to reduce provider rates or increase family co-payments.

Figure 15. Concerns regarding end of supplemental/discretionary funds as of September 2024 (N = 37)

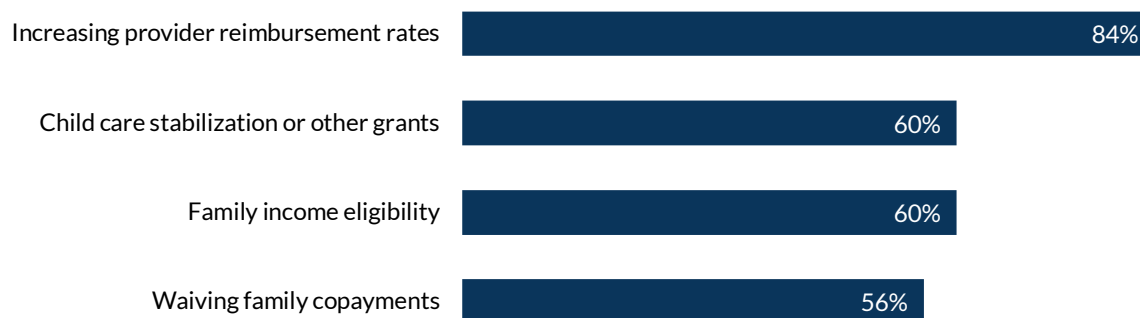


Source: 2024 Child Trends Survey of CCDF Administrators completed by 37 states and territories.

We also surveyed states and territories to determine whether they increased state funding to supplement or continue child care stabilization policies. Seventy percent (n=26) reported that state funds were used to supplement COVID-19 relief funds to either expand or permanently implement policy actions. Most respondents (84%) indicated that state funds were used to increase provider reimbursement rates, while

more than half (60%) reported using state funds to raise family income eligibility, waive family co-payments, and/or provide grants to early childhood education providers.

Figure 16. Percentage of states/territories that increased state funding to supplement or continue child care stabilization policies (N = 25)



Source: 2024 Child Trends Survey of CCDF Administrators

Data limitations

Three primary limitations of this analysis should be considered when interpreting the findings. First, the timeframe for the information collected varied and was based on available public data, which may not capture all potential changes related to child care stabilization and COVID-19 relief funds. Since these funds do not need to be fully expended until September 2024, and the most recent public data are from 2022, some developments may not yet be reflected. In the case of child care subsidy utilization data, we were able to access only publicly available data as of 2021. This limited the ability to look at child care subsidy utilization following the implementation of the ARPA funds, which were not issued until March 2021.

Second, the national survey data includes responses from only 37 of the 56 states and territories that received COVID-19 relief funds, meaning the survey results are not representative of all states and territories. Lastly, while these findings provide a descriptive snapshot of changes across several family and child care provider characteristics, the analysis cannot infer any causation between the use of COVID-19 funds and the observed changes. The results are national and, in most cases, not disaggregated by specific groups or geographies, which may mask different patterns for subgroups. Additionally, the varied approaches to COVID-19 across states—such as the timing of school reopenings, the return to in-person work, and differing beliefs about COVID-19 treatment—were all determined at the local level. While the aggregated national data is helpful, it can obscure the nuances of state-level context and variation.

Discussion of findings

The end of COVID-19 funding for the child care industry is a pivotal time for the industry. Prior to the pandemic, there were already significant challenges in meeting the child care needs of families while ensuring a stable, well-trained, and well-compensated workforce. The onset of the pandemic and the subsequent recovery efforts over the past four years have brought extreme stress and change for families and the child care workforce. According to our survey of CCDF administrators, a majority (78%) are concerned about ongoing challenges in compensating staff, and 76 percent are worried about the loss of child care staff now that stabilization grants to providers have ended. Additionally, 70 percent of respondents increased state funding to expand or permanently implement policy actions, such as increasing

provider reimbursement rates. In addition to the workforce, families also face disruptions due to instability in the workforce.

Our analysis of changes from pre- to post-pandemic (2019 to 2022) found that while families' participation in the labor force—in terms of both job-seeking and employment—remained stable, poverty levels decreased, and child care disruptions persisted. Initially, families attempted to balance work and child care responsibilities, but over time, they increasingly resorted to using paid leave or stepping away from their jobs temporarily or permanently. While we did not examine non-child care related COVID-19 policies, other efforts to stimulate the economy (e.g., direct stimulus checks, housing protections, and extended unemployment benefits) may explain the lack of extreme changes observed during this time. Additional research could examine the effect of child care in conjunction with other social safety net programs implemented during the pandemic and their effect on families' economic stability.

At the time of this report, ECE leaders, like those in many other sectors (e.g., education, hospitality, travel, health care), are still grappling with how to recalibrate and address the vulnerabilities within their industries revealed during the pandemic. We recommend continued tracking of outcomes specific to the child care workforce and families' access to child care, using these data to refine policies and make necessary adjustments. How states used COVID-19 funds can provide insights into where additional funds might be directed and how they can help stabilize the industry in the long term. These data can serve as the basis for future federal funding requests, help states plan more strategically around limited state funds, and promote the continued stabilization and growth of the child care industry.

Actions Steps for Additional Research

While this report highlights trends emerging as of 2022, additional research on the use and outcome of COVID-19 relief funds is needed to fully understand their impact on the child care industry. Additional research could also help identify policy strategies that have successfully contributed to stabilization and growth, preventing the loss of child care staff, and ensuring stable access to child care options for families. Following are examples of action steps that CCDF administrators and other early childhood system leaders can take to measure progress toward equitable support for child care stabilization, as outlined in a [guidebook](#) developed by Child Trends in 2022. This guide provides leaders with a framework to define and measure goals for long-term child care stabilization and equitable access to ECE.

