

2020 State Policy Update Report



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INTRODUCTION

Start Early was founded in 1982 as the Ounce of Prevention Fund, a nonprofit public-private partnership. Since the beginning, we have delivered best-in-class doula, home visiting and Early Head Start and Head Start programs and advocated for thoughtful policies and adequate funding at the local, state and federal levels. From our roots directly serving families and children on Chicago's South Side and rural Illinois, we have expanded nationwide, impacting early childhood programs and policies with partnerships in 25 states. Our role as on-the-ground practitioners continues to be the bedrock of our expertise and source of innovation and leadership in the field.

Start Early has a long history of policy and advocacy work that is rooted in our deep experiences in Illinois. Through legislative, administrative and grassroots advocacy, our Illinois policy team seeks to shape the foundational elements of the state's early childhood system, including major funding streams, legislation and federal and state initiatives.

Our national policy team focuses on the intersection of policy, research and practice, providing consultation, peer learning opportunities and resources on policy content and advocacy. The team supports early childhood advocates, Educare Learning Network leaders and other state and local systems leaders in 21 states and Washington, D.C. to improve, implement and expand the policies, investments, programs and services that create high-functioning, high-quality early care and education systems. Start Early also partners with the First Five Years Fund to increase federal investment in high-quality early childhood education programs and to ensure that the interests of children from birth to age 5 in low-income families are included in policy and funding decisions across the country.



INTRODUCTION

The State Policy Update Report provides a snapshot of early childhood care and education budget and policy changes during the 2019-2020 legislative sessions as of November 2020, many of which resulted in greater access to higher quality early learning programs and more effective early childhood systems.

This year, the report also includes insights from the lessons learned during the COVID-19 pandemic and its disproportionate effect on historically marginalized communities. All 50 states and Washington, D.C. were invited to complete our 2020 State Policy Update survey. Representatives from a total of 28 states and Washington, D.C. responded. This year, survey respondents were asked to categorize legislative, administrative and budgetary changes that occurred in the 2019-2020 sessions, and to provide reflections on the impact of the pandemic and subsequent economic decline. As a result, we are able to offer a more robust report that illuminates trends and connects early childhood policy and funding advances across the country.

The body of the report is organized based on subject area, but individual state reports can be found in the Appendix of this document (see page 43). The 2019 edition of the State Policy Update Report is available [here](#).





When the coronavirus emerged, significantly changing everyone's way of life, early childhood advocates across the country got to work securing state and federal funding to support collapsing child care systems. The field supported services, such as Individuals with Disabilities Education Act (IDEA), Part C, early intervention and home visiting, switch to telehealth and stepped in to help families with basic needs like food, shelter and diapers. Prior to the onset of this pandemic, these same advocates achieved significant early childhood policy wins, some of which are highlighted below.

- **California's** budget included \$34.3 million to implement the extension of pregnancy-only Medi-Cal coverage for up to 12 months after delivery for patients diagnosed with a maternal mental health condition.
- **Georgia** extended Medicaid coverage for parents from 60 days to six months postpartum.
- **Hawaii** adopted a goal for the state to ensure access to preschool for all 3- and 4-year-old children by 2032.
- **Kansas** passed legislation qualifying the time of a new, single parent receiving cash assistance (via TANF) to meet the work requirement through participation in a home visiting program up to 12 months after the birth of a child.
- **Maine's** budget included \$4 million to support the expansion of public preschool and another \$1.2 million to strengthen the state's early intervention system serving young children with developmental delays or disabilities.
- **Massachusetts** passed the Student Opportunity Act, a historic education funding bill that provides \$1.5 billion in new funding to underfunded school districts. Funding for high-quality pre-K and early literacy programs are on a list of priority items chosen by the state commissioner.
- **Nebraska** passed a bill that requires the Legislature to establish the Nebraska Statewide Workforce & Educational Reporting System, a lifelong learning and workforce longitudinal data system that will help identify the long-term return on investment from early education programs, among other things.

OVERVIEW

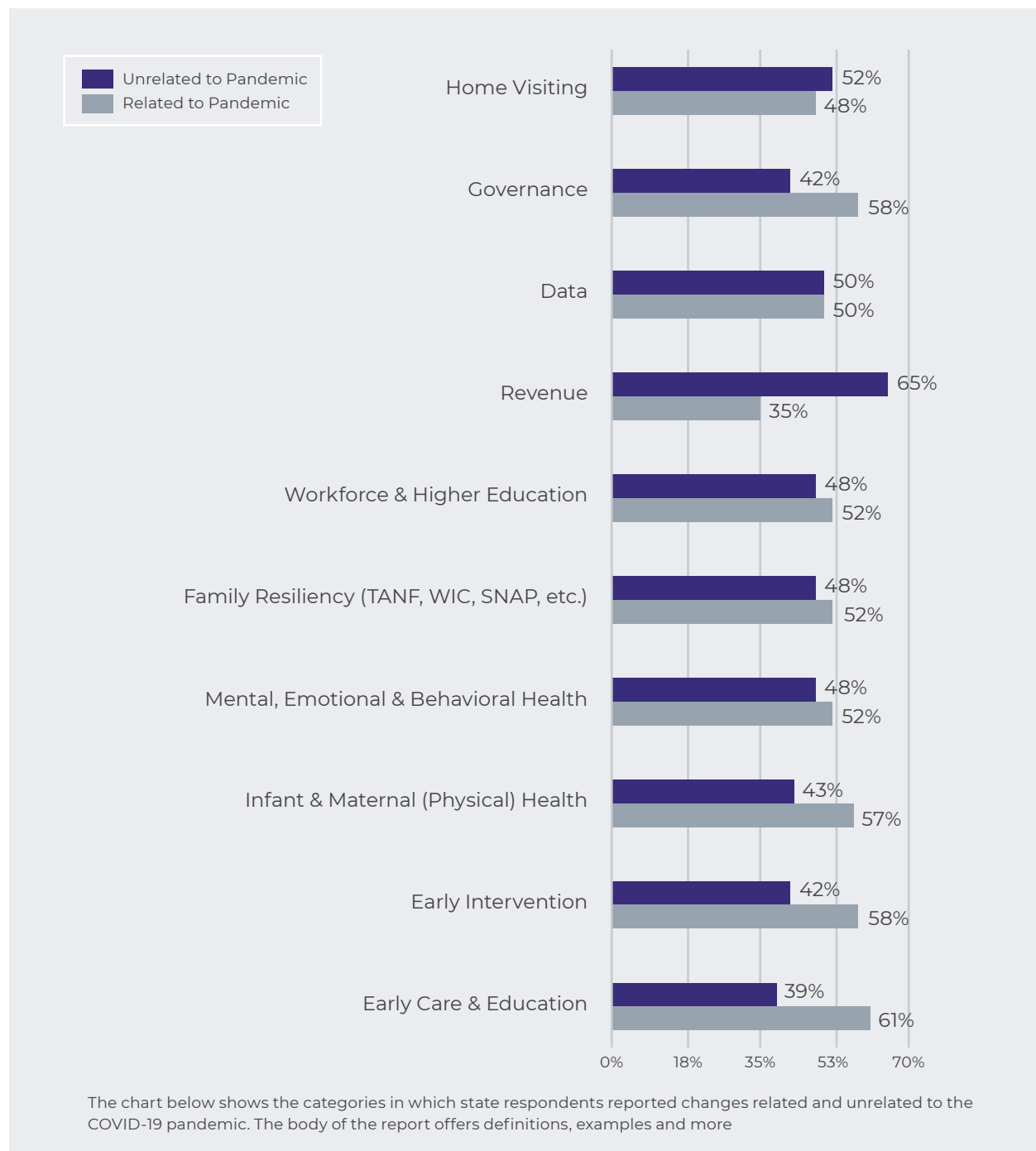
- **New Jersey** expanded paid family leave from six weeks to 12 weeks beginning in July 2020.
- **New York's** final budget included \$4 million to reduce maternal mortality by creating the maternal mortality review board, developing implicit racial bias training, expanding community health workers and building a data warehouse to support quality improvement activities for maternal health outcomes.
- **Oregon** successfully secured \$170 million of new early childhood investment in the state budget.
- **Utah** passed legislation that expands access to alternative breakfast in schools, with a particular focus on students at highest-risk schools.
- **Wisconsin** is expanding its Leading Men Fellows program in an effort to further diversify the early childhood workforce.

The table below offers a breakdown of states that reported policy priorities across various categories.

CATEGORIZED AGENDA ITEMS	PERCENTAGE OF STATES	STATES THAT REPORTED AGENDA ITEMS
Early Care & Education	93% (n=27)	AZ, CA, DE, DC, GA, HI, IL, KS, KY, LA, ME, MA, MI, MO, NE, NH, NJ, NM, NY, OK, OR, PA, TX, UT, VA, WA, WI
Early Intervention	62% (n=18)	AZ, CA, DE, GA, HI, IL, KS, KY, MA, MI, NE, NM, NY, OK, OR, TX, UT, WI
Infant and Maternal (Physical) Health	59% (n=17)	AZ, CA, DC, GA, IL, KS, KY, MA, MI, NE, NJ, NM, NY, OR TX, VA, WI
Mental, Emotional & Behavioral Health	52% (n=15)	AZ, CA, DC, GA, IL, KS, KY, LA, MA, MI, OK, OR, UT, VA, WI
Family Resiliency (TANF, WIC, SNAP, etc.)	52% (n=15)	AZ, DC, HI, IL, KS, MA, MI, MO, NE, NH, NJ, NY, UT, VA, WI
Home Visiting	41% (n=12)	CA, DE, GA, KS, LA, MA, MI, NH, OK, OR, VA, WI
Workforce & Higher Education	45% (n=13)	AZ, CO, DC, GA, KS, MA, MI, NE, NM, OK, OR, UT, WI
Revenue	38% (n=11)	AZ, GA, IL, KS, LA, MA, NE, NM, NY, OR, WI
Governance	48% (n=14)	AZ, CA, CO, DC, IL, KS, MA, NJ, NM, NY, OK, OR, VA, WI
Data	38% (n=11)	DE, GA, HI, LA, MA, MI, NE, NY, OK, VA, WI

OVERVIEW

While these successes are impressive, they only scratch the surface of the accomplishments state advocates and their many partners have achieved over the past year. We are excited to share highlights from each state that illustrate the persistent work of early childhood advocates, program providers, public officials and many other stakeholders who continue to move the field forward in creating environments in which young children and families can thrive.



Survey Methodology

This year's survey was similar to last year's survey in four key ways: 1) distribution of survey through Qualtrics, 2) invitation of advocates in all 50 states and Washington, D.C. to participate, 3) inclusion of additional questions to provide greater context to the work, and 4) request of respondents to categorize policy items. However, this year's survey also asked participants to categorize their items based on whether they were adopted in response to the pandemic and what, if any, advocacy priorities were put on hold because of the pandemic. The table below shows the categories we asked states to use to tag their legislative, administrative and budgetary changes from the year. Advocates completing the survey were able to tag single items under multiple categories to ensure accurate and thorough reporting.

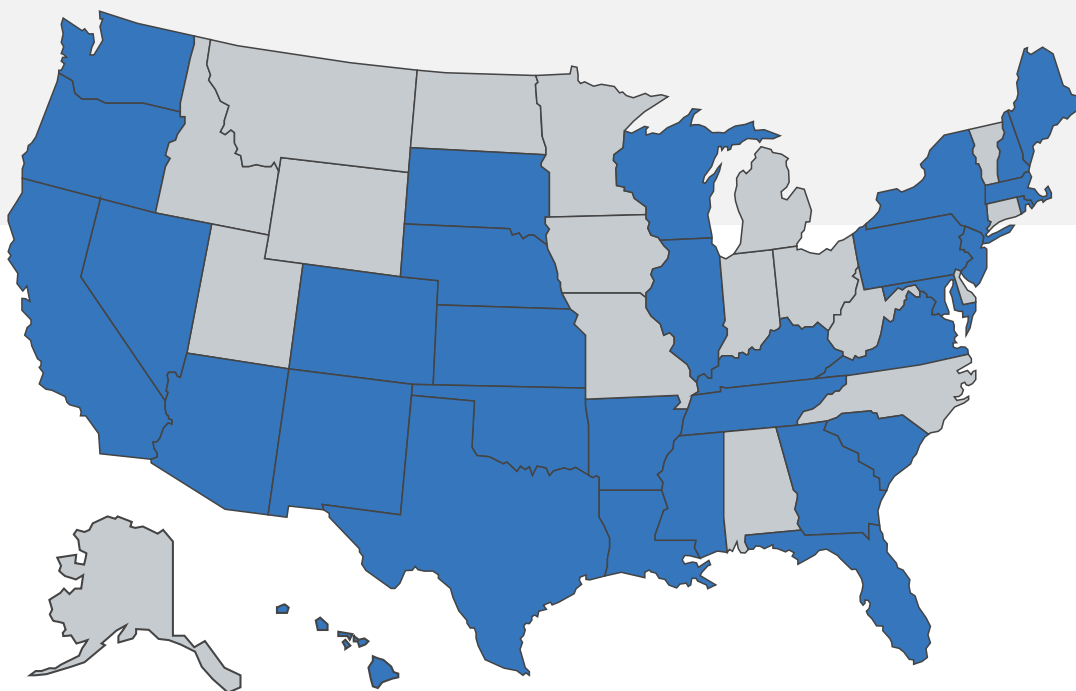


Fig 1: Categories and Definitions

CATEGORIES	DEFINITIONS
Early Care & Education	Child care, pre-K, Head Start, Early Head Start, school readiness, investments in facilities
Early Intervention	Legislation and funding for children with disabilities, i.e. IDEA Part C
Infant & Maternal Health	Programs and funding related to physical health, including reducing the rates of infant and maternal mortality and morbidity, and changes related to Medicaid and CHIP
Mental, Emotional & Behavioral Health	School discipline policies (i.e. expulsion), mental health consultation, maternal depression
Family Resiliency	Supports for families with young children, including paid family leave, TANF, WIC and SNAP
Home Visiting	Any legislative, administrative and/or budgetary changes related to home visiting
Workforce & Higher Education	Professional development, training, wages, higher education, core competencies
Revenue	Tax credits, funding streams, new and/or increased allocations for early childhood
Governance	Special districts, governing boards, legislative councils
Data	Needs assessments, systems integration, state and district-level reporting, state-funded studies

METHODOLOGY

The survey requested information on policy priorities and budgetary, legislative and administrative policy changes related to early childhood. The survey was distributed through Qualtrics on August 3, 2020, to 51 state advocacy organizations (one entry per state and one entry for Washington, D.C.). State advocates were asked to write in updates for each category: policy, budgetary, legislative and administrative. States could enter up to 30 items for each category. There was no character limit for updates and states could include as much or as little information as they desired. State advocates were sent three follow-up reminders before the survey closed on September 11, 2020. A total of 28 states and Washington, D.C. participated in the State Policy Update Report survey as shown on the map.



Arizona	Maine	Oklahoma
California	Massachusetts	Oregon
Colorado	Michigan	Pennsylvania
Delaware	Missouri	Texas
Georgia	Nebraska	Utah
Hawaii	New Hampshire	Virginia
Illinois	New Jersey	Washington, D.C.
Kansas	New Mexico	Washington state
Kentucky	New York	Wisconsin
Louisiana	North Carolina	



Analysis Methodology

After the survey was closed on September 11, 2020, open-ended responses from state advocates were qualitatively coded. Qualitative coding is conducted by reading through open-ended responses to identify common words or phrases used and identifying themes across many responses. A total of 382 items were entered across all categories. Items were qualitatively coded independently to identify overarching themes across states within the policy, budgetary, legislative and administrative categories. These qualitative codes were then cross-referenced with the state advocate's self-selected tags.

Early Learning & Care

Part 1: Child Care

Any legislative, administrative and/or budgetary changes related to child care.

Items Unrelated to Pandemic

- **Wisconsin** increased subsidy rates to meet or exceed 25% of the market rate to ensure compliance with the Child Care and Development Fund (CCDF), and dedicated funding to support child care programs in the lowest income ZIP codes throughout the state.
- **Arizona** approved legislative spending authority to allocate the additional \$22 million they received from CCDF to ensure there is no waitlist for child care subsidies through Fiscal Year 2021.
- **Oklahoma** passed a budget that increased child care subsidy rates.
- In **Illinois**, the Child Care Assistance Program (CCAP) targeted rate increases and parent copay reduction.
- **New Jersey** enacted an administrative rule that reduced parent copays by 50%.
- **Washington state** increased the child care subsidy rate to the 65th percentile, resulting in an increase of funding by \$32 million.
- **Nebraska** passed LB1185, which requires license-exempt child care providers seeking to serve children with child care subsidies to meet federal background check standards.
- **Kentucky** strengthened nutrition and activity standards for children in licensed child care centers.



Items Related to Pandemic

- **Louisiana** responded to the pandemic by establishing contracts with child care centers near hospitals or other hubs for critical infrastructure workers to offer “respite” child care free of cost to frontline workers and leveraged existing child care resource and referral agency contracts to provide support and management of these contracts.
- **New York** created Family Enrichment Centers (FEC) which provided free, safe child care to the children of essential workers during the height of the pandemic, while **Kentucky** provided start-up grants for new in-home child care providers.
- **Texas** created a Frontline Child Care portal that allowed child care providers to share available seats and enrollment to families in need of child care and provided short-term child care to essential workers. Approximately 29,000 children enrolled.

