Why OIG Did This Audit
Federal law requires agencies of State government to prepare for disasters, including the need to provide for the continuity of child care. The Child Care and Development Fund (CCDF) program provides subsidized child care services to low-income families, families receiving temporary public assistance, and families transitioning from public assistance so that family members can work or attend training or education. This audit provides a national snapshot of State-level approaches to some of the issues posed by the ongoing COVID-19 pandemic in child care settings. Our objective was to identify the approaches that CCDF lead agencies in each State and the District of Columbia (State agencies) adopted to ensure access to safe child care as well as to protect the providers rendering that care in their CCDF programs in response to the COVID-19 pandemic.

How OIG Did This Audit
Our findings are based on responses to a questionnaire and followup interviews that we conducted with State agencies between April 30 and June 16, 2020, with an as-of date of April 30, 2020, which focused on closures of child care facilities as well as stay-at-home or shelter-in-place directives, issuance of guidance to providers on protective measures, State agencies’ disaster plans, use of CCDF flexibilities to lessen the impact of COVID-19, waiver requests, and the most significant challenges and concerns that State agencies identified.

National Snapshot of State Agency Approaches to Child Care During the COVID-19 Pandemic

What OIG Found
In response to the COVID-19 pandemic, State agencies have adopted various approaches to ensure access to safe child care as well as to protect the providers rendering that care in their CCDF programs.

Nationally, State agencies reported that about 63 percent of child care centers and 27 percent of family child care providers (collectively, child care facilities) had closed during the COVID-19 pandemic. Eight States reported that more than 75 percent of their child care facilities had closed. Twenty other States reported that between 50 and 75 percent of these facilities had closed.

All of the State agencies reported that they issued guidance to child care providers on protective measures recommended by the Centers for Disease Control and Prevention, and although almost all of the State agencies said that they were following the provisions of their disaster plans, 26 State agencies said that they revised or intended to revise those plans. Many State agencies used the flexibilities afforded to them by the Administration for Children and Families (ACF), the cognizant Federal agency, to lessen the impact of COVID-19 on child care providers and to ensure continued access to child care. To implement changes to their CCDF programs, many State agencies sought changes in their State requirements, requested waivers from ACF, and submitted CCDF plan amendments.

The most frequently identified challenges, according to State agencies, were communication with stakeholders, difficulties with fingerprinting for prospective child care employees’ background checks, insufficient funding for providers, health and safety considerations on the part of child care staff members, and the lack of and inability to secure personal protective equipment and cleaning supplies. The State agencies’ most frequently identified concerns once the pandemic has abated were the need to ensure that there would be enough providers to meet child care needs, the need for funding to stabilize the industry, and the need to hire and retain staff.

Conclusions
The information in this report was current when we conducted our questionnaire and interviews but may not represent all of the issues that ACF and State agencies have faced or the actions they have taken to address those issues. This report makes no recommendations. It is intended that ACF use this report to support State agencies as they work to address ongoing issues that could impede access to child care as a result of the COVID-19 pandemic. Because we make no recommendations, ACF did not provide written comments on our draft report, but it did provide technical comments, which we addressed as appropriate.

The full report can be found at https://oig.hhs.gov/oas/reports/region7/72006092.asp.