Step 1: Document and reflect on changes to families and workforce during the pandemic

Start by reflecting on the state or territory child care systems prior to the pandemic, identifying the strengths and areas for improvement. Next, document COVID-19-related policies and practices that were implemented along with the timelines for when funds were allocated and ultimately spent. For example, create a timeline of COVID-19-related policy and practice developments and relevant grant distribution. A retrospective analysis will help your state or territory understand how these factors have shaped the current landscape, influenced the definition of stabilization goals, and encouraged the development of measurement strategies.

Step 2: Set new goals to address COVID-19 challenges and long-standing inequities in child care systems

After reflecting on the current landscape and identifying strengths and areas of improvement moving forward, establish new goals to address continued challenges and/or inequities experienced by specific populations or communities. Sample questions in the guidebook could be used to think about future goals to document priorities to support child care providers and families: For example:

- What are future priorities for your state, whether in statute or in practice, in distributing funds to support providers? Which providers will you prioritize for support, and why?

- What are your state's future priorities in supporting access to ECE? Which families will you prioritize, and why?

Step 3: Identify policy changes to achieve new goals

Third, identify policy changes that directly aligned with your new stabilization to guide future data collection and analysis. Having a clear theory of change for policy changes is essential to ensure data collection and analysis will capture intended changes for intended populations of child care providers and families.

Step 4: Select indicators and data sources to measure progress

Last, identify the key indicators and data sources that will enable you to measure progress toward your new stabilization goals. Use this information to track and assess the effectiveness of your policies and make data-driven adjustments as needed. Potential data sources could include:

- Subsidy data
- Licensing data
- QRIS data
- Stabilization grant reporting data
- Child Care Resource and Referral (CCR&R) data
- Workforce registries
- Consumer education website analytics
- American Community Survey (ACS)
- Household Pulse Survey data

Research on the use and outcome of COVID-19 relief funds can provide valuable insights for ECE leaders. The steps above outline strategies for ECE leaders to assess changes in their child care systems during the pandemic, identify necessary policy actions, and select indicators and data sources to continue measuring progress toward stabilizing the child care industry and building an ECE system that reflects and responds to the needs of families and educators in the future.

Appendices

Appendix A: Federal COVID-19 relief funds for child care stabilization, by funding source, by state and territory

State	CARES Funding	CRRSA Funding	ARPA/CCDF Discretionary	ARPA Stabilization Grants	Total COVID-19 Funding
Alabama	\$64,957,270	\$188,165,369	\$281,637,028	\$451,360,337	\$986,120,004
Alaska	\$6,489,103	\$18,899,904	\$28,288,483	\$45,336,010	\$99,013,500
American Samoa	\$4,455,881	\$12,731,089	\$19,083,903	\$30,522,786	\$66,793,659
Arizona	\$88,005,835	\$248,639,343	\$372,151,615	\$596,421,853	\$1,305,218,646
Arkansas	\$41,462,912	\$119,264,607	\$178,509,626	\$286,085,126	\$625,322,271
California	\$350,313,504	\$964,324,483	\$1,443,355,294	\$2,313,166,479	\$5,071,159,760
Colorado	\$42,457,884	\$119,294,226	\$178,553,958	\$286,156,175	\$626,462,243
Connecticut	\$23,504,479	\$70,820,221	\$106,000,358	\$169,879,499	\$370,204,557
District of Columbia	\$6,000,400	\$16,609,664	\$24,860,559	\$39,842,313	\$87,312,936
Delaware	\$9,757,763	\$27,828,250	\$41,652,009	\$66,752,817	\$145,990,839
Florida	\$223,605,188	\$634,960,835	\$950,379,359	\$1,523,107,778	\$3,332,053,160
Georgia	\$144,539,371	\$403,660,875	\$604,180,514	\$968,278,648	\$2,120,659,408
Guam	\$6,420,621	\$18,344,631	\$27,498,602	\$43,981,253	\$96,245,107
Hawaii	\$11,990,147	\$33,305,583	\$49,850,222	\$79,891,531	\$175,037,483
Idaho	\$20,672,881	\$57,763,865	\$86,458,222	\$138,560,660	\$303,455,628
Illinois	\$118,420,119	\$331,954,027	\$496,853,094	\$796,272,357	\$1,743,499,597
Indiana	\$78,821,955	\$225,205,174	\$337,076,458	\$540,209,308	\$1,181,312,895
Iowa	\$31,899,093	\$94,862,531	\$141,985,752	\$227,550,820	\$496,298,196
Kansas	\$30,771,514	\$89,170,627	\$133,466,378	\$213,897,405	\$467,305,924
Kentucky	\$67,741,412	\$195,962,758	\$293,307,790	\$470,064,268	\$1,027,076,228
Louisiana	\$67,581,166	\$198,319,710	\$296,835,564	\$475,717,989	\$1,038,454,429
Maine	\$10,953,470	\$30,506,173	\$45,660,198	\$73,176,466	\$160,296,307
Maryland	\$45,821,890	\$128,849,320	\$192,855,570	\$309,076,387	\$676,603,167
Massachusetts	\$45,698,950	\$131,060,103	\$196,164,566	\$314,379,488	\$687,303,107
Michigan	\$100,898,829	\$292,114,988	\$437,223,904	\$700,708,746	\$1,530,946,467
Minnesota	\$48,146,164	\$135,153,284	\$202,291,045	\$324,197,976	\$709,788,469
Mississippi	\$47,131,386	\$133,184,960	\$199,344,951	\$319,476,474	\$699,137,771
Missouri	\$66,542,726	\$185,155,630	\$277,132,195	\$444,140,749	\$972,971,300