RESULTS



- **Wisconsin** allocated \$30 million in the Coronavirus Aid, Relief and Economic Security Act (CARES Act) funding to child care, while **Maine** allocated \$8.4 million in CARES Act funds for child care providers serving children under age 5.
- **Nebraska** targeted its CARES Act funding to provide \$8.7 million in child care provider stabilization grants and \$1 million for incentive grants to reopen child care programs that had suspended operations during the pandemic.
- **Louisiana** used CARES Act funding to provide numerous supports to child care providers, including community grants to aid in community-wide recovery.
- **Kentucky** created subsidies for emergency child care centers, while **Georgia** used CARES Act funds to add essential workers as a priority group for Georgia Child Care and Parent Services (CAPS), Georgia's child care subsidy program.
- **Illinois** allocated \$270 million in CARES Act funds to child care restoration grants to help child care providers cover revenue losses due to decreased enrollment.
- **Utah** utilized CARES Act funding to sustain child care programs during the pandemic through operational grants.
- **Washington state** provided \$29 million in one-time sustainability grants for child care providers that remained open.
- **Texas** offered temporary stabilization grants of up to \$10,000 per month to temporarily closed child care providers to help defray expenses incurred. Providers who participated in the state's Quality Rating and Improvement System (QRIS) received an extra 5% allocation.
- Several states allowed for child care providers participating in the child care assistance program to bill based on enrollment instead of attendance, including **Kentucky, Nebraska** and **New Jersey**. The Nebraska Department of Health and Human Services also amended their guidance to allow for child care subsidy payments to providers serving eligible children and families remotely.



RESULTS



- **Wisconsin** extended subsidy payments to closed programs through June 30, 2020, regardless of child attendance, and also suspended licensing and child care administrative rules.
- In **Michigan**, the governor signed an Executive Order allocating \$100 million to the Child Care Relief Fund for child care providers operating during the pandemic to help cover unexpected expenses, in exchange for reducing rates for families. The Legislature allocated an additional \$125 million to further reduce rates for families.
- In **Texas**, subsidy reimbursement rates (currently set as 25%) were increased to help address higher operating costs during the pandemic.
- **New Jersey** similarly increased subsidy reimbursement rates for all ages in center-based care, and provided tuition assistance for families who are not eligible for a child care subsidy but are struggling to pay for full- or part-time care while their school-age children, including age 5, are learning remotely.
- Many states also waived parent co-payments for subsidized child care, including **Kentucky, Louisiana, New York, Oklahoma, Oregon, Texas** and **Washington state**. Some states provided child care subsidies to children of essential service employees regardless of eligibility, such as **New Jersey** and **Illinois**.
- **Oregon** also increased income eligibility from 185% federal poverty level (FPL) to 85% state median income (SMI). **New York** also raised child care eligibility to 85% SMI.
- **Arizona** allocated \$7 million for the Increase Paid Absences program to allow for five absences a month per child instead of two. The program recognizes the need for parents to keep their child home if they show signs of illness and aims to prevent the spread of coronavirus. Arizona also changed reporting requirements—child care programs must communicate outbreaks of two or more COVID-19 positive cases to the local health department.
- **Arizona's** budget included \$24 million from CCDF for the Arizona Enrichment Centers Program which provides priority child care services and scholarships for first responders, health care workers and other essential personnel during the COVID-19 pandemic. The \$24 million investment will support more than 546 providers across the state that offer services through the program.
- In the wake of the pandemic, **Oregon** developed an emergency child care system and health and safety regulations.

Priorities on Hold

- Prior to the pandemic, several states, including **Delaware, Georgia, Hawaii, Michigan** and **North Carolina**, had planned to advocate for increasing child care subsidies—with North Carolina planning to focus on the infant and toddler population—but had to place this priority on hold.
- **Kentucky** was also planning to expand eligibility for child care assistance, while Kansas was planning to match state dollars for child care assistance to draw down all available federal dollars.
- **Maine** was considering legislation to expand Early Head Start.
- **New York** planned to increase state investment in child care.
- **California** was planning to expand the supply of child care facilities for families eligible for subsidized child care.
- **Washington state** had to shift its focus from developing its quality rating, information and improvement system, Early Achievers, to its child care supply to support economic recovery.

Stories from the Field

Brightside Up distributed supplies to child care providers via a drive through supply pantry. The supplies included scrubs, laundry detergent, bleach, hand soap, hand sanitizer, changing paper, baby wipes, diapers, water, gloves, paper towels, toilet paper, masks and thermometers. Chemung County Child Care Council, in partnership with Jubilee Foods, implemented the Feed the Day Care Children program, which provided 122 registered, licensed and legally exempt child care programs with essential food items to help feed the children in their care. The program operates for four weeks. The program is funded through the Unity Fund (Community Foundation, Corning Foundation, Triangle Fund and the United Way). Every Monday and Wednesday Jubilee Foods delivers the product (milk, eggs, butter, bread, canned fruits and vegetables and crackers) to the Council and Council staff sort, bag items, load coolers and cars with the product and deliver to participating programs.

– Dede Hill, Schuyler Center for Analysis and Advocacy, New York

At the beginning of the pandemic, we convened a small group of government officials and community groups to triage problems and develop strategic plans related to child care and early learning. The group helped secure \$15 million for child care providers and engaged in a media campaign to inform families of child care subsidies. In the course of one month, the applications for subsidies increased by 100%.

– Kathleen Algire, Hawai'i Children's Action Network, Hawaii

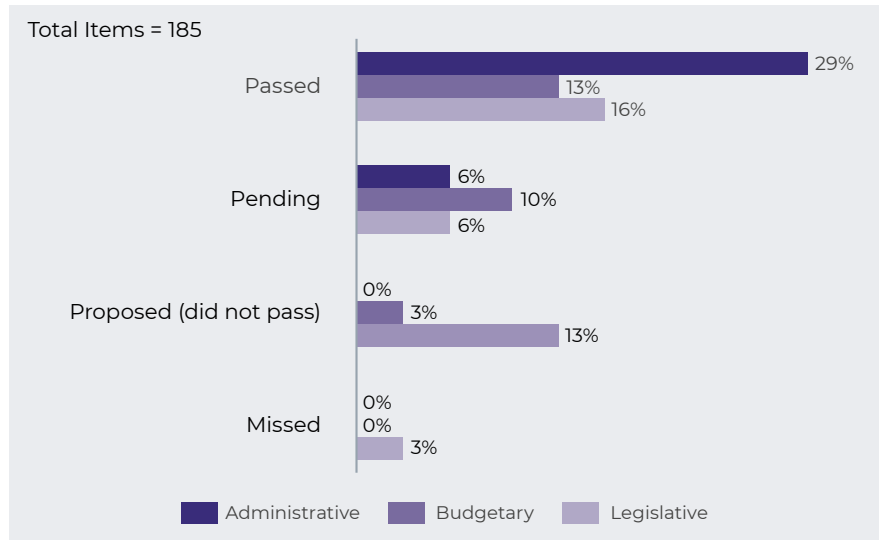
Early Learning & Care

Part 2: Early Care & Education

Legislation, administrative action or budget changes related to pre-K, Head Start, Early Head Start, school readiness, investments in facilities and other similar topics.

Across all 29 responses, 22 states (73%) reported an item in this category. Of all submitted items, more than half (67%, n=185) were self-identified as **Early Care and Education**. From that, more than half 61% (n=112) of the substantive changes affected families with young children during the COVID-19 pandemic, while the other 39% (n=73) were substantive changes unrelated to the COVID-19 pandemic. The figure below shows how many total items successfully passed based on whether they were administrative, budgetary or legislative items.

Fig 1: Early Care and Education



Items Unrelated to Pandemic

- The **Maine** Legislature allocated \$4 million dollars to support the expansion of public preschool in the supplemental budget.
- **Washington state** established the Early Learning Facilities Fund, a \$7.3 million capital budget.
- The **New York** Legislature successfully protected the state's pre-K investment and secured \$750,000 in new funding for the state's first Regional Technical Assistance Center.
- **Hawaii** adopted a goal for the state to ensure access to preschool for all 3- and 4-year-olds by 2032.
- **Utah** expanded full-day kindergarten by securing \$5 million in new funding.

Items Related to Pandemic

- **Illinois** allocated \$10 million in Governor's Emergency Education Relief (GEER) funds for early childhood.
- **Virginia** expanded mixed-delivery funding streams for preschool.

RESULTS

- The **Washington, D.C.** Legislature passed emergency grant funding to stabilize early childhood education and legislation to base payment for early childhood programs on enrollment and not attendance (through September 30, 2020).
- **New Mexico** secured additional funding to expand the state's pre-K and early pre-K programs.



Priorities on Hold

- Advocates in several states, including **Washington state, New York, Virginia, Kentucky, Utah, Delaware, New Jersey, Maine** and **North Carolina**, have had to hold off on expanding the capacity of and increasing access to pre-K programs.
- Advocates in **Oklahoma** and **Washington, D.C.** reported that work towards improving the quality of early childhood programs has been delayed.
- In **Hawaii**, legislation to prohibit expulsion and suspension in public preschool programs and legislation to adopt a statewide trauma-responsive framework resolution have been put on hold.
- In **Delaware**, a bill to require a common statewide kindergarten registration did not pass.
- In **California**, advocacy for a 3% cost-of-living adjustment to stabilize early childhood services has been delayed.
- Advocates in **Missouri** reported delays in their efforts to secure funding to expand early childhood and home visiting programs, wrap-around services for school-age students, and health priorities around 12-months continuous eligibility.

Stories from the Field

New Futures immediately partnered with Momsrising to bring together a group of advocates to both learn from and advocate for resources to support the early childhood system. The initial efforts were directed at childcare. We worked tirelessly within the Emergency Childcare Collaborative to get supplies, resources, and a system in place to ensure safe care for kids. Additionally, our states family resource centers pivoted immediately to being to support children and families remotely to deal with the crisis and impact of a sudden shift to e-learning. The strong advocacy foundation built over that past 4 years enabled our state advocates to come together in action swiftly and successfully.

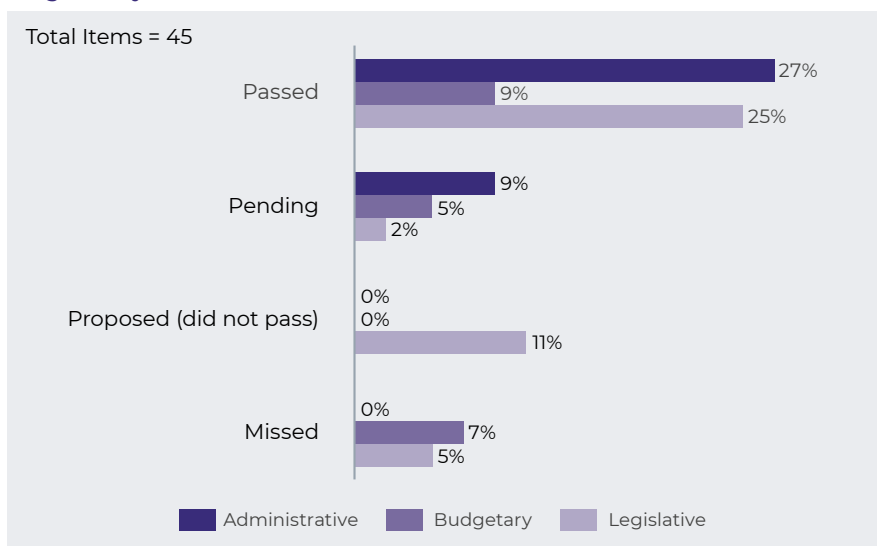
– Rebecca Woitkowski, New Futures, New Hampshire

Early Intervention

Legislation and funding for children with disabilities, i.e. IDEA Part C.

Across all 29 responses, 10 states (33%) reported an item in this category. Out of all submitted items, only 16% (n=45) were self-identified as **Early Intervention**. From that, more than half (58%, n=26) of the substantive changes affected families with young children during the COVID-19 pandemic, while the other 42% (n=19) were substantive changes unrelated to the COVID-19 pandemic. The figure below shows how many total items successfully passed based on whether they were administrative, budgetary or legislative items.

Fig 2: Early Intervention



Items Unrelated to Pandemic

- **Nebraska** passed LR387, which created an interim study to examine the processes by which children who are the victims of a substantiated case of abuse or neglect can access services through Nebraska's Early Development Network under IDEA, Part C.
- In **Texas**, speech and occupational therapy provided by Early Childhood Intervention (ECI) providers was approved for telehealth services and Medicaid coverage.
- In **Delaware**, Child Development Watch consolidated into Division of Public Health with Early Intervention 0-3.
- **Maine** passed legislation to support the investment of \$1.2 million in supplemental budget funding to strengthen the state's early intervention system.





Items Related to Pandemic

- **Michigan** was able to increase funding for Early On Michigan's Part C service quality through the GEER Fund.
- **New Mexico** was also able to secure additional funding to support early intervention rate increases.
- **Illinois** passed legislation that implemented virtual visits as a part of early intervention.
- In **Texas**, the Early Childhood Intervention (ECI) program reallocated travel and training budgets to obtain 25,000 virtual signatures (rather than in-person) from parents. Texas also passed legislation that approved physical therapy coverage for ECI for the duration of the pandemic.
- **Delaware** adopted a statewide online screening tool available to parents of children ages 0-5 statewide.
- **Kansas** established the Technology for Families Fund, which provides connectivity, equipment and devices to support virtual access for families receiving home visiting and early intervention services.

Priorities on Hold

- Advocates in **Maine** have paused advocacy for systems to improve early intervention services.
- Advocates in **Illinois** are holding off on implementing virtual video visits as a part of early intervention.

Stories from the Field

Work collecting survey responses from home-based early intervention service providers through the Early On Michigan Foundation (EOMF) network, combined with strategic work with EOMF leadership to craft and share an updated ask to improve remote service quality and access, resulted in funding inclusion in the Governor's Emergency Education Relief Fund. EOMF, in partnership with our organization, identified a clear advocacy opportunity and paired it with a clearly defined need and leveraged relationships already built to achieve success.

– Matthew Gillard, Michigan's Children, Michigan

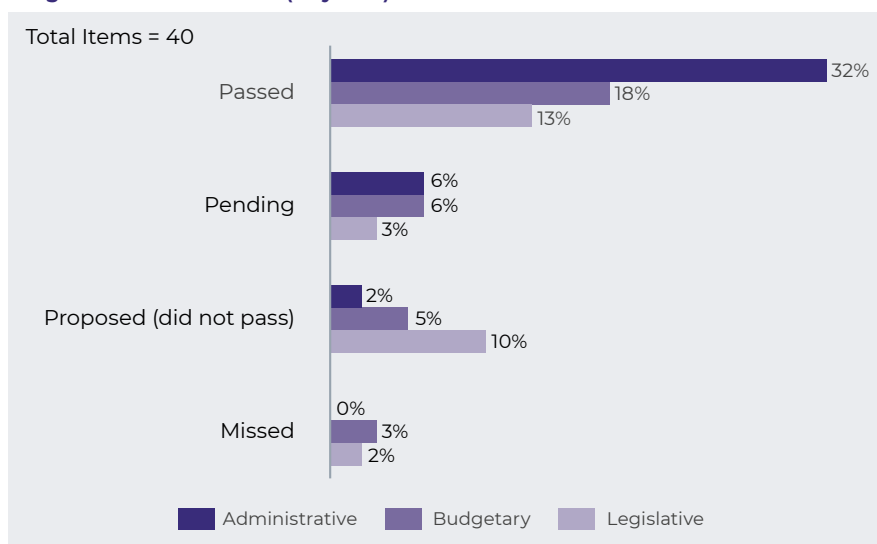
RESULTS

Infant & Maternal (Physical) Health

Programs and funding related to physical health, including reducing the rates of infant and maternal mortality and morbidity, and legislation impacting Medicaid, CHIP and similar programs.

Across all 29 responses, 17 states (57%) reported an item in this category. Out of all submitted items, only 14% (n=40) were self-identified as **Infant & Maternal (Physical) Health**. From that, more than half (58%, n=23) of the substantive changes affected families with young children during the COVID-19 pandemic, while the other 42% (n=17) were substantive changes unrelated to the COVID-19 pandemic. The figure below shows how many total items successfully passed based on whether they were administrative, budgetary or legislative items.

Fig 3: Infant & Maternal (Physical) Health



Items Unrelated to Pandemic

- **New York** successfully secured \$4 million to reduce maternal mortality and launched a maternal mortality review board (signed into law in August 2019) to develop implicit racial bias training, expand community health workers and build a data warehouse to support quality improvement activities for maternal health outcomes.
- **Georgia** passed an extension of Postpartum Medicaid from 60 days to six-months postpartum (awaiting Centers for Medicare & Medicaid Services [CMS] approval).
- **Arizona** expanded the newborn screening program at the Arizona Department of Health Services to offer two additional tests.
- **California** successfully passed two budget items in this area. The first is a \$34.3 million General Fund to implement the extension of pregnancy-only Medi-Cal coverage for up to 12 months after delivery for patients diagnosed with a maternal mental health condition, as approved through the 2019 budget. The second creates two California Department of Public Health positions and General Fund expenditure authority of \$348,000 annually to track and publish data on pregnancy-related deaths and severe maternal morbidity.

Items Related to Pandemic

- In **Texas**, the governor extended telehealth flexibilities through October 2020 (rather than month-to-month). This includes Medicaid coverage for telehealth well-child visits for children over age 2 and waived CHIP copays for office and telehealth visits.
- In **Washington, D.C.**, advocates helped pass legislation that protects funding for health, mental health and child development programs that provide comprehensive support services to infants/toddlers and pregnant women.
- **New Jersey** passed a state directive permitting doulas in delivery rooms.
- **New Mexico** secured funding to expand public availability of long-acting reversible contraception.
- **Kansas** established the Early Childhood Consultant Network. Through this program, child care health consultants will be available to all Kansas Department of Health and Environment-licensed facilities to provide technical assistance/consultation and assess environments (through virtual or on-site visits). Consultants will advise on actions or modifications needed to meet the Center for Disease Control & Prevention's (CDC) health and safety recommendations to prevent the spread of COVID-19 and other illnesses.



- In **Maine**, the governor provided \$1 million in existing general funds to increase preventive health care for children enrolled in MaineCare through temporary incentive payments for health providers that offer well child visits, vaccinations and dental care during the COVID-19 pandemic. Together with federal matching payments, Maine will increase support for children's health by an estimated \$3.6 million this fall.
- In **California**, there are two pending telehealth-related bills, AB 2360 and AB 2164, that would require health care service plan and insurers to provide access to a telehealth psychiatry consultation program for children, pregnant and postpartum individuals. Bills would allow federally qualified health centers and rural health clinics to establish patients and deliver care by using telehealth services, during the pandemic period, respectively.



Priorities on Hold

- **New Hampshire** advocates delayed pushing for Medicaid rule changes to support maternal and child health.
- **Missouri** advocates deferred advocacy efforts to secure 12 months of continuous Medicaid eligibility.
- **North Carolina** delayed advocacy for expanded health care coverage.
- After many years of trying to pass legislation to expand comprehensive oral health care for pregnant women, **Arizona** had to place this priority on hold.
- Advocates in **Pennsylvania** reported that advocacy around enrollment and retention efforts for children in Medicaid and CHIP have stalled, due to in part, their fiscal cost. This includes 12-month continuous eligibility for children in Medicaid, which currently is only extended to children from birth to age 3.

Stories from the Field

Georgia Early Education Alliance for Ready Students (GEEARS) worked with new and existing partners to address the low vaccination and well-child visit rates that have been observed during the pandemic. We partnered with Children's Healthcare of Atlanta (CHOA) and Westside on the Rise to bring school-required immunizations via the Ronald McDonald Care Mobile to neighborhoods in Southwest Atlanta. A needs assessment conducted in 2015 indicated that a high rate of children in these neighborhoods do not have a medical home. This was a new initiative for all involved. Through a separate initiative, GEEARS adopted our local AAP Chapter's guidance on well-child visits and immunizations into shareable, easy-to-understand graphics, which have since been shared extensively online and with other partners

– Callan Wells, Georgia Early Education Alliance for Ready Students, Georgia

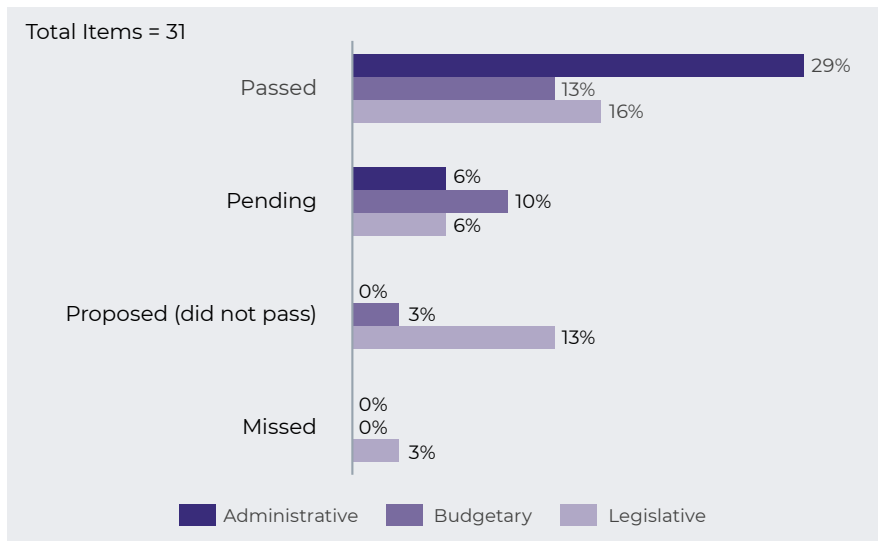
RESULTS

Mental, Emotional & Behavioral Health

Budget actions and legislative changes related to mental health consultation, maternal depression and other similar topics.

Across all 29 responses, half of the states reported an item in this category. Out of all submitted items, only 11% (n=31) were self-identified as **Mental, Emotional & Behavioral Health**. From that, more than half (52%, n=16) of the substantive changes affected families with young children during the COVID-19 pandemic, while the other 48% (n=15) were substantive changes unrelated to the COVID-19 pandemic. The figure below shows how many total items successfully passed based on whether they were administrative, budgetary or legislative items.

Fig 4: Mental, Emotional & Behavioral Health



Items Unrelated to Pandemic

- **Georgia** passed an expansion of the System of Care State Plan, which dictates the state's behavioral health safety net for children, to include ages 0-4 for the first time. They also passed a budget item that created an Infant and Early Childhood Mental Health (IECMH) coordinator position.
- In **Wisconsin**, there is pending legislation that would support social emotional development by piloting and expanding IECMH consultation and support pyramid model training and coaching, both of which are included in their Preschool Development Grant B-5 planning grant.





Items Related to Pandemic

- **Oklahoma** secured funding for Community HOPE Center to care for children by providing mental health and social services supports.
- **Virginia** passed legislation that would launch a feasibility study for the statewide implementation of early childhood mental health consultation.
- **Washington, D.C.** passed a budget item that protects funding for health, mental health and child development programs that provide comprehensive support services to infants/toddlers and pregnant women.
- **Missouri** passed legislation that provides access for homeless youth mental health services and expands health options for this population.
- **Louisiana** expanded infant mental health work to provide all centers with access to TYKES infant mental health consultation.

Priorities on Hold

- **Michigan** has put a hold on advocating for investments in infant and early childhood mental health consultation.
- **Hawaii** has delayed advocacy for the adoption of a statewide trauma-responsive framework resolution.
- **Washington, D.C.** advocates have delayed their efforts to advance access to high-quality health, mental health and child development supports.
- In **California**, budget requests for the California Advancing and Innovating Medi-Cal initiatives, including a behavioral health quality improvement program and the provider training for trauma screening program, have been withdrawn.

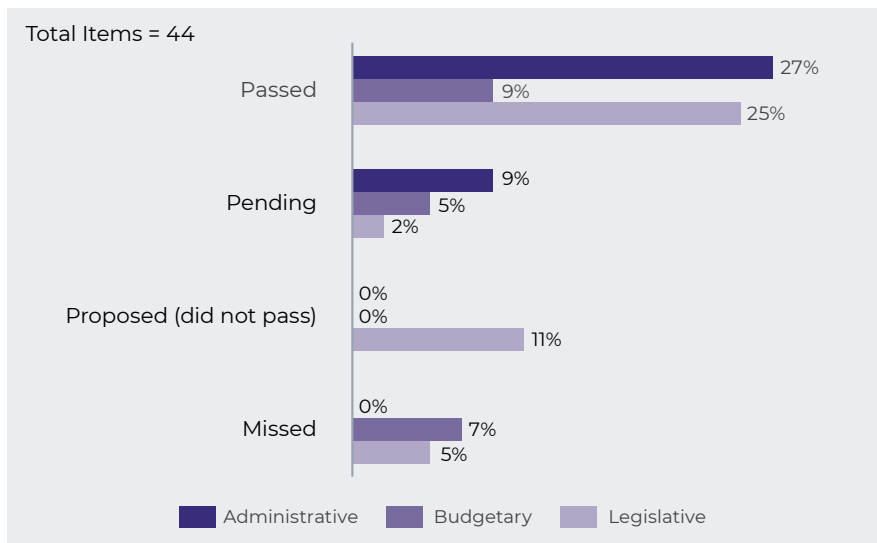
RESULTS

Family Resiliency

Supports for families with young children, including paid family leave, TANF, WIC, SNAP, the child welfare system and similar programs.

Across all 29 responses, half of the states reported an item in this category. Out of all submitted items, only 16% (n=44) were self-identified as **Family Resiliency**. From that, more than half (52%, n=23) of the substantive changes affected families with young children during the COVID-19 pandemic, while the other 48% (n=21) were substantive changes unrelated to the COVID-19 pandemic. The figure below shows how many total items successfully passed based on whether they were administrative, budgetary or legislative items.

Fig 5: Family Resiliency



Items Unrelated to Pandemic

- **Utah** passed legislation that expands access to alternative breakfast in schools, with a particular focus on students at highest-risk schools.
- **New Jersey** passed legislation for the implementation of expanded paid family leave from six weeks to 12 weeks, which began in July 2020.
- **Nebraska** passed LB1061, which provides guidance for the types of child welfare cases that can utilize alternative responses, gives the department certain responsibilities for developing procedures, rules and regulations for these cases and how they must be reported.
- **New York's** final budget included reforms to the Statewide Central Register (SCR), which will raise the standard of proof for a finding against a parent, bringing New York in line with most jurisdictions across the country. The budget also included reforms to reduce racial disparities in the child welfare system keeping more families safely together.

RESULTS

Items Related to Pandemic

- **New Hampshire** passed a state waiver to provide free meals to all school-aged children.
- **Virginia** increased TANF payments by 18%.
- **Utah** extended the use of pandemic Electronic Benefits Transfer (EBT) through the 2021 school year.
- **Kansas** also passed a pandemic EBT program that gives families with school children a Kansas Benefits Card to purchase food.
- **New Jersey** passed legislation that provides special food assistance benefits to anyone eligible for free or reduced-price meals. Any benefits up for renewal were extended for six months.
- **Washington, D.C.** passed the COVID-19 Emergency Relief/Assistance bill, which includes extended eligibility for public benefit programs such as TANF and Supplemental Nutrition Assistance Program (SNAP), an extension for D.C. Health Care Alliance to receive or continue health insurance, a prohibition on evictions and utility shut offs and other supports.



- **California** has pending legislation that would strengthen the job protections provision of the Paid Family Leave program by ensuring job-protected leave for employees who work for an employer with five or more employees.
- **Michigan** passed legislation supporting a Pandemic EBT nutrition program, including eligibility for students in Great Start Readiness programs, GSRP/Head Start Blends, Early Head Start and Head Start. Michigan also passed \$60 million for a Rent Assistance and Eviction Diversion program, appropriated by the state Legislature.

RESULTS

Priorities on Hold

- In **New Hampshire**, advocacy for increased SNAP incentives are on hold.
- In **New York**, advocacy has been delayed for strengthening and expanding the state's child tax credit.
- In **Hawaii**, advocates have had to delay efforts on passing a state social insurance Paid Family Leave program, making the state's earned income tax credit refundable, increasing the minimum wage and creating family visitation centers at the Waiawa Correctional Center.
- **Georgia** advocates have delayed work on securing three weeks of paid parental leave for state employees.
- **California** paused advocacy for their CA Reads Together Proposal, which would get books in the hands of 90% of children served at WIC sites within two years, and in the hands of all low-income children in the state within three years.
- **North Carolina** has delayed advocacy for expanded health care coverage and paid family leave.
- **Kansas** has delayed work on establishing a paid family leave policy and a refundable food sales tax credit.
- **Pennsylvania** also reported that legislative efforts to pass a permanent package for transition-age youth in the child welfare system were quickly put on the backburner once the pandemic hit.



Stories from the Field

We have been so inspired by our direct-service partners, who have clearly been seen as a trusted community resource by the families they work with. For example, Consejo Hispano has been a resource for families for a long time, but until the pandemic, they weren't at the table with the school districts. When local school districts saw how connected they are to their community, they started reaching out to Consejo Hispano staff for help communicate with hard-to-reach families. Meanwhile, Consejo Hispano staff was already translating public health announcements into Spanish, doing resource navigation, picking up and delivering school lunches, watching webinars in both English and Spanish so that they could clearly point to the disparity in content, and participating in advocacy grounded in what they are hearing directly from the families they work with.

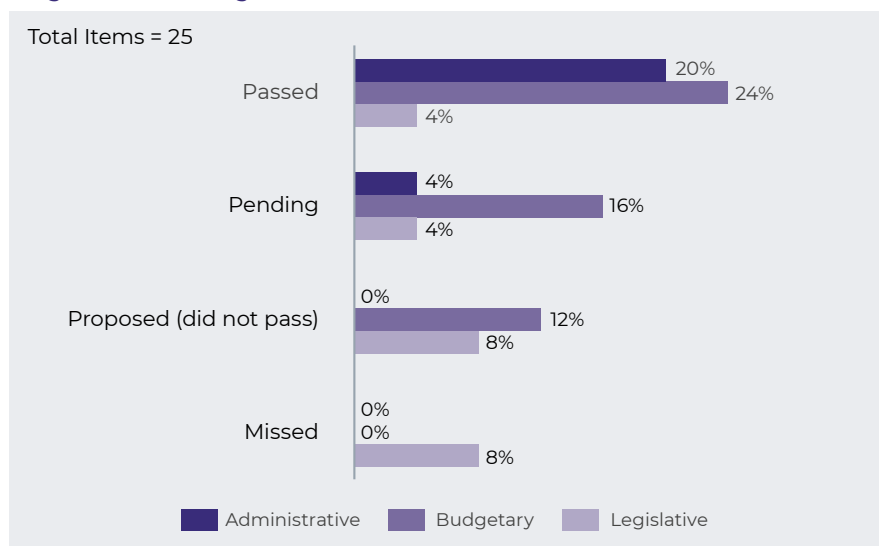
– Dana Hepper, Children's Institute, Oregon

Home Visiting

Any legislative, administrative and/or budgetary changes related to home visiting.

Across all 29 responses, nearly half of the states (47%, n=14) reported an item in this category. Out of all submitted items, only 9% (n=25) were self-identified as **Home Visiting**. From that, 48% (n=12) of the substantive changes affected families with young children during the COVID-19 pandemic, while more than half (52%, n=13) were substantive changes unrelated to the COVID-19 pandemic. The figure below shows how many total items successfully passed based on whether they were administrative, budgetary or legislative items.

Fig 6: Home Visiting



Items Unrelated to Pandemic

- The final budget in **New York** included \$3.8 million for Nurse-Family Partnership, an \$800,000 increase over the Executive Budget and a \$300,000 increase as compared to last year's budget.
- **Kentucky** was able to maintain funding for the Kentucky Health Access Nurturing Development Services, a home visiting program.
- In **California**, voluntary evidence-based home visiting was added to the intensive case management models that counties may utilize to serve pregnant and parenting teens through the Cal-Learn Program.
- In **New Jersey**, a bill was introduced to provide statewide, universal home visiting to all newborn mothers (still pending).
- **Kansas** passed legislation that allows the participation of a single parent with a newborn in a home visiting program during the child's first year to be considered as acceptable work activity for TANF eligibility.

RESULTS

Items Related to Pandemic

- **Kentucky** passed legislation for the allowance and reimbursement for online visits in home visitation programs.
- **Georgia** also passed legislation allowing for the reimbursement of early intervention, home visiting and other medical, behavioral and mental health supports when conducted virtually.
- **Kansas** established the Technology for Families Fund, which provides connectivity, equipment and devices to support virtual access for families receiving home visiting services.
- **New Mexico's** budget included additional funding to expand the state's Medicaid home visiting pilot project.
- In **Virginia**, there is pending legislation that would authorize Medicaid funding for home visiting services.



Priorities on Hold

- Many states reported that they have had to delay advocacy for increasing funding for home visiting, including **Maine, Kentucky, Washington state, Michigan, Oklahoma, New York, North Carolina, Missouri** and **Pennsylvania**.
- **New Hampshire** and **New Mexico** reported that they have delayed advocacy for the expansion of Medicaid-funded home visiting as well.

Stories from the Field

The New Mexico Early Childhood Funders Group, made up of seven private foundations, collaborated with the Early Childhood Care and Education Department to establish an emergency response fund. Through a simple Google form, applicants were able to request funds for basic needs, including personal protective equipment, technology to support distance learning and cleaning supplies. While needs greatly exceeded the available supply, 63 grants were made to child care, home visiting and early intervention providers across the state, with a particular focus on home-based child care providers and those serving populations most in crisis. These grants were helpful filling gaps before the state was able to make CARES stimulus funds available to many of the same providers.

– Michael Weinberg, Thornburg Foundation, New Mexico

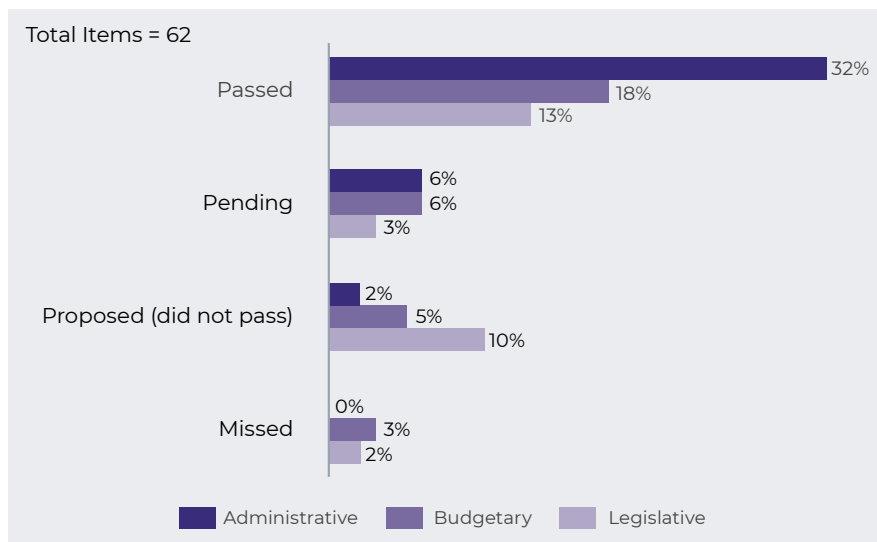
RESULTS

Workforce & Higher Education

Budget actions or legislation related to professional development, training, wages, higher education, core competencies and similar topics.

Across all 29 responses, fewer than half of the states (43%, n=13) reported an item in this category. Out of all submitted items, nearly a quarter (22%, n=62) were self-identified as **Workforce & Higher Education**. From that, more than half (52%, n=32) of the substantive changes affected families with young children during the COVID-19 pandemic, while the other 48% (n=30) were substantive changes unrelated to the COVID-19 pandemic. The figure below shows how many total items successfully passed based on whether they were administrative, budgetary or legislative items.