State	CARES Funding	CRRSA Funding	ARPA/CCDF Discretionary	ARPA Stabilization Grants	Total COVID-19 Funding
Montana	\$10,113,887	\$28,379,759	\$42,477,481	\$68,075,745	\$149,046,872
Nebraska	\$20,077,074	\$59,653,464	\$89,286,484	\$143,093,320	\$312,110,342
Nevada	\$32,926,105	\$92,725,733	\$138,787,492	\$222,425,189	\$486,864,519
New Hampshire	\$6,999,268	\$19,867,522	\$29,736,767	\$47,657,076	\$104,260,633
New Jersey	\$63,058,005	\$178,238,560	\$266,779,051	\$427,548,476	\$935,624,092
New Mexico	\$29,442,748	\$82,158,393	\$122,970,798	\$197,076,859	\$431,648,798
New York	\$163,636,242	\$468,787,636	\$701,659,170	\$1,124,501,000	\$2,458,584,048
North Carolina	\$118,135,976	\$335,912,393	\$502,777,789	\$805,767,459	\$1,762,593,617
North Dakota	\$6,037,905	\$19,448,230	\$29,109,192	\$46,651,304	\$101,246,631
Northern Mariana Islands	\$3,253,447	\$9,295,563	\$13,934,049	\$22,286,113	\$48,769,172
Ohio	\$117,440,585	\$333,433,668	\$499,067,750	\$799,821,634	\$1,749,763,637
Oklahoma	\$50,006,265	\$151,281,209	\$226,430,561	\$362,884,723	\$790,602,758
Oregon	\$38,595,401	\$103,766,214	\$155,312,363	\$248,908,466	\$546,582,444
Pennsylvania	\$106,397,624	\$303,852,449	\$454,791,980	\$728,863,896	\$1,593,905,949
Puerto Rico	\$30,959,151	\$78,695,860	\$117,788,244	\$188,771,135	\$416,214,390
Rhode Island	\$8,165,854	\$23,867,232	\$35,723,344	\$57,251,352	\$125,007,782
South Carolina	\$63,641,788	\$182,004,760	\$272,416,120	\$436,582,621	\$954,645,289
South Dakota	\$9,020,707	\$25,801,823	\$38,618,949	\$61,891,939	\$135,333,418
Tennessee	\$82,385,260	\$231,134,191	\$345,950,731	\$554,431,495	\$1,213,901,677
Texas	\$371,663,374	\$1,135,748,591	\$1,699,934,795	\$2,724,368,837	\$5,931,715,597
Utah	\$40,414,976	\$108,969,353	\$163,100,176	\$261,389,459	\$573,873,964
Vermont	\$4,410,066	\$12,228,305	\$18,302,749	\$29,332,561	\$64,273,681
Virgin Islands	\$3,370,051	\$9,628,717	\$14,433,446	\$23,084,848	\$50,517,062
Virginia	\$70,799,409	\$203,692,270	\$304,876,959	\$488,605,381	\$1,067,974,019
Washington	\$58,657,107	\$162,411,128	\$243,089,298	\$389,582,536	\$853,740,069
West Virginia	\$23,161,653	\$66,858,313	\$100,070,363	\$160,375,904	\$350,466,233
Wisconsin	\$51,639,992	\$148,829,810	\$222,761,422	\$357,004,444	\$780,235,668
Wyoming	\$4,166,167	\$12,216,624	\$18,285,260	\$29,304,530	\$63,972,581

Appendix B: Uses of the COVID-19 relief funds for child care stabilization by state and territory

State/Territory	Reduce/Waive family co-payments/fees	Expand eligibility criteria	Improve information systems and/or enhanced referrals to help families identify care	Provide mental health consultation services	Increase reimbursement rates	Payment based on enrollment not attendance	Payments during closures	Funding for workforce supports
Alabama	Yes	Yes	Yes	No	No	Yes	Yes	Yes
Alaska	No	No	Yes	No	No	No	No	Yes
American Samoa	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Arizona	Yes	Yes	Yes	Yes	Yes	No	No	Yes
Arkansas	No	Yes	Yes	No	No	No	No	Yes
California	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes
Colorado	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Connecticut	Yes	Yes	Yes	No	No	Yes	Yes	Yes
District of Columbia	Yes	Yes	No	No	Yes	Yes	Yes	Yes
Delaware	No	Yes	No	No	Yes	Yes	Yes	No
Florida	Yes	Yes	No	No	Yes	Yes	Yes	No
Georgia	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes
Guam	No	No	No	No	No	No	No	No
Hawaii	Yes	Yes	No	No	Yes	Yes	No	No
Idaho	Yes	Yes	Yes	No	No	Yes	Yes	No
Illinois	Yes	Yes	No	No	Yes	Yes	Yes	No
Indiana	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