Fig 7: Workforce & Higher Education



Items Unrelated to Pandemic

- **Nebraska** passed legislation that requires the Legislature to develop a plan to establish the Nebraska Statewide Workforce & Educational Reporting System, a lifelong learning and workforce longitudinal data system. As part of this system, the Nebraska Department of Labor will identify the long-term return on investment from early education programs.
- **Wisconsin** passed a bill that expands the Leading Men Fellows program to further diversify the workforce. They also successfully increased funding for the T.E.A.C.H. Scholarship program.
- In **Michigan**, the governor signed an Executive Order directing the Licensing and Regulatory Affairs Agency to develop implicit bias training for licensed health professionals.
- **Utah** passed legislation to align and strengthen instruction and learning from preschool through third grade, improve teacher training and licensing, require local early literacy and mathematics plans, provide targeted professional development and job-embedded coaching, and increase collaboration among higher education to classroom teachers (note: the bill passed, but the program has been de-funded due to the COVID-19 pandemic).

RESULTS

- **Georgia** passed an expansion of the child care subsidy program requirements to include coursework toward a bachelor's degree.
- **Arizona** revised fingerprint clearance requirements for child care providers. The previous law allowed for a seven-day grace period for fingerprint clearance. This new law, mirroring the federal requirement, requires fingerprint clearance before beginning employment.
- **New York** passed legislation to protect the incumbent pre-K workforce by extending the deadline for lead teachers to become fully certified.



Items Related to Pandemic

- **Kentucky** passed legislation to provide bonuses for emergency child care center teachers (from CARES Act funding) and to offer online training for new staff in home visiting programs.
- **Utah** expanded professional development, aligned preschool to third grade instruction and learning, required local early literacy and mathematics plans and increased collaboration between higher education, school districts, schools and teachers (passed, but funding to implement was rescinded due to COVID-19).
- **New Mexico's** budget included additional funding to expand early learning scholarships and wage supplements.
- **Nebraska** passed LR390, creating an interim study to assess the fiscal and economic effects of the COVID-19 pandemic on the state's early childhood workforce and the early childhood care and education system.
- **Kansas** established the Health Care Expenses for Essential Workers Fund (including early childhood care and education professionals) for essential workers who have tested positive for COVID-19. The state also passed the Emergency Worker Support Bonus, a one-time bonus to provide recognition to the child care provider and elevate the importance of ensuring that child care options are available to the health care and emergency workforce in the state. Two pieces of legislation were passed related to professional development. The first is the Early Childhood Consultant Network, through which child care health consultants will be available to all licensed facilities to provide technical assistance/consultation and assess environments (through virtual or on-site visits). Consultants will advise on actions or modifications needed to meet the CDC's health and safety recommendations to prevent the spread of COVID-19 and other illnesses. The second allowed new Child Care and Development Block Grant (CCDBG)-enrolled providers to receive free health and safety training through the Department for Children and Families and the Kansas Child Care Training Opportunities, Inc.

RESULTS

Priorities on Hold

- Advocates in **Utah** intended to convene private child care providers and school districts to better coordinate kindergarten transitions and align professional development opportunities between the sectors.
- **California** has had to delay advocacy for early childhood education workforce grants and initiatives.
- **Colorado** put a hold on new legislation that would require funding for scholarships and apprenticeships for early childhood educators.
- **North Carolina** intended to increase education standards and compensation for early childhood teachers prior to the pandemic.
- In **Oregon**, as the state agency overseeing early childhood focused their limited resources on establishing the emergency child care system, there has been less administrative capacity to do the complex implementation work on the professional development funds allocated by the Legislature.
- **New Mexico** has delayed pre-K compensation parity.
- For the past several years, **Massachusetts** has advocated for rate increases to educator compensation. Advocacy on this work will hopefully pick back up in the spring as state budget proposals are released by the Legislature.

Stories from the Field

We created sample policy and budget templates to consider alternative enrollment capacities during the pandemic. Individually, we worked tirelessly with child care administrators and parent boards to make difficult financial, staffing and operating decisions based on their specific contextual needs. Here are a few examples: One program had staff that lived in the same home and many student siblings. This meant that even though they were keeping their individual classrooms contained, a positive COVID-19 case could shut down multiple classrooms. We worked with them to rearrange their staffing and classroom make-up to reduce the risk of spread. Although this was met with skepticism from staff, in the end, everyone realized how better protected they were. One program struggled with enrollment and meeting payroll after their PPP loan had ended. They were seriously considering closing their doors. Our staff suggested they apply for Unemployment WorkShare so that they could keep their employees connected to the program but not shoulder the burden of a full payroll. We assisted them with the application and it was accepted. They stayed open, didn't lose any staff members and are able to meet their financial obligations each month.

– Ruth Schmidt, Wisconsin Early Childhood Association, Wisconsin

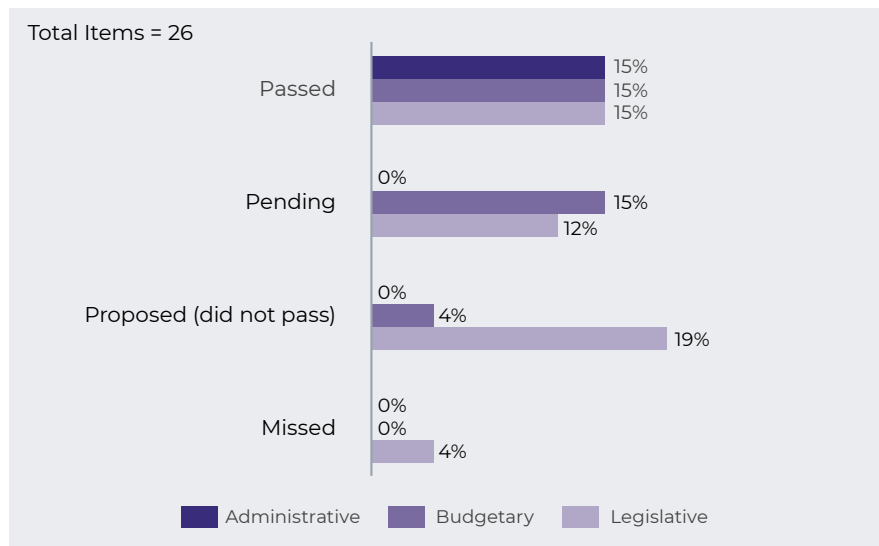
RESULTS

Revenue

Tax credits, funding streams new and/or increased allocations for early childhood.

Across all 29 responses, fewer than half of the states (37%, n=11) reported an item in this category. Out of all submitted items, only 9% (n=26) were self-identified as **Revenue**. From that, more than a third (35%, n=9) of the substantive changes affected families with young children during the COVID-19 pandemic, while the other 65% (n=17) were substantive changes unrelated to the COVID-19 pandemic. The figure below shows how many total items successfully passed based on whether they were administrative, budgetary, or legislative items.

Fig 8: Revenue



Items Unrelated to Pandemic

- **Nebraska** passed LB 266, which included language to fix the Nebraska School Readiness Tax Credit Act so that family child care home providers can access the employee tax credit and providers classified as S-corps are able to access the provider tax credit.
- **Massachusetts** passed the Student Opportunity Act, an historic education funding bill, providing \$1.5 billion in new funding to underfunded school districts.

Items Related to Pandemic

- **New Mexico** passed legislation for the creation of an Early Childhood Trust Fund.
- **Louisiana's** budget included dedicated funding to the Early Childhood Education Fund to meet community needs.





Priorities on Hold

- **New York** put on hold strengthening and expanding the state's child tax credit.
- **Hawaii** delayed advocacy for making the state's Earned Income Tax Credit refundable and expanding the Child and Dependent Care Tax credit.
- **Kentucky** delayed enacting the State Earned Income Tax Credit.
- **Kansas** delayed passing a refundable food sales tax credit.
- **Missouri** delayed advocacy for several tax policies that would support families.
- In **Louisiana**, state advocates were planning to push for \$86 million in new funding, the amount estimated to be required for the next 10 years to increase access to all of Louisiana's in-need children ages birth to 3. After COVID-19, advocates shifted their focus to \$25 million to cover the children of essential workers who were granted access to CCAP subsidies during the crisis.

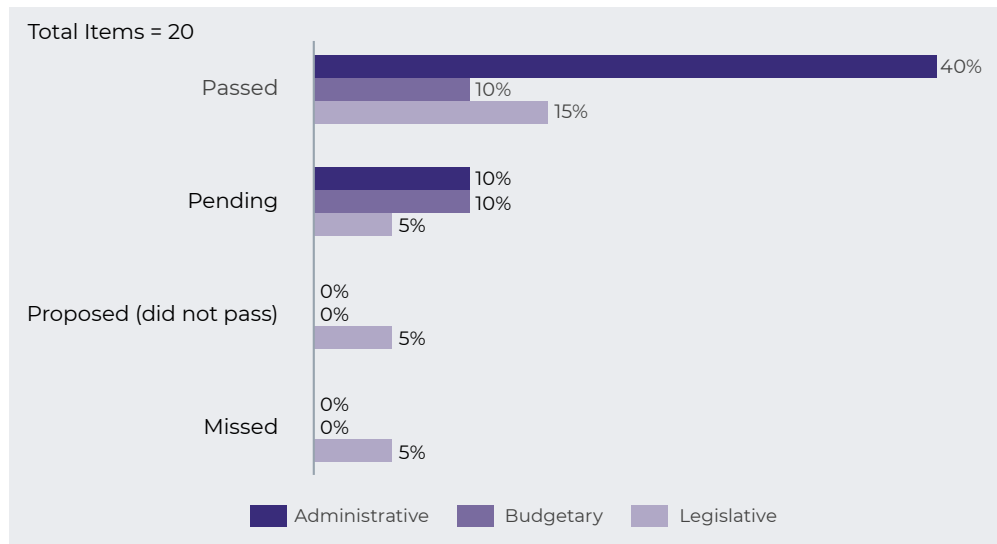
RESULTS

Data

Budget actions or legislation related to needs assessments, systems integration, state and district-level reporting, QRIS, state-funded studies and similar topics.

Across all 29 responses, fewer than half of the states (37%, n=11) reported an item in this category. Out of all submitted items, only 7% (n=20) were self-identified as **Data**. From that, half (50%, n=10) of the substantive changes affected families with young children during the COVID-19 pandemic, while the other half (n=10) were substantive changes unrelated to the COVID-19 pandemic. The figure below shows how many total items successfully passed based on whether they were administrative, budgetary or legislative items.

Fig 9: Data



Items Unrelated to Pandemic

- **Nebraska** passed legislation that requires the Legislature to develop a plan to establish the Nebraska Statewide Workforce and Educational Reporting System, a lifelong learning and workforce longitudinal data system. As part of this system, the Nebraska Department of Labor will identify the long-term return on investment from early education programs.
- **New York's** final budget included an additional \$10 million for census outreach. This is in addition to \$20 million of previously allocated funding that has not been spent.
- **Hawaii** adopted a policy to track data related to suspension and expulsions of students.



Items Related to Pandemic

- **Wisconsin** passed legislation to conduct a needs assessment for the state's birth to age 5 system. Funded through the PDG B-5 planning grant, it will capture the system pre-COVID-19, while establishing a plan for where the system needs to go in the context of COVID-19 and eventual emergence from the pandemic.
- **Virginia** passed legislation to link its birth through age 5 data collection systems and another bill that aligns publicly funded early education with a unified quality rating system.
- **Georgia** proposed a rule change regarding data collection on COVID-19 cases in child care, which went into effect in October 2020.
- The **Massachusetts** budget directs the Department of Public Health to collect and publish COVID-19 positive cases among child care staff, children and families.



Priorities on Hold

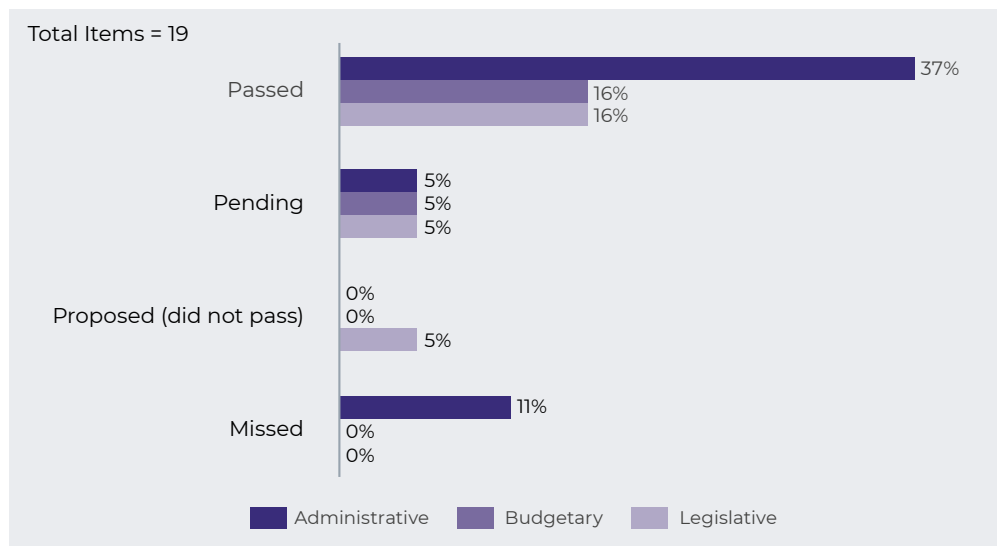
- **Nebraska** delayed advocacy for legislation that would require licensed child care providers to participate in the Nebraska Early Childhood Providers Record System.
- **Oklahoma** put its Early Childhood Integrated Data System on hold.
- In **Utah**, work with the Governor's Early Childhood Commission to identify next steps for alignment and coordination of the state's early childhood system has been delayed.
- In **New Jersey**, advocacy has been delayed for the collection and analysis of data on chronic absenteeism in the early years, the expansion of Grow NJ Kids (the state's QRIS), and the collection of data to identify current infant/toddler capacity concerns.
- Advocates in **New Mexico** have put on hold creating a centralized intake and referral system for home visiting and performing statewide home visiting database improvement.

Governance

Budget actions and legislation related to special districts, governing boards, legislative councils and similar topics.

Across all 29 responses, fewer than half of the states (40%, n=12) reported an item in this category. Out of all submitted items, only 6% (n=19) were self-identified as **Governance**. From that, more than half (58%, n=11) of the substantive changes affected families with young children during the COVID-19 pandemic, while the other 42% (n=8) were substantive changes unrelated to the COVID-19 pandemic. The figure below shows how many total items successfully passed based on whether they were administrative, budgetary or legislative items.

Fig 10: Governance



Items Unrelated to Pandemic

- **New Hampshire** created the Council for Thriving Children as a new early childhood governance structure.
- **Wisconsin** created the Leadership Council on the Early Years, comprised of cabinet-level appointees and tied to the state Preschool Development Grant B-5 planning grant.
- In **Delaware**, the Office of Child Care Licensing was consolidated into the Office of Early Learning, within the Department of Education.
- In **California**, all child development programs, except for the state's preschool program, will transfer to the Department of Social Services beginning July 2021, with the appointment of a Deputy Director for Child Development.

RESULTS

Items Related to Pandemic

- **New Hampshire** created the Emergency Childcare Collaborative, a public-private partnership, in response to the pandemic.
- **Virginia** passed legislation aligning early care and education programs (CCDBG funding and preschool) under the Department of Education.

Priorities on Hold

- Through their Community Readiness Initiative, advocates in **Massachusetts** serve as thought partners to early childhood leaders in over 20 communities that are looking to improve their early childhood systems (preschool expansion, Commonwealth Preschool Partnership Initiative, kindergarten readiness, early literacy). Pre-pandemic, the initiative had plans to upgrade their Community Readiness resources and convene communities.



Stories from the Field

Oklahoma recently completed a five-year early childhood strategic plan and was poised to maintain momentum and implement quality improvement activities, with equity at the forefront of our focus. During a virtual stakeholder meeting in April to discuss plan priorities, it was evident that was not the conversation our partners wanted right now. We had two options, suspend our partnership work, or pivot to address how our state will collectively support families of young children through the pandemic. OPSR hosted weekly meetings through June and July to better understand how COVID-19 has impacted early care and education services, and crafted a coordinated approach to collect supply and demand data, provide financial relief, inform parents, layer funds, coordinate enrollment and change policies to increase access. Simultaneously, we collected stories from families and providers across the state on how COVID-19 has impacted their family and well-being. As the state early childhood advisory council, the OPSR Board will promote these recommendations to and share stories with policy makers, state and community leaders. While times are tough, the collaboration we are seeing between programs is stronger than ever!

– Debra Andersen, Oklahoma Partnership for School Readiness, Oklahoma

Turning Crisis into Growth

We asked advocates what changes their states implemented in response to COVID-19 that they would like to see be made permanent. Their responses included:

- Allow child care subsidy to be paid based on enrollment, not attendance
- Increase CCDF child care subsidy funding and waive certain requirements; make the subsidy more widely available; adopt electronic forms and allow applicants to submit via email
- Collect data on open child care slots and map the information
- Offer start-up grants for in-home child care providers to address child care deserts across the state due to tremendous decreases in home-based providers
- Waive, or significantly adjust, the child care copay to provide relief for working families and address the cliff that families hit the closer they get to the income thresholds
- Increase collaborations between philanthropy, advocates, business leaders, and state leaders to problem-solve in real time to adopt policy change to help the sector
- Initiate more conversations with groups involved in issues outside of early care and education stakeholders that impact families (such as housing)
- Continue the ability for parents and children to utilize telehealth, including virtual home visiting and early intervention
- Implement less stringent work requirements, presumed eligibility, simpler determination processes, and continuous eligibility for families utilizing support programs like TANF, SNAP and child care assistance
- Improve coordination between K-12 and early learning (birth to age 5)
- Increase income supports, nutrition assistance and rental assistance for families
- Provide assistance and relief for families (preventing evictions, establishing payment plans, more flexibility with recertification for benefits, etc.)
- Remove red tape that kicks children off Medicaid coverage
- Increase professional development stipends

We asked advocates about the equity gaps that were exacerbated by the pandemic and how their states are beginning to address them. Here is a sample of their responses:

The changes to the child care subsidy in response to COVID-19 seem like a positive step in addressing equity issues. Nebraska certainly has issues reaching child care providers within the Spanish-speaking community. With this community being profoundly impacted by COVID-19, it seems likely there have also been child care issues related to school closures, illness and other issues brought on by the pandemic.

– Adam Feser, First Five Nebraska, Nebraska

ADDITIONAL INSIGHTS

Access to quality early education and support for e-learning is a clear equity issue in New Hampshire. Efforts are beginning, but like many other states New Hampshire is resource-limited particularly around data collection. There is a move to ensure equity discussion and action take place through the work of the Council for Thriving Children and Preschool Development Grant work.

– Rebecca Woitkowski, New Futures, New Hampshire

In Washington state, communities of color were disproportionately affected by the virus. As schools transitioned to distance learning, many child care providers remained open, serving families. The increased focus on child care has also served to surface the wage inequities for the child care industry, professionals who are largely women of color. An additional highlight has been around the reality that much of the child care field does not have health care coverage at a time when they are putting themselves at risk of exposure by working on the front lines. Although the compensation and health care coverage questions are not new, the increased attention has generated policy discussions that could lead to opportunities when the economy improves or the state secures additional revenue.

– Erica Hallock, Start Early, Washington state

Governor Whitmer in April 2020 announced via Executive Order a task force on COVID-19 racial disparities, including barriers to physical and mental health care. Rental assistance and eviction diversion program and pandemic EBT programs will have a significant impact on already marginalized communities. Legislative majority priority during COVID-19 regarding addressing equity gaps has been limited primarily to supporting equity of access to remote learning or remote services. Advocates in Michigan continue to push for addressing inequitable access to child care, early intervention, physical and mental health, income, housing, nutrition, equitable workforce policies and other critical services. Equity issues that have been exposed but are not being sufficiently addressed include income, health care access and paid leave access inequity.

– Matt Gillard, Michigan's Children, Michigan

COVID-19 disproportionately affected Black and Latinx communities across the state, which is representative of a significant portion of the state's early care and learning workforce, especially in larger cities such as Chicago. The national discussion of "why is child care open when schools are not" and the painful tensions between knowing families still needed child care, but also that providing care has the potential to put both caregivers and children at risk was also ever-present in our work. And that this tension was even more heightened in Black and Latinx communities.

– Ireta Gasner, Start Early, Illinois

Oklahoma has 39 tribal governments that have made an excellent response to ensuring safety and financial supports for tribal members are in place.

– Debra Andersen, Oklahoma Partnership for School Readiness, Oklahoma

ADDITIONAL INSIGHTS

COVID-19 has shined a light on existing health, educational and economic challenges. In terms of infant and maternal health, Black infants in our state are still twice as likely to die during the first year of life compared to white and Hispanic babies. Black moms in Texas are more likely to experience maternal depression and less likely to receive treatment, compared to other moms. One way to address this disparity is expanding access to health insurance, and we are helping to lead the advocacy to do just that.

– David Feigen, Texans Care for Children, Texas

New York has begun to impose steep, flat cuts to state school funding. Schools in low-income communities, many of which serve many Black and Brown students, rely more heavily on state school aid than schools in higher-income communities. As a result, the flat cuts are having a far heavier impact on schools in Black and Brown communities, causing many to shift to more, or all, virtual learning. This, in turn, will increase the need for child care and afterschool for school-aged children, which could cause providers to reduce or eliminate slots for young children, and fill them with older children who cost less to care for.

– Dede Hill, Schuyler Center for Analysis and Advocacy, New York

The pandemic has highlighted the ways the state does not support our Micronesian communities and our ESL families. We have focused on trying to ensure all materials are translated so families know their rights and benefits. The pandemic has exposed how we view child care versus early learning and the thinking that one is more deserving of support.

– Kathleen Algire, Hawai'i Children's Action Network, Hawaii

The biggest gaps COVID-19 exposes are the differences between the early education workforce, in terms of pay and protections and the K-12 workforce. It also exposes the economic divides between those who can afford child care/early education solutions for their families versus those who cannot afford and find care.

– Emily Griffey, Voices for Virginia's Children, Virginia

The COVID-19 crisis has shed light on the inequities of access to job-protected leave. Under California's Paid Family Leave program, employees pay about 1% of their salary into a fund that provides partial pay to those who take care of a new baby, a sick family member, or their own serious health condition. However, many employees, especially those who work for smaller employers, don't take the leave because they risk losing their jobs if they do. Despite working on the frontlines of the pandemic, many of our state's essential workers are not able to take time off because of this reason. Furthermore, the lack of job protected leave disproportionately impacts low-wage workers of color and women.

– Alex DeCaprio, First 5 California, California

ADDITIONAL INSIGHTS

(The) COVID-19 crisis has exposed the structural inequalities in the child care system. While child care was deemed essential, it is not funded in a way that the system will be able to survive the crisis; programs are closing, teachers who are primarily black and brown women are risking their own lives and health continuing to work in child care but receiving poverty-level wages, now as schools reopening, most are going remote and the burden is again on the child care system, not the public school system, to provide the community-level support for school-age children both in terms of remote learning support and child care for working families, and the system is not funded or prepared to do this.

– Michele Rivest, North Carolina Early Education Coalition, North Carolina

Child care deserts have been an issue, and the pandemic exacerbated the issues in these communities. Parents who already had issues accessing child care had even more issues as many of their child care programs closed during the pandemic. Additionally, low-income families lack of transportation to child care lead to inequities as programs closed and parents did not have the ability to easily get their child to another program while they were working.

– Alexis Susdorf, First Things First, Arizona

In New Mexico, the high rate of transmission of COVID-19 in Native American communities, particularly the Navajo Nation, drew renewed attention to those historical, structural inequalities. Many of those inequities are even more fundamental than early childhood services, such as access to clean, running water and adequate health care.

– Michael Weinberg, Thornburg Foundation, New Mexico

The majority of early childhood educators made more money on unemployment than when they worked and as a result are hesitant to return to child care providers. Our country has a history of devaluing this work and early childhood educators, nearly all of whom are women and 40% are women of color, have always earned poverty level wages with little to no benefits. In a national health crisis, this has catastrophic results for marginalized communities. The Coronavirus exposed the deeply troubling inequity in pay that early childhood educators receive in comparison to our K-12 counterparts.

– Titus DosRemedios, Strategies for Children, Massachusetts

Louisiana is the second-most vulnerable state in the nation to the COVID-19 recession. State economists have forecast a \$1 billion gap in the budget and unemployment has risen. Access to quality child care was already expensive, the pandemic has made it even more untenable for low-income families to access.

– Libbie Sonnier, Louisiana Policy Institute for Children, Louisiana

ACRONYMS

The Coronavirus Aid, Relief, and Economic Security Act (CARES Act)

Child Care and Development Fund (CCDF)

Child Care and Development Block Grant (CCDBG)

Centers for Medicare & Medicaid Services (CMS)

Child Care and Parent Services (CAPS), Georgia

Child Care Assistance Program (CCAP)

Center for Disease Control & Prevention (CDC)

Children's Health Insurance Program (CHIP)

Electronic Benefits Transfer (EBT)

Early Childhood Intervention (ECI), Texas

Early On Michigan Foundation (EOMF), Michigan

Family Enrichment Centers (FEC)

Federal Poverty Level (FPL)

Georgia Early Education Alliance for Ready Students (GEEARS), Georgia

Governor's Emergency Education Relief (GEER), Michigan

Individuals with Disabilities Education Act (IDEA)

Early Childhood Mental Health (IECMH)

Quality Rating and Improvement System (QRIS)

State Median Income (SMI)

Statewide Central Register (SCR), New York

Supplemental Nutrition Assistance Program (SNAP)

Temporary Assistance for Needy Families (TANF)

Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

APPENDIX

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State	Policy Item	Leg/Budget/ Admin	Pass/Fail/ Pend
AZ	ARIZONA Submitted by Alexis Susdorf, First Things First (asusdorf@firstthingsfirst.org) How have your prenatal-to-five policy priorities shifted in response to COVID-19? Although all early childhood facets are critical during this time, the Arizona Early Childhood Advocacy community prioritized efforts to support the child care providers through this time. Recognizing that child enrollment was significantly down, health and safety needs were significantly up, and child care staff feared going to work and placing their lives and their family's lives at risk, this critical industry needed serious help to ensure it was intact after this pandemic. Arizona leaders recognized that child care is essential to ensuring our states economic recovery. The Arizona Early Childhood Alliance, which is a compilation of 53 organization focused on early childhood public priorities, created a policy brief on the issues impacting our child care programs through COVID-19 which was well received by our elected officials and was an effective way to inform them of the issues impacting child care.		
	Unrelated to Pandemic		
AZ	Create a maternal health advisory committee to make recommendations on improvements for screenings and treatments.	Leg	Fail
	Increase kinship stipend for foster families	Leg	Fail
	Expand comprehensive oral health care for eligible pregnant women through Arizona's medicaid system (AHCCCS)	Leg	Fail
	Expand the newborn screening program at the Arizona Department of Health Services to offer 2 additional tests.	Leg	Fail
	Legislation clarifying that county library funds received from special taxation can be used for early literacy programs. There has been some discussions, specifically in Pima county, around using county library funds for early literacy and learning programs, and some argued this was not an allowable use of these funds. To clarify this confusion, this legislation would have clearly made this an allowable expense.	Leg	Fail
	Expand eligibility of child care subsidies to recipients interested in acquiring education.	Leg	Fail
	Legislative spending authority of the additional \$22m Arizona received from CCDF to ensure no wait list for child care subsidies through FY21.	Leg	Pass

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AZ	Revised fingerprint clearance requirements for child care providers. The previous law allowed for a 7 day grace period for fingerprint clearance. This new law, mirroring the federal requirement, requires fingerprint clearance before beginning employment.	Leg	Pass
	Increase the child care subsidy program reimbursement rate for participating provider to 75% the market rate survey (in comparison to the current 33%)	Leg	Fail
	Funding to create a 5-year early childhood mental health consultation pilot program.	Leg	Fail

Related to Pandemic

AZ	Getting state spending authority of the \$88 million that Arizona received from the federal CARES Act the Child Care Development Fund (CCDF).	Admin	Pass
	\$47m from CCDF for the Child Care COVID-19 Grant Program to support the reopening of child care providers across the state, focusing on program stability and widespread access to high-quality child care. The funds from this grant program may cover salaries and benefits for employees, Arizona Department of Health Services (ADHS) licensing fees, liability insurance, tuition and registration relief for families, lease or mortgage payments, utilities, cleaning supplies, classroom materials and supplies, and additional needs required by the Centers for Disease Control and Prevention and ADHS guidelines.	Budget	Pass
	\$24m from CCDF for the Arizona Enrichment Centers Program which provides priority child care services and scholarships for first responders, health care workers, and other essential personnel during the COVID-19 pandemic. The \$24 million investment will support the more than 546 providers across the state that offer services through the program.	Budget	Pass
	\$7m for the Increase Paid Absences program to increase the allowance of keeping a student home from child care by three days, totaling five absences a month per child. The program recognizes the need for parents to keep their child home if they show signs of illness, and will help prevent the potential spread of COVID-19.	Budget	Pass
	Changes to the child care reporting requirements to communicate outbreaks of 2 or more COVID positive cases in child care programs to the local health department.	Admin	Pass

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AZ	Ensure additional state and federal funding is appropriated to address the evolving early care and education needs of young children and their families during Arizona's COVID-19 recovery	Budget	Pend
	Waive the payment of the child care licensing renewal fees for every licensed child care renewal for the next three years.	Budget	Pend
	Increase the reimbursement rate of providers accepting DES child care assistance to at least 50th percentile of the most recent market rate survey, with a clear plan to achieve the federally mandated 75th percentile in the next few years.	Budget	Pend
	Continue to reimburse DES child care assistance providers at the January rate through the remainder of 2020	Admin	Pend
	Continue the Enrichment Center and Scholarship Program through the remainder of 2020.	Admin	Fail

CALIFORNIA | Submitted by Alex DeCaprio, First 5 California (adecaprio@ccfc.ca.gov)

How have your prenatal-to-five policy priorities shifted in response to COVID-19?

Provider Rate Reduction – ECE, Workforce In the May Revision of the 2020 State Budget, the Administration proposed a 10% reduction to provider reimbursement rates. Because of the budget advocacy efforts of the Early Care and Education (Coalition), which First 5 California is part of, the ECE field was successful in reversing the rate reduction and maintaining current reimbursement rates for ECE programs. COVID-19 Provider and Family Supports and Flexibility - ECE Working with various departments and the Governor's Office on guidance, FAQs, emergency orders, and Management Bulletins regarding COVID flexibility and protocols (electronic signatures, reopening policies, PPE, obtaining essentials such as cleaning supplies, diapers, and formula, suspension of family fees, provider hold harmless for COVID related absences. Department of Early Childhood Development - ECE Transfers all child development programs, except the California State Preschool Program, to the Department of Social Services, beginning July 2021, with the appointment of a Deputy Director for Child Development, and appropriates \$2.278 million for this transition, one-time. Expansion of Telehealth Visit Options - Infant and Maternal Improve access to health care for low-income children and other Californians by ensuring that community health centers can deliver care to both new and established patients using telehealth. Paid Family Leave - Infant and Maternal; Family Resiliency Provide job-protected leave for individuals who work for an employer with 5 or more employees to bond with a newborn, care for a seriously ill family member, address a military exigency or care for their own illness under the California Family Rights Act (CFRA), aligning the employer size threshold under CFRA with the employer size threshold in Pregnancy Disability Leave. Home Visiting - Home Visiting Expansion and improve implementation of the CalWORKs Home Visiting Program and California Home Visiting Program. Advocates were successful in securing a delay, rather than an ongoing funding cut, in the 2020-21 budget of a planned \$30 million General Fund expansion of the California Department of Social Services CalWORKs Home Visiting program until 2021-22. This one-time reduction is not expected to impact families currently receiving these services in the program.

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Unrelated to Pandemic			
CA	Department of Early Childhood Development - Transfers all child development programs, except the California State Preschool Program, to the Department of Social Services, beginning July 2021, with the appointment of a Deputy Director for Child Development.	Budget	Pass
	ECE Services - AB 123 (McCarty) would have deemed recipients of Medi-Cal or CalFresh as eligible for subsidized child care and authorizes state preschool providers and general child care providers to waive family fees if serving students only via distance learning. This bill also requires the California Department of Education (CDE) to allow general child care providers to serve children age 0-12 in a commingled classroom.	Leg	Fail
	Rate Reform - AB 125 (McCarty) /SB 174 (Leyva) Rate Reform - The reimbursement rate reform proposal to create a single, regionalized state reimbursement rate system.	Leg	Fail
	Home Visiting - Voluntary evidence-based home visiting added to the intensive case management models that counties may utilize to serve pregnant and parenting teens through the Cal-Learn Program.	Budget	Pass
	Maternal Mental Health - \$34.3 million General Fund to implement the extension of pregnancy-only Medi-Cal coverage for up to 12 months after delivery for patients diagnosed with a maternal mental health condition, as approved through the 2019 budget.	Budget	Pass
	Maternal Health - Creates two CDPH positions and General Fund expenditure authority of \$348,000 annually to track and publish data on pregnancy-related deaths and severe maternal morbidity, pursuant to the requirements of SB 464 (Mitchell), the California Dignity in Pregnancy and Childbirth Act which was passed in 2019.	Budget	Pass
Related to Pandemic			
CA	Job-Protected Leave - SB 1383 (Jackson) strengthens the job protections provision of the Paid Family Leave program by ensuring job-protected leave for employees who work for an employer with 5 or more employees.	Leg	Pend

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State	Policy Item	Leg/Budget/ Admin	Pass/Fail/ Pend
CA	Telehealth - AB 2360 (Maienschein)- requires health care service plans and health insurers, by July 1, 2021, to provide access to a telehealth psychiatry consultation program for children, pregnant, and postpartum individuals to provide screening and treatment of mental health disorders.	Leg	Pend
	Telehealth – AB 2164 (Rivas)-- allows Federally Qualified Health Centers and Rural Health Clinics, which are critical sources of care that serve as a safety net for most vulnerable populations, to establish patients and deliver care by using telehealth services, during the pandemic period. The bill sunsets 180 days after the state of emergency for the COVID-19 pandemic has been terminated.	Leg	Pend

CO	COLORADO Submitted by Bill Jaeger, Colorado Children's Campaign (bill@coloradokids.org)		
	How have your prenatal-to-five policy priorities shifted in response to COVID-19?		
	Federal policy and advocacy including holding briefings for elected officials, additional action alerts, joining national TA calls and discussions. Emergency child care for essential workers, Child Care Provider Pandemic Survey, School age child care, Child care provider sustainability, Early childhood mental health, Budget advocacy		

Unrelated to Pandemic

CO	Home visiting expansion	Leg	Fail
	EC Workforce scholarships and apprenticeships funding	Leg	Fail
	Early childhood educator tax credit	Leg	Fail

DC	WASHINGTON, D.C. Submitted by Syritha Robinson, Educare Washington, D.C. (srobinson@educaredc.org)		
	How have your prenatal-to-five policy priorities shifted in response to COVID-19?		
	- Obtaining emergency funding to respond to Covid-19 - Protecting subsidy funding at FY20 levels -Protecting funding for health, mental health, child development programs -Ensuring families were supported through the crisis (policies against eviction, utility shut off etc.		