State/Territory	Reduce/Waive family co-payments/fees	Expand eligibility criteria	Improve information systems and/or enhanced referrals to help families identify care	Provide mental health consultation services	Increase reimbursement rates	Payment based on enrollment not attendance	Payments during closures	Funding for workforce supports
Iowa	Yes	Yes	Yes	No	No	Yes	Yes	Yes
Kansas	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Kentucky	Yes	Yes	Yes	No	Yes	Yes	Yes	No
Louisiana	Yes	Yes	Yes	Yes	No	Yes	No	No
Maine	Yes	Yes	No	Yes	Yes	Yes	Yes	No
Maryland	Yes	No	No	Yes	Yes	Yes	Yes	Yes
Massachusetts	Yes	No	No	No	No	Yes	Yes	No
Michigan	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Minnesota	No	No	Yes	No	Yes	Yes	Yes	Yes
Mississippi	Yes	Yes	No	No	Yes	Yes	Yes	No
Missouri	Yes	No	Yes	No	Yes	Yes	No	No
Montana	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes
Nebraska	No	Yes	Yes	Yes	No	Yes	No	No
Nevada	No	Yes	Yes	Yes	No	Yes	Yes	No
New Hampshire	Yes	Yes	Yes	No	No	Yes	Yes	No
New Jersey	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes
New Mexico	Yes	Yes	Yes	No	Yes	Yes	No	No
New York	Yes	Yes	Yes	No	Yes	Yes	No	Yes
North Carolina	Yes	No	Yes	Yes	No	Yes	Yes	No
North Dakota	Yes	No	Yes	No	No	Yes	Yes	No
Northern Mariana Islands	No	No	No	No	No	No	No	No
Ohio	Yes	No	Yes	No	No	Yes	Yes	No

State/Territory	Reduce/Waive family co-payments/fees	Expand eligibility criteria	Improve information systems and/or enhanced referrals to help families identify care	Provide mental health consultation services	Increase reimbursement rates	Payment based on enrollment not attendance	Payments during closures	Funding for workforce supports
Oklahoma	Yes	Yes	No	No	Yes	No	No	Yes
Oregon	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes
Pennsylvania	Yes	No	No	No	Yes	No	No	No
Puerto Rico	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Rhode Island	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
South Carolina	No	Yes	No	No	No	Yes	No	No
South Dakota	No	No	Yes	Yes	No	No	Yes	No
Tennessee	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Texas	Yes	Yes	Yes	No	No	Yes	Yes	Yes
Utah	Yes	No	Yes	Yes	No	No	No	Yes
Vermont	No	Yes	Yes	Yes	No	Yes	Yes	Yes
Virgin Islands	No	No	No	No	No	No	No	Yes
Virginia	Yes	Yes	No	No	Yes	No	Yes	Yes
Washington	Yes	Yes	No	No	Yes	Yes	No	No
West Virginia	No	Yes	No	No	Yes	Yes	Yes	Yes
Wisconsin	No	Yes	Yes	Yes	Yes	Yes	Yes	No
Wyoming	Yes	Yes	Yes	Yes	Yes	Yes	No	No

Appendix C: Total number of center based providers

State	Licensed Center Based Providers			License Exempt Center Based Providers		
	2019	2022	% Change	2019	2022	% Change
Alabama	1,273	1,298	1.9%	543	480	-11.6%
Alaska*	233	219	6%	17	32	58.8%
American Samoa	0	36	N/A	0	N/A	N/A
Arizona	2,226	2,277	2.3%	0	N/A	N/A
Arkansas	1,760	1,734	-1.5%	0	N/A	N/A
California	14,869	14,901	0.2%	634	637	0.5%
Colorado	3,105	3,121	0.5%	0	2	N/A
Connecticut	1,400	1,376	-1.7%	653	660	1.1%
District of Columbia	364	385	5.8%	0	N/A	N/A
Delaware	459	455	-0.9%	180	N/A	-100%
Florida	6,758	6,702	-0.8%	3,267	2,227	-31.8%
Georgia	3,299	3,155	-4.4%	6,665	6,792	1.9%
Guam	42	48	14.3%	0	N/A	N/A
Hawaii	597	555	-7.0%	4	1	-75.0%
Idaho	670	684	2.1%	0	N/A	N/A
Illinois	2,264	2,789	23.2%	819	2,577	214.7%
Indiana	743	722	-2.8%	440	1,139	158.9%
Iowa	1,534	1,499	-2.3%	0	N/A	N/A
Kansas	1,251	1,301	4.0%	1	N/A	N/A
Kentucky	1,822	1,754	-3.7%	0	N/A	N/A
Louisiana	1,492	1,478	-0.9%	0	N/A	N/A
Maine	811	824	1.6%	0	31	N/A
Maryland	2,722	2,626	-3.5%	0	N/A	N/A
Massachusetts	2,866	2,823	-1.5%	246	330	34.1%
Michigan	4,541	4,492	-1.1%	8	6	-25.0%
Minnesota	1,801	1,846	2.5%	622	583	-6.3%
Mississippi	1,450	1,576	8.7%	292	23	-92.1%
Missouri	1,943	1,828	-5.9%	425	437	2.8%
Montana	243	307	26.3%	0	N/A	N/A
Nebraska	1,320	1,030	-22.0%	0	N/A	N/A