Related to Pandemic

DC	Protecting child care subsidy funding at FY20 levels for FY21	Budget	Pass
	Protecting funding for health, mental health and child development programs that provide comprehensive support services to infants/toddlers and pregnant women	Budget	Pass

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State	Policy Item	Leg/Budget/Admin	Pass/Fail/Pend
DC	Covid-19 Emergency Relief/Assistance - Examples of what bill includes: Extends eligibility for public benefit programs such as TANF and SNAP. Extension for D.C. Health Care Alliance to receive or to continue health insurance. Prohibits evictions, utility shut offs etc.	Leg	Pass
	Protecting funding for home visiting programs intended to provide supports for immigrant families and families experiencing homelessness	Budget	Fail
	Emergency grant funding to stabilize ece	Budget	Pass
	Payment for ECE program based on enrollment not attendance through Sept. 30	Admin	Pass

DE

DELAWARE | Submitted by Madeleine Bayard, Rodel (mbayard@rodelde.org)

How have your prenatal-to-five policy priorities shifted in response to COVID-19?

Advocating for increased financial support to stabilize the child care industry, health and safety regulations, and clear guidance for child care on opening and when cases are identified

Unrelated to Pandemic

DE	Pre-K expansion	Budget	Fail
	Increased investment in child care subsidy	Budget	Fail
	Requirement to conduct child care cost of care study along with market rate study	Leg	Pass
	Required common statewide Kindergarten registration	Leg	Fail
	Office of Child Care Licensing consolidated into Department of Education with Office of Early learning	Leg	Pass
	Child Development Watch consolidated into Division of Public Health with Early Intervention 0-3	Admin	Pass
	CCDF quality dollars administration moved to Office of Early Learning	Admin	Pass

Related to Pandemic

DE	State investment in Enhanced Reimbursement based on enrollment	Budget	Pass
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State	Policy Item	Leg/Budget/ Admin	Pass/Fail/ Pend
DE	Adopted statewide online screening tool available to parents of children 0-5 statewide	Admin	Pass

GA	<p>GEORGIA Submitted by Callan Wells, Georgia Early Education Alliance for Ready Students (cwells@gears.org)</p> <p>How have your prenatal-to-five policy priorities shifted in response to COVID-19?</p> <p>Like many of our peers, we have shifted our priorities to respond to more immediate policy needs—such as health and safety in child care settings, funding to sustain the sector, food access, and immunizations—that have emerged in the wake of the pandemic. In response to a shifting revenue outlook, we've focused significant attention on the state budget. Our advocacy efforts during the reconvened summer legislative session included successfully advocating to spare Georgia's lottery-funded Pre-K program from significant budget cuts (lottery revenue has remained steady throughout the pandemic). Additionally, we have regularly convened an emergency roundtable dedicated to addressing specific and ongoing needs of the child care industry in light of the pandemic. In April, it became clear that the fiscal landscape in Georgia would not allow us to pursue the comprehensive agenda we had put forward for 2020. In particular, the family leave bill that had gained some traction earlier in the session was tabled, and we realized that advocating for a large increase in state child care funds was unrealistic. We were forced to shift our focus to maintaining existing programs such as Georgia's lottery funded Pre-K program. Through direct advocacy in June, we were successful in persuading legislators to spare our longstanding, nationally recognized Pre-K program from across-the-board 14 % cuts. When the final budget was released, however, we were pleased that our advocacy on additional issues was successful. The budget included an IECMH coordinator position at the Georgia Department of Early Care and Learning (DECAL), two behavioral health specialists that will work with Pre-K programs, and the maintenance of an additional \$500,000 in state general funds for our child care subsidy program, CAPS. Additionally, thanks to shared advocacy with our partners, Georgia passed a bill that will allow the state to seek a waiver to extend Medicaid for women to six months postpartum, and funding for this waiver was included in the state's budget. These wins were made possible due to the relationships and awareness we built with key legislators and staff in recent years.</p>		
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Unrelated to Pandemic

GA	Creation of an IECMH Coordinator Position	Budget	Pass
	Expansion of CAPS' (Georgia's child care subsidy program) activity requirements to include coursework toward a bachelor's degree	Admin	Pass
	Extension of Postpartum Medicaid from 60 days to six-months postpartum (HB 1114 & budget line item) - awaiting CMS approval	Leg	Pass
	Expansion of System of Care State Plan, which dictates the state's behavioral health safety net for children, to include ages 0-4 for the first time	Admin	Pass
	Introduction of bill that would give 3 weeks of paid parental leave to state employees. Passed the House but was modified in the Senate to accommodate a COVID-related initiative. The House rejected the modification and has indicated they will raise paid parental leave again next year (HB 1094)	Leg	Fail

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Related to Pandemic			
GA	Proposed rule change regarding data collection on COVID-19 cases in child care (goes into effect Oct 1)	Admin	Pass
	Creation of the STABLE Grant program using CARES Act funding to provide financial assistance to child care providers	Admin	Pass
	Allowing for the reimbursement of early intervention, home visiting, and other medical, behavioral, mental health supports when conducted virtually	Admin	Pass
	Adding essential workers as a priority group for CAPS, Georgia's child care subsidy program, using funding from the CARES Act	Admin	Pass
HI	HAWAII Submitted by Kathleen Algire, Hawai'i Children's Action Network (kalgire@hawaii-can.org) How have your prenatal-to-five policy priorities shifted in response to COVID-19? Due to COVID-19, we focused more efforts on child care. We gathered and shared data, informed parents of their rights for paid leave due to child care closures, and worked with governmental entities to identify funding priorities.		
Unrelated to Pandemic			
HI	Adopted policy to track data related to suspension and expulsions of Dept of Education students	Leg	Pass
	Adopted goal for the state to ensure access to preschool for all 3 and 4-year-olds by 2032.	Leg	Pass
Related to Pandemic			
HI	State appropriated \$15 million in CARES funding to support child care providers		
	Due to state budget cuts, Governor proposed to eliminate 7 public preschool classrooms. Was able to secure funding to continue classrooms		
	Worked with City and County of Honolulu to secure funding for enrichment centers for students on their off campus days		

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HI	Ongoing effort to preserve services for early intervention from budget cuts		
	Awareness campaign on families knowing their rights and how to access benefits, across the state and including translated materials		

ILLINOIS | Submitted by Ireta Gasner, Start Early (igasner@startearly.org)

How have your prenatal-to-five policy priorities shifted in response to COVID-19?

Beginning in fall of 2019 and moving into early 2020, we prepared our usual spring legislative session agenda, which included a mix of requested budget increases for core early childhood programs, as well as legislation to extend Medicaid coverage to evidence-based home visiting and doula services and a resolution to draw attention to the workforce challenges across our early childhood system. COVID hit early in our session – and as a result, the legislature didn't meet again until the end of May. Undergirding our preparation for the legislative session were two major planning initiatives underway pre-pandemic, the Governor's Early Childhood Funding Commission and the Illinois Prenatal to Three Agenda. Governor Pritzker's Early Childhood Funding Commission's charge is to study and make recommendations to establish funding goals and funding mechanisms to provide equitable access to high-quality early childhood education and care services for all children birth to age five and advise the Governor in planning and implementing these recommendations. The Illinois Prenatal to Three Agenda seeks to provide services to an additional 25% of Illinois' infant/toddler population by 2023, and an additional 50% of low-income infants and toddlers by 2025. Both of these efforts, combined with the racial disparities laid bare by the pandemic, are also helping to drive the field and policymakers to more deeply re-examine the needs of the early care and education system through a lens that prioritizes Illinois' low-income children and children of color. The work and goals of these initiatives remained largely unchanged, even as the racial equity lens in those efforts have been intensified by the pandemic and racial justice issues laid bare over the past months. While continuing to undertake both of these efforts, much of the time spent by both the public sector and advocates necessarily shifted to the work needed to essentially shut down the system in light of a stay at home order in March. Additionally, work was done nearly simultaneously to "stand up" an emergency child care system, and to support home visiting and Early Intervention providers to shift to virtual engagement with families. This work necessarily included a great number of planning meetings, communication to the field and lawmakers and the development of emergency rules.

Unrelated to Pandemic

IL	HB 4 expansion of Medicaid for home visiting and doula	Leg	Fail
	SBI723 Family and Medical Leave Act	Leg	Fail
	Proposed budget increases for core early childhood programs (IL State Bd of Ed early childhood birth-five, child care, home visiting and Early Intervention (Part C)	Budget	Fail
	Child Care Assistance Program targeted rate increases and copay reduction	Admin	Pass

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IL	Fair Tax amendment to the Constitution (to allow IL to move from a flat income tax rate to a graduated tax rate - will appear on the November ballot for voter approval)	Leg	Pend

Related to Pandemic

IL	Creation of Child Care Restoration Grants (\$270m in CARES Act funds to help child care with revenue losses due to decreased enrollment)	Admin	Pass
	Allocation of \$10m in GEER funds to early childhood	Admin	Pass
	A suite of time-limited child care policy changes including presumptive eligibility for essential workers, elimination of copay and payments to providers based on enrollment (these policies ended June 30, 2020)	Admin	Pass
	Implementation of Virtual Video Visits a part of Early Intervention	Admin	Pass

KANSAS | Submitted by Adrienne Olejnik, Kansas Action for Children (adrienne@kac.org)

How have your prenatal-to-five policy priorities shifted in response to COVID-19?

The most significant way our work has shifted due to the pandemic is the need and urgency of focus on a very wide range of priorities. While none of the issues individually are necessarily outside the scope of our mission, our ability to dedicate time, attention, and capacity to all the issues is not possible. Many national groups have specific questions for us related to policy areas that we aren't currently working on, and it has been difficult to follow-up with overburdened state agencies to obtain ready answers. Our main areas of focus in the past months have been as follows:

- early learning focus shifted to federal advocacy for funding for child care providers and parents;
- health focus on Medicaid enrollment analysis and work to support messaging on the importance of well-child visits and timely vaccinations; and
- family economic supports focus to understand what temporary measures are provided to provide flexibility for families receiving TANF, SNAP, unemployment, and other programs. We've also spent a considerable amount of capacity on following the state fiscal outlook, monitoring the federal relief dollars coming into the state, and analyzing and influencing the additional state legislative meetings taking place.

Unrelated to Pandemic

KS	Providing the ability of Kansas to request a USDA waiver to extend food assistance to able-bodied adults without dependents during qualifying economic downturns.	Leg	Pass
	Qualifying the time of a new, single parent receiving cash assistance (TANF) to meet the requirement of work through participation in a home visiting program, up to 12 months after the birth of the child.	Leg	Pass

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KS	Prevented changes to our tax system that would roll-back revenue streams in ways that would further exacerbate inequities for families living in poverty.	Leg	Fail
	Increase state funding to draw down all available federal funds through the Child Care and Development Block Grant (CCDBG)	Leg	Fail
	Establish the refundability of the food sales tax credit	Leg	Fail
	Impose a civil fine for unlicensed persons operating as a child care provider	Leg	Fail
	Expand Medicaid eligibility to households making up to 138% FPL	Leg	Fail
Related to Pandemic			
KS	Health Care Expenses for Essential Workers Fund (including early childhood care and education professionals) who have had COVID-19.	Admin	Pass
	Technology for Families Fund- provides connectivity, equipment, and devices to support virtual access for families receiving home visiting services.	Admin	Pass
	Kansas Hero Relief Program- Sustainability Grant- stipend for licensed child care providers	Admin	Pass
	Kansas Hero Relief Program- Supply Grant- for open, licensed child care providers for pandemic-related expenses	Admin	Pass
	Child Care Support Program- increased eligibility to 250% of federal poverty line	Admin	Pass
	Revenue Replacement Grants- designed to provide financial assistance to DCF (CCDBG) enrolled child care providers and relative providers who have lost child care subsidy income due to COVID-19.	Admin	Pass
	Emergency Worker Support Bonus- one-time bonus to provide recognition to the child care provider and elevate the importance of ensuring that child care options are available to the health care and emergency workforce in Kansas.	Admin	Pass

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KS	Early Childhood Consultant Network- Child Care Health Consultants will be available to all KDHE-licensed facilities to provide technical assistance/consultation and assess environments (through virtual or on-site visits). Consultants will advise on actions or modifications needed to meet the CDC’s health and safety recommendations to prevent the spread of COVID-19 and other illnesses.	Admin	Pass
	Pandemic-EBT- program that gives families with school children a Kansas Benefits Card to purchase food.	Admin	Pass
	New CCDBG-enrolled providers received Free Health and Safety Training through the Department for Children and Families and the Kansas Child Care Training Opportunities, Inc. (KCCTO)	Admin	Pass
KY	KENTUCKY Submitted by Michael Hammons, Learning Grove (mhammons@learning-grove.org)		
	How have your prenatal-to-five policy priorities shifted in response to COVID-19? We had to move from our efforts to increase funding for child care assistance and preschool in the legislative budget process, to addressing the immediate needs caused by the pandemic. Child care centers and schools were closed and we pushed to continue child care assistance reimbursement based on enrollment before the shutdown. We also pushed for emergency child care centers and additional funding to cover losses.		
Unrelated to Pandemic			
KY	Strengthened nutrition and activity standards for children in licensed child care centers	Leg	Pass
	Maintain funding for collaboration grants for schools, Head Start and child care centers for all-day preschool	Budget	Fail
	Maintain funding for HANDS, home visitation program	Budget	Fail
	Increase eligibility for child care assistance program to 175% of federal poverty levels	Leg	Fail
	Increase eligibility for public preschool to 175% of federal poverty levels	Budget	Fail
Related to Pandemic			
KY	Enrollment-based reimbursement for centers participating in the child care assistance program and payment of parent co-pays	Admin	Pass

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KY	Subsidies for all licensed child care centers (From CARES Act)	Admin	Pend
	Bonuses for emergency child care center teachers (From CARES Act)	Admin	Pass
	Subsidies for emergency child care centers (From CARES Act)	Admin	Pass
	Start-up grants for new in-home child care providers	Admin	Pass
	Allowance and reimbursement for online visits in home visitation program	Admin	Pass
	Online training for new staff in home visitation program	Admin	Pend

LA	LOUISIANA Submitted by Libbie Sonnier, Louisiana Policy Institute for Children (lsonniernetto@policyinstitutela.org)		
	How have your prenatal-to-five policy priorities shifted in response to COVID-19? Louisiana's policy priorities have remained the same – increasing the number of children, birth to age three, that have access to quality early care and education. Four and five year olds have good access, and CARES funding was able to be utilized to prevent their services from being cut in our last legislative session. State advocates were planning to push for \$86 million in new funding, the amount estimated to be required for the next ten years to increase access to all of Louisiana's in-need children aged birth to three. After COVID-19, advocates shifted their focus to \$25 million to cover the children of essential workers who were granted access to Child Care Assistance Program (CCAP) subsidies during the crisis. The \$25 million was not appropriated by the state legislature, but a dedicated funding stream to the state's Early Childhood Education Fund was added through a tax on fantasy sports betting. Louisiana also was able to create and fund an early literacy pilot, increase access to infant mental health consultations, and host an entirely virtual teacher leader summit for Early Childhood educators.		

Unrelated to Pandemic

LA	Modified regulations for family child care	Leg	Fail
	Early literacy pilot	Leg	Pass
	EdLink	Admin	Pend
	Child Care Background Checks Rap Back Program	Leg	Pass

Related to Pandemic

LA	Increased funding for access to quality early care and education	Budget	Fail
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LA	Dedicated funding to the Early Childhood Education Fund	Budget	Pass
	Administrative rule to expand access to CCAP for parents actively looking for work or enrolling in training	Admin	Pass
	Expand access to CCAP for pandemic-affected families (removed copay, paid at maximum rate, expanded CCAP to families in critical infrastructure, increased FCC rate, paid based on enrollment)	Admin	Pass
	Developed contracts with child care centers near hospitals or other hubs for critical infrastructure workers to offer "respite" child care free of cost to frontline workers. Leveraged existing Child Care Resource & Referral agency contracts to provide support and management of these contracts.	Admin	Pass
	BESE waivers (and here) for ages of staff members, groups, training requirements, CCCBC fees, license changes, TS GOLD Assessments, CLASS observations, screen time waiver, and CCAP payments based on enrollment instead of attendance for a limited time.	Admin	Pass
	Expanded infant mental health work to provide all centers with access to TYKES infant mental health consultation	Admin	Pass
	Used CARES Act funding allocated to CCDF Lead Agency (LDOE) to provide numerous supports to child care: - Purchase and distribution of PPE for child care providers - Grants to child care centers - Community grants to aid in community-wide recovery of child care	Admin	Pass

MASSACHUSETTS | Submitted by Titus DosRemedios, Strategies for Children (tdosremedios@strategiesforchildren.org)

How have your prenatal-to-five policy priorities shifted in response to COVID-19?

Since March 2020, Strategies for Children has dedicated the majority of its attention and resources to stabilizing the child care industry in Massachusetts. The work primarily revolves around needs assessments from the field, technical assistance, and securing substantial funding to support child care providers. In late April, Strategies for Children released a series of surveys aimed at child care providers in an attempt to capture the most urgent needs of the field (financial assistance, essential supplies, technical assistance, etc.). We have engaged families on their child care needs through a home-grown survey with 2,363 responses, and a statewide poll to be conducted in August. We have also worked in partnership with policy makers and government officials to inform the reopening guidance and application process through legislative and administrative advocacy. Strategies for Children and a group of 150 advocates and ece stakeholders (convening at daily 9:30 a.m. Zoom calls) informed multiple drafts of the Health and Safety Guidance and a Frequently Asked Questions document from the Department of Early Education and Care (EEC). In June and July Strategies for Children catalyzed the formation of a workgroup centered on alignment between the Department of Elementary and Secondary Education (DESE) and EEC on reopening schools.

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Unrelated to Pandemic			
MA	Student Opportunity Act. Historic education funding bill, providing \$1.5 billion in new funding to underfunded school districts. Implementing SOA – high-quality pre-K and early literacy programs are on a list of priority items chosen by our state commissioner.	Leg	Pass
	H.4291 An Act Ensuring High Quality Early Education. Preschool expansion legislation, redrafted and passed in the House, including subsidy rate reform and updating the sliding scale parent fee for subsidies, early childhood mental health, and updates to the early childhood educator scholarship and career ladder.	Leg	Pend
	An Act Relative to Affordable and Accessible High Quality Early Education and Care (H.470, S.288).	Leg	Pend
	State Budget, Fiscal Year 2021	Budget	Pend
Related to Pandemic			
MA	H.4808 An Act Making Appropriations For The Fiscal Year 2020 To Authorize Certain COVID-19 Spending In Anticipation Of Federal Reimbursement [state supplemental budget for FY20] This budget includes critical funding related to COVID-19 relief. For early education and care, the budget includes \$36 million to cover EEC costs in administering emergency child care for essential workers, and covering parent fees for state-subsidized providers. The budget also includes \$45.6 million in child care funding awarded in the federal CARES Act which became law on March 27. EEC will administer these funds as grants to providers who serve subsidized children or essential workers. The budget establishes a new \$500,000 Early Education and Care Public-Private Trust Fund to provide technical assistance to child care providers in their reopening and recovery efforts. The budget also directs the Department of Public Health to collect and publish COVID-19 positive cases among child care staff, children and families, in coordination with EEC.	Budget	Pass
ME	MAINE Submitted by Rita Furlow, Maine Children's Alliance (rfurlow@mekids.org) How have your prenatal-to-five policy priorities shifted in response to COVID-19? We devoted more resources to child care.		

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State	Policy Item	Leg/Budget/ Admin	Pass/Fail/ Pend
Unrelated to Pandemic			
ME	The Maine Legislature allocated \$4 million dollars to support the expansion of public preschool in the supplemental budget.	Budget	Pass
	Supported the investment of \$1.2 million in supplemental budget to strengthen Maine's early intervention system, Child Development Services.	Budget	Pass
	The administration started a number of initiatives this summer related to the \$8 million increase in CCDBG funding that Congress approved in the last budget in December. The Office of Child & Family Services has now implemented a weekly \$100 stipend to support infants and toddlers, a 10% quality bump for providers caring for infants and toddlers, \$1 million in mini grants, and is now offering the T.E.A.C.H. scholarship program.	Admin	Pass
	Advocated for Maine's next child care market rate study to include the cost of care.	Admin	Pass
Related to Pandemic			
ME	Utilizing the federal CARES Act funding, Governor Mills allocated \$25 million for school-aged child care.	Admin	Pass
	Utilizing the federal CARES Act funding, Governor Mills allocated \$8.4 million for child care for birth-5.	Admin	Pass
	Maine's Office of Child & Family Services distributed \$11 million in CCDBG funding via the CARES Act in three ways: supporting essential workers in need of child care, across the board stipends to all licensed providers, and grant funds to support additional health and safety expenses related to the COVID-19 health crisis.	Admin	Pass
	Governor provided \$1 million in existing general funds to increase preventive health care for children enrolled in MaineCare through temporary incentive payments for health providers that offer well child visits, vaccinations, and dental care during the COVID-19 pandemic. Together with Federal matching payments, Maine will increase support for children's health by an estimated \$3.6 million this fall.	Admin	Pass

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MI	MICHIGAN Submitted by Matthew Gillard, Michigan's Children (matt@michiganschildren.org) How have your prenatal-to-five policy priorities shifted in response to COVID-19? Increased attention and resources were devoted to building support for a significant FMAP increase. Child Care conversation completely shifted - to ensuring high-quality access to essential workers, and longer-term to ensuring that when families return to the workforce, child care providers were supported during the shutdown and are still open. Home visiting, early intervention, and maternal and child health priorities shifted to immediate needs including access to critical resources while sheltering in place, resources to access high-quality remote service, and funding flexibility for MIECH-V. Support for increased funding for CCDBG, IDEA Part C, Title V were maintained but additional energy was put into building more relevant funding cases.		
	<div>Related to Pandemic</div>		
MI	Child Care Relief Fund - \$100 million in grants for child care providers operating during COVID, to cover the unexpected expenses faced due to the crisis, in exchange for reducing rates for families. Created by Governor Executive Order.	Admin	Pass
	Child care and rate reduction stipend - additional \$125 million for Child Care Relief Fund, appropriated by the Legislature.	Budget	Pass
	Increased funding for Early On Part C service quality through Governor's Education Equity Relief Fund. Created by Governor Executive Order.	Admin	Pass
	Futures for Frontliners scholarship, includes some child care workers under eligibility. Created by Governor Executive Order.	Admin	Pend
	Governor Executive Order created directing Licensing and Regulatory Affairs Agency to develop implicit bias training for licensed health professionals	Admin	Pass
	Pandemic EBT nutrition program, including eligibility for students in Great Start Readiness Programs, GSRP/Headstart Blends, Early Headstart, and Headstart that were reported as part of the Early Childhood Collection as eligible for Free and Reduced-Price Meals or directly certified have been included.	Admin	Pass
	\$60 million Rent Assistance and Eviction Diversion program, appropriated by State Legislature.	Budget	Pass

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State	Policy Item	Leg/Budget/ Admin	Pass/Fail/ Pend
MO	MISSOURI Submitted by Craig Stevenson, Kids Win Missouri (cstevenson@kidswinmissouri.org) How have your prenatal-to-five policy priorities shifted in response to COVID-19? Child Care Subsidy Advocacy Sharing information/changes in policy (emergency policies) with child care providers, etc		
Related to Pandemic			
MO	Child care subsidy budget/planning	Admin	
	Fixing duplication of child care background checks	Leg	Pass
	Access for homeless youth mental health services, expand health options	Leg	Pass
	Child welfare reform/safety	Leg	Pass
NC	NORTH CAROLINA Submitted by Michele Rivest, NC Early Education Coalition (michele.rivest@ncearlyeducationcoalition.org) How have your prenatal-to-five policy priorities shifted in response to COVID-19? The child care crisis has been the dominant prenatal-to-five policy priority and we have devoted an incredible amount of time, resources, and advocacy efforts to try to stabilize the child care industry. This crisis and the federal CARES funding has resulted in several child care initiatives that were sorely needed - like increased pay for child care teachers and staff and increased child care subsidy assistance for essential workers - but none of these can be sustained without additional federal and state funding.		
NE	NEBRASKA Submitted by Adam Feser, First Five Nebraska (afeser@firstfivenebraska.org) How have your prenatal-to-five policy priorities shifted in response to COVID-19? We had to devote more attention to flexibility in state how state CCDF dollars are allowed to be used. We have spent more time paying attention to federal policy so that we could make recommendations as funding came through. We also have spent more time working on ideas for school-age children, as child care demand has had to adjust to many areas moving to remote learning. We also spent a good deal of time working on a child care referral network at the beginning of the pandemic to help parents find care as many child care providers closed.		
Unrelated to Pandemic			
NE	A new Child Care Development Fund plan has undergone 2 hearings and is expected to be signed. A highlight of the new plan is providers will be able to bill child care subsidy for up to 5 absences per month.	Admin	Pend

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NE	LB 266 included language to fix the Nebraska School Readiness Tax Credit Act so that family child care home providers are able to access the employee tax credit and providers classified as S-corps are able to access the provider tax credit.	Leg	Pass
	LB1185 requires license-exempt child care providers seeking to accept the child care subsidy to meet federal background check standards.	Leg	Pass
	LB837 requires the Nebraska Department of Health and Human Services to seek the maximum amount of federal funding to help child care providers and child care staff with the costs of the fingerprinting and national criminal history record information check. This bill was amended into LB1185, which passed.	Leg	Pass
	LB1061 provides guidance for the types of child welfare cases that can utilize alternative response, gives the department certain responsibilities for developing procedures, rules, and regulations for these cases, and how they must be reported	Leg	Pass
	LB1160 requires the Legislature to develop a plan to develop establishment of the Nebraska Workforce and Educational Reporting System, a lifelong learning and workforce longitudinal data system. As part of this system, the Nebraska Department of Labor will identify the long-term return on investment from early education programs.	Leg	Pass
	LB1051 would create the Intergenerational Care Facility Incentive Cash Fund. The fund would consist of General Fund transfers and any private donations. The Legislature would transfer over \$300,000 for FY2020-21. The Nebraska Department of Health and Human Services would award grants to nursing facilities for one-time startup costs to provide child care in nursing facilities.	Leg	Fail
	LB935 would allow public officials to use campaign funds to pay for child care services incurred by an officeholder for members of his or her immediate family when involved in activities related to the duties of his or her public office.	Leg	Fail
	LB901 would appropriate \$200,000 from the General Fund for the FY2020-21 to the Nebraska Department of Health and Human Services to be used to contract with the University of Nebraska Medical Center for the Nebraska Perinatal Quality Improvement Collaborative. The department shall secure federal matching funds for this purpose.	Leg	Fail

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NE	LR387 created an interim study to examine the processes by which children who are the victims of a substantiated case of abuse or neglect are able to access services through Nebraska's Early Development Network under the federal Individuals with Disabilities Education Act (IDEA), Part C	Leg	Pass
Related to Pandemic			
NE	Executive order 20-18, allowing for child care providers to bill based on enrollment versus attendance while Nebraska is in a state of emergency due to COVID-19, was signed by the Governor.	Admin	Pass
	Nebraska DHHS amended their guidance to allow for child care providers to bill child care subsidy for hours children are remote learning in their care, a need created by many school districts engaging in remote learning.	Admin	Pass
	Nebraska DHHS moved forward with several recommendations for funding from the CARES Act to provide : \$267,000 for relief funds to child care providers who have already applied and were waitlisted for the grant program administered by Nebraska Children and Families Foundation and the Nebraska Early Childhood Collaborative; \$8,705,000 for Child Care Provider Stabilization Grants - one-time grant awards to family child care homes (\$3,500) and center-based programs (\$5,500); \$1,000,000 for Incentive Grants for Reopening Child Care Programs to facilitate reopening of child care programs that have temporarily suspended operations during the public health emergency; \$500,000 for the Nebraska Child Care Referral Network; \$4,000,000 for afterschool and summer learning for school age children.	Admin	Pass
	LR390 creates an interim study to assess the fiscal and economic impact of the COVID-19 pandemic on Nebraska's early childhood workforce and the early childhood care and education system	Leg	Pass
NH	NEW HAMPSHIRE Submitted by Rebecca Woitkowski, New Futures (rebeccawoitkowski@gmail.com) How have your prenatal-to-five policy priorities shifted in response to COVID-19? New Hampshire had to pivot resources to childcare in order to secure safe childcare for essential and at-risk families during shelter-in-place and then the stabilization efforts childcare system as whole.		
Unrelated to Pandemic			
NH	Creation of the Council for Thriving Children as new early childhood governance structure		

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Related to Pandemic			
NH	25 million CARES Funding allocation to childcare		
	CCDBG funding utilized to create stipend program		
	Creation of the Emergency Childcare Collaborative - public private partnership		
	State waiver to provide free meals to all school kids		
NJ	NEW JERSEY Submitted by Cynthia Rice, Advocates for Children of NJ (crice@acnj.org) How have your prenatal-to-five policy priorities shifted in response to COVID-19? -Advocate more vigorously for federal funding to address child care (both CCDBG and stabilization aid) and MIECHV; -Advocate with partners in the programmatic and financial supports need for closing and opening child care centers, including basing child care subsidy on enrollment rather than attendance; -Through webinars, worked with partners to provide real-time information to child care programs in addressing such issues including the implementation of emergency licensing standards, PPP, unemployment and steps necessary for reopening. -Facilitated an opportunity for the Commissioners and Assistant Commissioners of DCF, to speak with child care directors on their needs in reopening their child care centers. -Engaged the Assembly Women and Children to hold a hearing on the impact of COVID-19 on child care. -Provided state leaders with information and contacts to help inform them in the reopening of child care. -With partners, held parent webinars, including Child Care and the Pandemic, which provided a forum for parents to voice their concerns about returning to “out-of-the-home.” – -Developed and distributed five surveys from March – July (4 for child care, 1 for parents) to assess the impact of COVID-19 on these two groups.		
Unrelated to Pandemic			
NJ	A bill was introduced to provide statewide, universal home visiting to all newborn mothers	Leg	Pend
	An additional \$25 million was allocated in the initial FY 2021 proposed budget to expand preschool to more school districts	Budget	Pend
	Implementation of expanded paid family leave from six weeks to 12 weeks began in July 2020	Leg	Pass
	Child care parent copays were reduced by 50%	Admin	Pass

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Related to Pandemic			
NJ	500 child care centers remained open for the children of essential service employees	Admin	Pass
	Child care subsidies were provided for the children of essential service employees, regardless of eligibility.	Admin	Pass
	Changed child care subsidy funding from attendance to enrollment.	Admin	Pass
	Increased subsidy reimbursement rate for all ages of center-based care	Admin	Pass
	State provided supports to child care for PPE upon reopening.	Admin	Pass
	State-funded preschool continued virtually from March until the end of the school year	Admin	Pass
	DHS provided special food assistance benefits to any one eligible for free/reduced price meals was eligible. Any benefits up for renewal was extended for six months	Admin	Pass
	Provide for full-day state child care subsidies for eligible school-age children (which includes age 5) at child care centers during virtual learning periods of the school day.	Admin	Pass
	Provide funding for tuition assistance for families who are not eligible for a child care subsidy, but are struggling to pay for full- or part-time care while their school-age children, including age 5, will be learning remotely.	Admin	Pass
	State directive permitting doulas in delivery rooms	Admin	Pass
NM	NEW MEXICO Submitted by Michael Weinberg, Thornburg Foundation (michael@thornburgfoundation.org) How have your prenatal-to-five policy priorities shifted in response to COVID-19? Not surprisingly, child care has received the lion's share of attention amidst the COVID-19 pandemic.		
Related to Pandemic			
NM	Creation of an Early Childhood Trust Fund	Budget	Pass

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State	Policy Item	Leg/Budget/ Admin	Pass/Fail/ Pend
NM	Additional funding to expand the state's Medicaid home visiting pilot project	Budget	Pass
	Start-up funds to implement Family Connects through the state's Department of Health	Budget	Fail
	Funding to expand public availability of long-acting reversible contraception	Budget	Pass
	Additional funding to expand the state's PreK and Early PreK programs	Budget	Pass
	Additional funding to expand early learning scholarships and wage supplements	Budget	Pass
	Additional funding to support 12-month child care eligibility	Budget	Pass
	Additional funding to support early intervention rate increases	Budget	Pass

NEW YORK | Submitted by Dede Hill, Schuyler Center for Analysis and Advocacy (dhill@scaany.org)

How have your prenatal-to-five policy priorities shifted in response to COVID-19?

Our NY prenatal-to-five policy priorities changed dramatically this spring, when New York became the epicenter of the COVID-19 pandemic. Of note: the NYS budget was finalized on April 1, 2020, at the height of the pandemic in NY. By that time, more than 10,000 New Yorkers had died of the virus, and tens of thousands more had fallen ill. Schools and many child care programs had shut down, along with the broader economy. Unemployment skyrocketed, family incomes declined, and more and more New York households ran short of food and other necessities. The state's fiscal position, which was severe prior to the pandemic, had become (and remains) dire. The state budget deficit ballooned from \$9 billion in January to \$19 billion today. With New York State's fiscal position in freefall, the early childhood community has devoted significant new attention to federal advocacy to secure COVID relief funds earmarked for family serving, child-focused programs. We have also devoted significant efforts urging state leaders to swiftly, and effectively invest CARES Act federal relief funds to child care and other family servicing programs. Another shift in focus has been engaging in efforts to secure the release of contracted state funds to service providers upon which families rely for essential supports. Among the services affected have been child care, after school, food assistance, weatherization programs, and many more. Beginning in the spring, New York has waived all prompt contracting rules, and has delayed, and in many cases, refused to pay, or continue, state contracts. Finally, we have shifted more attention to school reopening because with many schools set to operate remotely – in full, or in part – the need for coordination with child care and afterschool is more important than ever. Looking ahead, the Final Budget gives the Governor broad authority to open the budget and make “adjustments” at three different points in the year should the state face a “budget imbalance.” Adjustments are to be done uniformly across the board to the extent practicable. We are concerned that New York communities with the least power and fewest resources stand to be most severely impacted by deep, across the board, budget cuts. We are paying close attention and are expecting to have to devote considerable resources to defend essential supports for young children and families when the budget is reopened, and cuts announced.