State	Licensed Center Based Providers			License Exempt Center Based Providers		
	2019	2022	% Change	2019	2022	% Change
Nevada	350	452	29.1%	345	N/A	-100%
New Hampshire	762	613	-19.6%	11	14	27.3%
New Jersey	4,129	4,010	-2.9%	141	193	36.9%
New Mexico	730	725	-0.7%	0	6	N/A
New York	7,154	6,962	-2.7%	373	264	-29.2%
North Carolina	4,111	3,920	-4.6%	336	320	-4.8%
North Dakota	479	487	1.7%	0	N/A	N/A
Northern Mariana Islands	23	23	0.0%	0	0	N/A
Ohio	6,008	5,936	-1.2%	0	133	N/A
Oklahoma	1,431	1,439	0.6%	12	13	8.3%
Oregon	1,313	1,328	1.1%	501	160	-68.1%
Pennsylvania	5,623	5,418	-3.6%	0	N/A	N/A
Puerto Rico	568	520	-8.5%	9	12	33.3%
Rhode Island	489	413	-15.5%	0	N/A	N/A
South Carolina	1,652	1,469	-11.1%	186	127	-31.7%
South Dakota	420	411	-2.1%	0	N/A	N/A
Tennessee	1,779	1,813	1.9%	1,998	1,848	-7.5%
Texas	9,624	9,604	-0.2%	0	21	N/A
Utah	355	482	35.8%	402	772	92.0%
Vermont	674	661	-1.9%	0	N/A	N/A
Virgin Islands	192	166	-13.5%	0	N/A	N/A
Virginia	2,616	2,691	2.9%	877	895	2.1%
Washington	2,253	2,283	1.3%	346	270	-22.0%
West Virginia	510	655	28.4%	0	N/A	N/A
Wisconsin	2,353	2,263	-3.8%	191	221	15.7%
Wyoming	286	285	-0.3%	14	8	-42.9%

*Reflects state reported revisions

Appendix D: Total number of family child care homes

State	Licensed Family Child Care Providers			License Exempt Family Child Care Providers		
	2019	2022	Change	2019	2022	Change
Alabama*	680	562	-17.4%	N/A	N/A	N/A
Alaska*	262	218	-16.8%	22	16	-27%
American Samoa	0	5	N/A	0	N/A	N/A
Arizona	280	250	-10.7%	1,027	816	-20.5%
Arkansas	287	233	-18.8%	N/A	N/A	N/A
California	28,204	28,008	-0.7%	23,303	26,895	15.4%
Colorado	1,719	1,474	-14.3%	118	54	-54.2%
Connecticut	1,909	1,831	-4.1%	N/A	2,763	N/A
District of Columbia	107	105	-1.9%	0	N/A	N/A
Delaware	628	508	-19.1%	N/A	N/A	N/A
Florida	2,377	2,036	-14.3%	656	575	-12.3%
Georgia	1,490	1,213	-18.6%	N/A	71	N/A
Guam	1	1	0.0%	2	35	1,650.0%
Hawaii	291	260	-10.7%	123	75	-39.0%
Idaho	406	392	-3.4%	127	252	98.4%
Illinois	4,841	5,872	21.3%	12,332	9,808	-20.5%
Indiana	2,439	2,147	-12.0%	109	71	-34.9%
Iowa	2,556	2,178	-14.8%	175	78	-55.4%
Kansas	3,692	3,918	6.1%	0	N/A	N/A
Kentucky	296	203	-31.4%	49	31	-36.7%
Louisiana	N/A	N/A	N/A	143	314	119.6%
Maine	918	732	-20.3%	N/A	284	N/A
Maryland	5,285	4,414	-16.5%	0	75	N/A
Massachusetts	5,393	4,806	-10.9%	196	190	-3.1%
Michigan	4,110	3,429	-16.6%	2,081	1,483	-28.7%
Minnesota	7,629	6,361	-16.6%	234	112	-52.1%
Mississippi	37	9	-75.7%	925	50	-94.6%
Missouri	890	617	-30.7%	877	554	-36.8%
Montana	578	593	2.6%	124	117	-5.6%
Nebraska	1,822	1,656	-9.1%	665	173	-74.0%
Nevada	100	185	85.0%	1,035	539	-47.9%

State	Licensed Family Child Care Providers			License Exempt Family Child Care Providers		
	2019	2022	Change	2019	2022	Change
New Hampshire	94	109	16.0%	24	24	0.0%
New Jersey	1,647	1,230	-25.3%	686	252	-63.3%
New Mexico	228	218	-4.4%	1,609	1,080	-32.9%
New York	11,537	10,330	-10.5%	6,291	3,161	-49.8%
North Carolina	1,449	1,245	-14.1%	0	0	N/A
North Dakota	931	689	-26.0%	95	27	-71.6%
Northern Mariana Islands	30	1	-96.7%	6	29	383.3%
Ohio	2,567	2,238	-12.8%	0	N/A	N/A
Oklahoma	1,585	1,500	-5.4%	N/A	10	N/A
Oregon	2,487	2,137	-14.1%	1,555	1,487	-4.4%
Pennsylvania	1,540	1,148	-25.5%	N/A	N/A	N/A
Puerto Rico	84	50	-40.5%	106	6,200	5,749.1%
Rhode Island	452	384	-15.0%	61	4	-93.4%
South Carolina	782	791	1.2%	172	46	-73.3%
South Dakota	434	370	-14.7%	16	10	-37.5%
Tennessee	629	534	-15.1%	24	6	-75.0%
Texas	4,914	4,177	-15.0%	N/A	4	N/A
Utah	840	876	4.3%	439	606	38.0%
Vermont	515	420	-18.4%	173	N/A	N/A
Virgin Islands	N/A	N/A	N/A	5	59	1,080.0%
Virginia	1,452	1,356	-6.6%	1,000	607	-39.3%
Washington	3,132	3,275	4.6%	1,298	438	-66.3%
West Virginia	906	902	-0.4%	0	N/A	N/A
Wisconsin	1,559	1,455	-6.7%	561	488	-13.0%
Wyoming	367	295	-19.6%	116	67	-42.2%

*Reflects state reported revisions

Appendix E: Total number of in-home care providers

State	2019	2022	% Change
Alabama	11	3	-72.7%
Alaska	4	1	-75%
American Samoa	0	59	N/A
Arizona	400	231	-42.3%
Arkansas	N/A	N/A	N/A
California	265	425	60.4%
Colorado	71	30	-57.7%
Connecticut	3,083	339	-89.0%
District of Columbia	5	2	-60.0%
Delaware	N/A	12	N/A
Florida	0	0	N/A
Georgia	70	N/A	N/A
Guam	0	8	N/A
Hawaii	306	486	58.8%
Idaho	30	15	-50.0%
Illinois	6,923	5,456	-21.2%
Indiana	0	5	N/A
Iowa	149	45	-69.8%
Kansas	0	N/A	N/A
Kentucky	23	12	-47.8%
Louisiana	2	13	550.0%
Maine	14	14	0.0%
Maryland	202	35	-82.7%
Massachusetts	167	156	-6.6%
Michigan	1,313	810	-38.3%
Minnesota	39	13	-66.7%
Mississippi	0	8	N/A
Missouri	56	73	30.4%
Montana	22	27	22.7%
Nebraska	123	205	66.7%
Nevada	N/A	N/A	N/A

State	2019	2022	% Change
New Hampshire	16	5	-68.8%
New Jersey	167	118	-29.3%
New Mexico	0	0	N/A
New York	9,169	3,345	-63.5%
North Carolina	0	0	N/A
North Dakota	0	0	N/A
Northern Mariana Islands	1	3	200.0%
Ohio	17	21	23.5%
Oklahoma	9	1,030	11,344.4%
Oregon	802	830	3.5%
Pennsylvania	39	11	-71.8%
Puerto Rico	N/A	N/A	N/A
Rhode Island	0	N/A	N/A
South Carolina	8	12	50.0%
South Dakota	11	12	9.1%
Tennessee	0	0	N/A
Texas	0	N/A	N/A
Utah	16	56	250.0%
Vermont	N/A	N/A	N/A
Virgin Islands	0	N/A	N/A
Virginia	0	N/A	N/A
Washington	4,429	1,184	-73.3%
West Virginia	2	1	N/A
Wisconsin	8	4	N/A
Wyoming	34	28	-17.6%

*Reflects state reported revisions

Appendix F: Total number of child care providers

State	2019	2020	2021	2022	2019-2022 % Change
Alabama	3,365	2,732	3,127	2,343	-30.4%
Alaska*	538	526	516	486	-9.7%
American Samoa	0	56	110	100	N/A
Arizona	3,933	3,589	3,371	3,574	-9.1%
Arkansas	2,047	1,964	1,917	1,967	-3.9%
California	67,275	73,433	73,833	70,866	5.3%
Colorado	5,013	4,854	4,727	4,681	-6.6%
Connecticut	7,045	7,227	6,109	6,969	-1.1%
District of Columbia	476	468	482	492	3.4%
Delaware	1,267	1,024	999	975	-23.0%
Florida	13,058	13,090	12,418	11,540	-11.6%
Georgia	11,524	11,676	11,233	11,231	-2.5%
Guam	45	51	47	92	104.4%
Hawaii	1,321	1,278	1,109	1,377	4.2%
Idaho	1,233	1,119	1,246	1,343	8.9%
Illinois	27,179	18,031	22,811	26,502	-2.5%
Indiana	3,731	3,645	3,453	4,084	9.5%
Iowa	4,414	4,414	4,118	3,800	-13.9%
Kansas	4,944	4,752	2,046	5,219	5.6%
Kentucky	2,190	2,019	2,027	2,000	N/A
Louisiana	1,637	1,699	1,730	1,805	10.3%
Maine	1,743	1,478	1,594	1,885	8.1%
Maryland	8,209	7,843	7,198	7,150	-12.9%
Massachusetts	8,868	8,593	8,042	8,305	-6.3%
Michigan	12,053	11,284	10,171	10,220	-15.2%
Minnesota	10,325	9,907	9,329	8,915	-13.7%
Mississippi	2,704	1,572	1,608	1,666	-38.4%
Missouri	4,191	3,853	3,667	3,509	-16.3%
Montana	967	1,046	1,009	1,044	8.0%
Nebraska	3,930	3,460	3,251	3,064	-22.0%
Nevada	1,830	1,457	615	1,176	-35.7%
New Hampshire	907	891	794	765	-15.7%
New Jersey	6,770	7,047	5,504	5,803	-14.3%
New Mexico	2,567	2,419	2,057	2,029	-21.0%
New York	34,524	26,446	22,982	24,062	-30.3%

State	2019	2020	2021	2022	2019-2022 % Change
North Carolina	5,896	5,703	5,617	5,485	-7.0%
North Dakota	1,505	1,237	1,311	1,203	-20.1%
Northern Mariana Islands	60	24	43	56	-6.7%
Ohio	8,592	8,037	6,454	8,328	-3.1%
Oklahoma	3,037	2,934	4,023	3,992	31.4%
Oregon	6,658	6,773	6,048	5,942	-10.8%
Pennsylvania	7,202	6,947	6,819	6,577	-8.7%
Puerto Rico	7,67	1,155	6,967	6,782	784.2%
Rhode Island	1,002	926	822	801	-20.1%
South Carolina	2,800	2,545	2,603	2,445	-12.7%
South Dakota	881	843	804	803	-8.9%
Tennessee	4,430	4,201	4,177	4,201	-5.2%
Texas	14,538	14,232	15,290	13,806	-5.0%
Utah	2,052	2,763	2,768	2,792	36.1%
Vermont	1,362	1,156	1,124	1,081	-20.6%
Virgin Islands	197	258	232	225	14.2%
Virginia	5,945	5,721	6,121	5,549	-6.7%
Washington	11,458	8,125	7,233	7,450	-35.0%
West Virginia	1,416	1,049	1,139	1,558	10.0%
Wisconsin	4,664	4,070	4,401	4,431	-5.0%
Wyoming	817	738	702	683	-16.4%

*Reflects state reported revisions

Appendix G: Child care employment and wage changes from 2019-2022 by state and territory

State	Number of Persons Employed in Child Care (2019)	Number of Persons Employed in Child Care (2022)	% Change in Number of Persons Employed in Child Care	Average Annual Wage (2019)	Average Annual Wage (2022)	% Change in Average Annual Wage
Alabama	6,140	4,600	-25.1%	\$20,770	\$22,770	9.6%
Alaska	1,670	1,000	-40.1%	\$28,680	\$33,140	15.6%
American Samoa	N/A	N/A	N/A	N/A	N/A	N/A
Arizona	9,550	5,160	-46.0%	\$26,520	\$32,650	23.1%
Arkansas	6,000	5,050	-15.8%	\$21,870	\$26,300	20.3%
California	55,430	29,500	-46.8%	\$30,190	\$37,430	24.0%
Colorado	10,110	8,000	-20.9%	\$30,280	\$35,040	15.7%
Connecticut	8,740	6,340	-27.5%	\$28,060	\$32,700	16.5%
District of Columbia	1,740	1,890	8.6%	\$34,140	\$40,370	18.2%
Delaware	950	870	-8.4%	\$23,440	\$26,930	14.9%
Florida	27,310	28,360	3.8%	\$24,350	\$28,480	17.0%
Georgia	17,220	15,930	-7.5%	\$21,510	\$26,170	21.7%
Guam	N/A	180	N/A	\$19,030	\$20,640	8.5%
Hawaii	1,630	1,070	-34.4%	\$27,710	\$31,580	14.0%
Idaho	1,890	2,350	24.3%	\$21,910	\$24,640	12.5%
Illinois	16,550	22,660	36.9%	\$25,440	\$30,900	21.5%
Indiana	8,110	8,690	7.2%	\$22,470	\$26,390	17.4%
Iowa	8,390	6,190	-26.2%	\$21,170	\$24,140	14.0%
Kansas	5,290	5,990	13.2%	\$22,250	\$25,570	14.9%
Kentucky	11,160	11,450	2.6%	\$22,160	\$25,530	15.2%
Louisiana	8,690	9,350	7.6%	\$20,320	\$22,100	8.8%
Maine	2,760	4,720	71.0%	\$28,100	\$32,080	14.2%
Maryland	8,720	6,750	-22.6%	\$26,010	\$31,570	21.4%
Massachusetts	13,990	15,220	8.8%	\$31,280	\$38,840	24.2%
Michigan	17,230	16,230	-5.8%	\$24,580	\$27,980	13.8%
Minnesota	12,150	9,400	-22.6%	\$26,780	\$30,710	14.7%
Mississippi	6,020	5,640	-6.3%	\$19,320	\$21,430	10.9%
Missouri	13,390	11,020	-17.7%	\$23,230	\$28,710	23.6%
Montana	3,360	2,120	-36.9%	\$23,510	\$26,480	12.6%
Nebraska	8,420	8,050	-4.4%	\$24,340	\$28,000	15.0%
Nevada	4,070	1,980	-51.4%	\$23,190	\$28,830	24.3%
New Hampshire	1,910	1,680	-12.0%	\$25,200	\$27,130	7.7%
New Jersey	19,090	12,480	-34.6%	\$27,740	\$32,640	17.7%

State	Number of Persons Employed in Child Care (2019)	Number of Persons Employed in Child Care (2022)	% Change in Number of Persons Employed in Child Care	Average Annual Wage (2019)	Average Annual Wage (2022)	% Change in Average Annual Wage
New Mexico	2,110	1,720	-18.5%	\$23,470	\$27,190	15.9%
New York	53,290	39,890	-25.1%	\$29,880	\$35,190	17.8%
North Carolina	19,780	10,480	-47.0%	\$23,550	\$27,030	14.8%
North Dakota	3,400	3,870	13.8%	\$25,380	\$28,590	12.6%
Northern Mariana Islands	N/A	N/A	N/A	N/A	N/A	N/A
Ohio	18,710	13,000	-30.5%	\$23,780	\$28,180	18.5%
Oklahoma	5,590	7,300	30.6%	\$20,430	\$24,280	18.8%
Oregon	5,680	3,080	-45.8%	\$27,990	\$34,610	23.7%
Pennsylvania	24,340	16,340	-32.9%	\$23,610	\$27,330	15.8%
Puerto Rico	2,010	1,060	-47.3%	\$18,870	\$20,520	8.7%
Rhode Island	2,540	2,420	-4.7%	\$27,880	\$32,300	15.9%
South Carolina	6,160	7,040	14.3%	\$21,000	\$25,050	19.3%
South Dakota	2,520	2,640	4.8%	\$21,940	\$25,490	16.2%
Tennessee	10,560	10,010	-5.2%	\$22,270	\$25,160	13.0%
Texas	51,120	46,230	-9.6%	\$23,100	\$25,910	12.2%
Utah	5,600	3,670	-34.5%	\$23,270	\$27,250	17.1%
Vermont	1,460	1,030	-29.5%	\$30,880	\$33,970	10.0%
Virgin Islands	70	50	-28.6%	\$26,850	\$26,070	-2.9%
Virginia	14,540	10,890	-25.1%	\$25,210	\$30,160	19.6%
Washington	6,840	3,710	-45.8%	\$31,380	\$36,920	17.7%
West Virginia	2,500	1,520	-39.2%	\$22,380	\$22,770	1.7%
Wisconsin	5,800	3,960	-31.7%	\$23,650	\$27,050	14.4%
Wyoming	1,310	920	-29.8%	\$24,820	\$27,860	12.2%

References

- ⁱ Smith, K. & Gozjolko, K. (2010). Low income and impoverished families pay more disproportionately for child care. Carsey Institute, University of New Hampshire.
- ⁱⁱ Paschall, K., Halle, T., & Maxwell, K. (2020). Early care and education in rural communities. OPRE Report #2020-62. Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.
- ⁱⁱⁱ Henly, J.R. & Adams, G. (2018). Increasing access to quality child care for four priority populations. The Urban Institute.
- ^{iv} Lee, E. K., & Parolin, Z. (2021). The Care Burden during COVID-19: A National Database of Child Care Closures in the United States. *Socius*. <https://doi.org/10.1177/23780231211032028>
- ^v Child Care Aware. (2020). *Picking Up the Pieces: Building a better child care system post COVID-19*. Child Care Aware.
- ^{vi} Cooksey, K. & Thomas, E. (2024) Childcare employment—before, during, and after the COVID-19 pandemic. *Monthly Labor Review*, U.S. Bureau of Labor Statistics, January 2024. <https://www.bls.gov/opub/mlr/2024/article/childcare-employment-before-during-and-after-the-covid-19-pandemic.htm>
- ^{vii} Padilla, C. & Thomson, D. (2022). More than one-in-four Latino and black households with children are experiencing three or more hardships during COVID 19. *Child Trends*. <https://www.childtrends.org/es/publications/more-than-one-in-four-latino-and-black-households-with-children-are-experiencing-three-or-more-hardships-during-covid-19>
- ^{viii} Zelazko, N., McHenry, K., and Smith, L. (2021). The future of work and the implications for child care. Bipartisan Policy Center. <https://bipartisanpolicy.org/blog/the-future-of-work-and-implications-for-child-care/>
- ^{ix} Girouard, D. (2021) *Federal relief funds: State progress, Summer 2021*. Child Care Aware of America. <https://info.childcareaware.org/blog/federal-relief-funds-state-progress-summer-2021>
- ^x Administration for Children and Families. (2021). *Information memorandum ARP ACT CCDF Discretionary Supplemental Funds*. CCDF-ACF-IM-2021-03. Administration for Children and Families, U.S. Department of Health and Human Services. <https://www.acf.hhs.gov/sites/default/files/documents/occ/CCDF-ACF-IM-2021-03.pdf>
- ^{xi} U.S. Department of Health and Human Services. (April 15, 2020). 2020 CARES Act CCDBG Supplemental Funding Allocations for States and Territories. <https://www.acf.hhs.gov/occ/data/2020-cares-act-ccdbg-supplemental-funding-allocationsstates-and-territories>
- ^{xii} U.S. Department of Health and Human Services. (May 22, 2024). GY 2021 CCDF Allocations (Based on Appropriations). <https://www.acf.hhs.gov/occ/data/gy-2024-ccdf-allocations-based-appropriations>
- ^{xiii} U.S. Department of Health and Human Services. (March 3, 2023). ARPA Supplemental Stabilization and CCDF Discretionary Funding Allocation Tables - States and Territories. <https://www.acf.hhs.gov/occ/data/arpa-supplementalstabilization-and-ccdf-discretionary-fundingallocation-tables-states>
- ^{xiv} Ibid.
- ^{xv} Banghart, P., King, C., and Daily, S. (2022) State Guidebook for Measuring Progress Toward Equitably Supporting Child Care Stabilization. *Child Trends*. https://cms.childtrends.org/wpcontent/uploads/2022/09/PritzkerStateGuidebook_ChildTrends_September2022-.pdf
- ^{xvi} Annie E. Casey Foundation. (March 17, 2022). *In 2021, Families Continue to Recover from Pandemic Era Job and Income Losses*. <https://www.aecf.org/blog/employment-and-income-losses>.
- ^{xvii} Parolin, Z. (2020). *Share of Children with Unemployed Parents Reach Historic Highs During the COVID-19 Pandemic*. Center on Poverty and Social Policy, Columbia University. <https://static1.squarespace.com/static/610831a16c95260dbd68934a/t/6114243f4e8d1c2e2bedf8d6/1628709952128/COVID-Children-With-Unemployed-Parents-CPSP-2020.pdf>
- ^{xviii} Wheaton, L., Giannarelli, L., and Dehry, I. (2021) <https://www.urban.org/research/publication/2021-poverty-projections-assessing-impact-benefits-and-stimulus-measures>
- ^{xix} Thomsan, D., Guzman, L., and Emig, C. (2021). *Lessons from the Expanded Child Tax Credit Can Strengthen Other Safety Net Programs*. *Child Trends*. <https://www.childtrends.org/publications/lessons-from-the-expanded-child-tax-credit-can-strengthen-other-safety-net-programs>
- ^{xx} U.S. Bureau of Labor Statistics. *2023 State Occupational Employment and Wage Estimates*.