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Unrelated to Pandemic			
NY	The State's final budget included reforms the Statewide Central Register (SCR), which will raise the standard of proof for a finding against a parent to "a fair preponderance of the evidence," bringing New York in line with a majority of jurisdictions across the country, and other reforms to reduce racial disparities in the child welfare system, and keep more families safely together.	Leg	Pass
	The Executive Budget proposed expansion of the child tax credit to include young children from low-income families. This proposal was omitted in the final budget due to the COVID emergency.	Budget	Fail
	Executive budget proposed \$15 million to continue the state's incremental expansion of pre-K. Omitted in final budget due to COVID emergency.	Budget	Fail
	The Final Budget invests \$4 million to reduce maternal mortality and connected to the creation of the maternal mortality review board (signed into law in August 2019), to develop implicit racial bias training, expand community health workers and build a data warehouse to support quality improvement activities for maternal health outcomes.	Leg	Pass
	Protected the state's pre-K investment, securing services for 126,000 3- and 4-year-olds in the final agreement, and \$750,000 in new funding for the state's first Regional Technical Assistance Center.	Budget	Pass
	The Final Budget reduces Early Intervention (EI) expenditures by \$8.1 million from the \$173 million included in the 2019-2020 budget, for a total of \$164.9 million, and does not include a covered lives assessment to bring needed additional revenue into the Early Intervention program and help ensure commercial insurance helps pay for services critical to young children's health and development.	Budget	Pass
	Protected the incumbent pre-K workforce by extending the deadline for lead teachers to become fully certified by a year, to June 2021	Admin	Pass
	The Final Budget includes an additional \$10 million for census outreach. This is in addition to \$20 million of previously allocated funding that has not been spent.	Budget	Pass

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NY	The Final Budget includes \$3.8 million for Nurse-Family Partnership, an \$800,000 increase over the Executive Budget, and a \$300,000 increase as compared to last year's budget. Healthy Families New York was level funded at \$26.1 million and funding for the Public Private Partnership at the Office of Children and Family Services that funded several Parent Child Plus and Parents as Teachers programs was eliminated (\$3.6 million).	Budget	Pass
	The Final Budget includes the same level of funding as last year for child care subsidies, which are the principal means of assistance for working families to cover the high costs of child care. Total 2020-21 funding for child care subsidies will be approximately \$832 million. The budget also includes level funding for the Infant-Toddler Resource Network, up to \$6,532,000, which provides critical training and supports to providers serving our youngest New Yorkers, and level funding of \$5 million for QUALITYstarsNY, the State's quality rating and improvement system.	Budget	Pass
	A senator is about to introduce legislation to set targets to cut child poverty in NY in half by 2030. While this legislation is not directly COVID-related, because the economic impacts are hitting young children so hard in NY, the need for cross-sectoral commitment to addressing child poverty, and means to hold leaders to account, has never been greater	Leg	Pass

Related to Pandemic

NY	CARES I – NYS invested about \$30M of CARES Act Funds to create child care scholarships for low-income essential workers, and to supply providers with PPEs and other supplies.	Admin	Pass
	CARES II – NYS created NY Forward reopening grants using about \$65M of CARES Act funds. These are modest operating grants will be available to certain closed child care providers seeking to re-open or expand. The funds are to be released soon.	Admin	Pend
	NYC created Family Enrichment Centers which provided safe child care, free of charge, to the children of essential workers during the height of the pandemic. NYC is currently developing Learning Labs to provide a safe place for Pre-K-12 students who need supervision while engaging in virtual school.	Admin	Pass
	NY offered waivers to counties through July allowing counties to raise child care eligibility for 85% SMI; and waive or reduce co-pays.	Admin	Pass

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OK	OKLAHOMA Submitted by Debra Andersen, Oklahoma Partnership for School Readiness (dandersen@okschoollreadiness.org) How have your prenatal-to-five policy priorities shifted in response to COVID-19? Shifted to advocacy for increase CCDBG funding at the federal level, pushed for emergency to be available for both subsidy and non-subsidy child care providers. Greater attention to improving policies and guidance for layered funding across early care and education programs and how improved coordination at the community level can serve as a safety net when school begins in the fall. Shifted a focus on integrated data from better understanding outcomes to better understanding access and gaps.		
	Unrelated to Pandemic		
OK	Health Department requested policy change to allow up to 15% of Nurse Family Partnership caseloads be comprised of non-Medicaid, high risk participants.	Leg	Pend
	Legislation changing the preK birthdate cutoff from September 1 to July 1 - third consecutive year	Leg	Fail
	Child care subsidy rate increase effective April 1 (in progress prior to COVID-19)	Budget	Pass
	Increase in the non-traditional hours rate	Admin	Pend
Related to Pandemic			
OK	Child Care CARES: parent copay waived; hazard pay of \$5/day per child; increase in absent days allowed; in-home care for essential worker by friend or relative; One-time payment if open between March - May based on quality rating.	Budget	Pass
	State Advisory Council COVID-19 recommendations: 1. Collect supply and demand data 2. Safety protocols available and accessible 3. Coordinated communications to families on education and care options 4. Relief funds allocated for both subsidy and non-subsidy providers 5. Recruit and retain qualified providers 6. Cross-sector layering funding and coordinated enrollment for 3 & 4 year olds 7. Shifting to enrollment based subsidy payment and layered funding for infants and toddlers	Admin	Pend
	Community HOPE Centers to care for children, provide mental health and social services supports.	Budget	Pass

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OR	OREGON Submitted by Dana Hepper, Children's Institute (dana@childinst.org) How have your prenatal-to-five policy priorities shifted in response to COVID-19? Child care: 1) Advocacy and stakeholder coordination on state regulations to establish an emergency child care system under an enhanced set of health and safety regulations 2) Lobbying our congressional delegation on inclusion of child care funding in federal relief packages 3) Advocacy for state Coronavirus Relief Funds to be invested in child care		
	Unrelated to Pandemic		
OR	2019 Early Childhood budget receives full \$170 m new investment made in 2019 (despite decreased revenues in the Student Success Act).	Budget	Pass
	\$3.2 m cuts to Early Learning Hubs, Healthy Families Oregon, and Focused Child Care Networks.	Budget	Pass
Related to Pandemic			
OR	Development of emergency child care system and health & safety regulations	Admin	Pass
	\$30 million in child care funding from state Coronavirus Relief Funds (CRF)	Budget	Pass
	Temporary policy changes to child care subsidy, including \$0 parent co-pays, income eligibility increased (from 185% FPL to 85% SMI, which is about 250% FPL), and paying providers when children are absent.	Admin	Pass
	Universal home visiting rulemaking and implementation delayed	Admin	Pass
PA	PENNSYLVANIA Submitted by Kari King, Pennsylvania Partnerships for Children (kking@papartnerships.org) How have your prenatal-to-five policy priorities shifted in response to COVID-19? Our broad-based coalition, Early Learning Pennsylvania, quickly pivoted in March to focus much of its efforts on stimulus funding to secure the child care sector. The spring is typically the busiest time of year for our advocacy across our issues, particularly pushing for additional state investments in pre-k, child care and home visiting in the Commonwealth's budget, which is due by June 30 annually. Efforts were on federal work to secure stimulus funding in the areas of child care, home visiting and health care, as well as at the state level as a 5-month stopgap budget was completed by the legislature in May. During this time the state allocated federal stimulus dollars not specific to CCDBG, and the Start Strong PA child care campaign was successful in securing an additional \$125 million during this time (in addition to the \$106 million received through CCDBG).		

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Related to Pandemic			
PA	State allocation of an additional \$125 million in stimulus funds for child care (beyond \$106 million received specific to CCDBG).	Budget	Pass
	Change to payment based on attendance and not enrollment for child care centers effective September 1, 2020.	Admin	Pend
	Expansion of investments in pre-k and Head Start Supplemental Assistance Program (governor’s proposed budget allocated a \$30 million increase). This did not occur as part of the state’s 5-month stopgap budget.	Budget	Fail
	Expansion of evidence-based home visiting in the state did not occur as part of the current 5-month stopgap budget. The governor proposed \$2.5 million, but funds would not have gone to provide additional slots for MIECHV programs. Rather, it allowed for managed care organizations to offer services to first-time mothers in Medicaid (not evidence-based) and to offset less than anticipated federal funding in order to not reduce federal slots.	Budget	Fail
	Proposed investments in K-12 education were not realized: this includes basic education funding, special education funding and career and technical education funding. All line items were flat-funded for a full 12-month period.	Budget	Fail
TX	TEXAS Submitted by David Feigen, Texans Care for Children (dfeigen@txchildren.org) How have your prenatal-to-five policy priorities shifted in response to COVID-19? We dedicated far more attention to child care financial sustainability. That effort took on new efforts including more extensive federal advocacy, state-based advocacy on the uses of federal funds, and how child care would be set up for essential workers during the statewide shutdown of many businesses.		
Unrelated to Pandemic			
TX	Speech and occupational therapy provided by ECI providers was approved for telehealth services and Medicaid coverage prior to COVID-19.	Admin	Pass

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TX	The Texas Health and Human Services Commission (HHSC) released its Draft 5-Year Postpartum Depression Strategic Plan, which included a number of recommendations Texans Care for Children provided to the agency, including training more professionals serving moms and families; adding mental health counseling as a covered benefit in Healthy Texas Women's postpartum package; and leveraging formal and informal peer supports to help more moms, including certified mental health peer specialists, community health workers, promotoras, and group prenatal care like Centering Pregnancy.	Admin	Pend
Related to Pandemic			
TX	Creation of Frontline Child Care Portal that allows child care providers to share available seats and enrollment to families in need of child care, including essential workers.	Admin	Pass
	Increased subsidy reimbursement rates (currently set as 25%) to help address higher operating costs during COVID-19 pandemic.	Admin	Pass
	Provided short-term emergency benefit to provide subsidized child care to essential workers for three months, including child care educators. Approximately 29,000 children enrolled.	Admin	Pass
	Authorized temporary stabilization grants to temporarily closed child care subsidy providers to help defray expenses incurred. Grants were up to \$10,000/month. Providers who participated in the state's QRIS received an extra five percent allocation.	Admin	Pass
	Temporarily waived parent co-payments for subsidized child care costs.	Admin	Pass
	Governor extended telehealth flexibilities through October 2020 (rather than month-to-month). This includes Medicaid coverage for telehealth well-child visits for kids over age 2. This also includes waiving CHIP copays for office and telehealth visits through October.	Admin	Pass
	Due to coronavirus, Texas temporarily suspended inaccurate mid-year eligibility reviews in Children's Medicaid, however in September 2020 the state began administrative renewals that may lead to children and families being inaccurately disenrolled from Medicaid when the public health emergency. Advocacy is ongoing.	Admin	Pend
	State ECI reallocated travel and training budget to pay for 25,000 e-signatures so that ECI providers can obtain written e-signatures from parents (rather than in-person written consent).	Admin	Pass

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TX	While the initial fiscal year (FY) 2021 contracts did not include funding for Early Childhood Intervention (ECI) respite services, the Health and Human Services Commission will be adding respite funding to all FY 2021 awards. The Health and Human Services ECI program is preparing amendments to the FY 2021 ECI contracts to provide respite funding in the same amounts as provided in FY2020, with the exception of those contractors who have had a 25 percent or more increase or decrease in their contract enrollment target due to a service area expansion or reduction.	Admin	Pass
	Physical therapy coverage for ECI was approved for the duration of the pandemic.	Admin	Pass
UT	UTAH Submitted by Elizabeth Garbe, United Way of Salt Lake (elizabeth@uw.org) How have your prenatal-to-five policy priorities shifted in response to COVID-19? A large percent of our child care programs have stayed open. We put more attention and resources into ensuring they could keep their doors open and recover from the pandemic.		
Unrelated to Pandemic			
UT	Expand full-day kindergarten (\$10 million was secured in the general session, which was overturned in a special session due to COVID budget impacts. We were then able to secure \$5 million in new funds in a subsequent special session)	Budget	Pass
	Expand state funded preschool (secured \$3 million in ongoing funds during the general session, which was overturned in a special session due to COVID budget impacts)	Budget	Fail
	Align and strengthen instruction and learning from preschool through 3rd grade, improve teacher training and licensing, require local early literacy and mathematics plans, provide targeted professional development and job-embedded coaching, and increase collaboration from higher education to classroom teachers. (Bill passed but the program has been de-funded due to COVID)	Leg	Pass
	Funding to support preschool to third grade professional development and alignment (above policy item, \$5 million was secured but then rescinded due to COVID budget impacts)	Budget	Fail
	Mandatory alternative breakfast models in schools, ie breakfast in the classroom (phased in starting with highest risk schools)	Leg	Pass

APPENDIX

The Appendix outlines each state's survey responses. Responses listed in appendix are state-reported and unedited by Start Early.

State	Policy Item	Leg/Budget/ Admin	Pass/Fail/ Pend
UT	Sustain child care programs during the pandemic with operational grants (CARES Act funds)	Admin	Pass

Related to Pandemic

UT	Expand full-day kindergarten (secured \$10 million in the general session, which was eliminated in a special session due to COVID, and then secured \$5 million in a subsequent special session)	Budget	Pass
	Delay in full implementation of the CCQS	Admin	
	Expand state funded preschool (\$3 million in additional funds were secured in the general session but was rescinded in a special session due to COVID)	Budget	Fail
	Expanded professional development, aligned preschool to 3rd grade instruction and learning, required local early literacy and mathematics plans, and increased collaboration between higher education, school districts, schools and teachers. (passed but funding to implement was rescinded due to COVID)	Leg	Pass
	Funding for ECE alignment and professional development (for the above policy priority, \$5 million was secured but was rescinded in a special session due to COVID)	Budget	Fail
	Making alternative breakfast models mandatory in schools (slow phase in starting with high risk schools)	Leg	Pass
	Extend Pandemic EBT through the 2021 school year	Admin	Pend
	Extended pandemic EBT through the 2021 school year	Admin	Pend

VA

VIRGINIA | Submitted by Emily Griffey, Voices for Virginia's Children (emily@vakids.org)

How have your prenatal-to-five policy priorities shifted in response to COVID-19?

In Virginia we have shifted our focus to two elements: 1. Stabilizing the early care and education sector through additional financial resources to ensure availability and to support the workforce. 2. Lifting up the voices of working parents as they navigate child care challenges and financial hardship.

Related to Pandemic

VA	Aligning early care and education programs (CCDBG funding and preschool) under the Dept. of Education.	Leg	Pass
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State	Policy Item	Leg/Budget/ Admin	Pass/Fail/ Pend
VA	Expanding access to public preschool for 3's & 4's.	Budget	Fail
	Aligning publicly funded early education with a unified quality rating system.	Admin	Pass
	Authorizing Medicaid funding for home visiting services.	Budget	Pend
	Feasibility study for the statewide implementation of ec mental health consultation.	Leg	Pass
	Expanded health insurance coverage, ccess to doula/midwife care.	Leg	Pend
	Increased TANF payment by 18%.	Leg	Pass
	Link B-5 data collection system.	Admin	Pass
	Primary prevention plan authorized by legislature.	Leg	Pass
	Expansion of mixed-delivery funding streams for 3 & 4's preschool.	Budget	Pass
	Additional \$80 mil in CARES for child care stabilization grants	Budget	Pend

WASHINGTON STATE | Submitted by Erica Hallock, Start Early Washington (ehallock@startearly.org)

How have your prenatal-to-five policy priorities shifted in response to COVID-19?

Covid-19 dramatically shifted prenatal-to-five policy priorities in both the short and long terms. The state's shelter in place orders hit just as the Legislature adjourned its supplemental budget session. In anticipation of declining revenues, Governor Inslee soon thereafter vetoed a number of budget increases secured during the 2020 session, including early learning. Increased Focus on Child Care. Like other states, as the pandemic intensified, the immediate focus became ensuring an adequate supply of child care for essential workers. This included care for school-age children now that K-12 schools were shut down. In response, some school districts stood up school-age care for essential workers while others partnered with organizations like Boys and Girls Clubs and the YMCA. At the same time, open child care providers were struggling to secure adequate cleaning supplies and PPE. The Department of Children, Youth and Families made some immediate decisions to preserve supply and support providers. These included continuing subsidy payments, whether the child attended or not; waiving parental co-pays; and using some CARES funding to provide grants to providers to be used for flexible purposes. As the state's economy continues to re-open while most schools are doing distance learning, child care remains at the forefront with concern about the stability of the child care market receiving tremendous attention. Reaching Vulnerable Families. As the state shut down most in-person services, programs like home visiting and our state's preschool program, ECEAP, shifted to virtual connections. At the start of Covid, programs worked to secure devices and sufficient data and minutes to stay connected with families. Not surprisingly, the issue of broadband availability and affordability is now a top public policy discussion point. At the same time, programs worked to ensure vulnerable and isolated families had access to needed supplies like diapers and food. This role of connector to other services became increasingly important throughout the pandemic. State Budget Crisis. Right away, it became clear that Washington would be in a challenging fiscal position and deep cuts to the state budget would be needed. The difference from other recessions was how abruptly this shift came. Washington's unemployment rate was 3.8% in February and shot up to 16.3% in April.

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WA	WASHINGTON STATE CONTINUED The national economic expansion that started in June 2009 and lasted 128 months greatly benefitted Washington state. After periods of growth and increased revenues, the state was finally gaining back the ground lost during the last recession. So instead of looking at growth and additional investments, advocates were looking at maintenance and preservation at a time when families needed services more than ever.		
Unrelated to Pandemic			
WA	Working Connections Child Care Rate Increase to 65th percentile - \$32 million	Budget	Pass
	5% Early Childhood Education and Assistance Program rate increase \$7 million	Budget	Fail
	Early Learning Facilities Fund - \$7.3 million capital budget	Budget	Pass
	\$6 million to reduce Working Connections Child Care co-payment	Budget	Fail
Related to Pandemic			
WA	\$29 million in one-time sustainability grants for open child care providers	Budget	Pass
	\$15 million for full-day authorization for Working Connections Child Care May - June	Budget	Pass
	ECEAP Summer Support - \$8 million in CARES funding	Budget	Pass
	\$10.2 million to waive family co-pays for Working Connections Child Care May – June	Budget	Pass
	\$88 million for (child care) enrollment based payment May - September	Budget	Pass
WI	WISCONSIN Submitted by Ruth Schmidt, WI Early Childhood Association (ruschmidt@wisconsinearlychildhood.org)		
Unrelated to Pandemic			
WI	Suspension and Expulsion: Policy development for birth to 5, funding in next biennium for supporting policy implementation	Budget	Pend

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WI	Expansion of Leading Men Fellows program to to diversify the workforce	Admin	Pass
	Decoupling quality bonus payments from subsidy for 4 and 5 star programs using existing CCDF quality dollars and GPR	Budget	Pend
	Fully cover the cost of Registry membership to incentivize high rates of full participation. Funded through PDG for 2020 only.	Admin	Pass
	Dedicated funding to support child care programs in the lowest income zip code in WI - 53206. Funding: \$XXX A portion of funds for scholarships for credit based course work and stipend payments to educators.	Budget	Pass
	increase in subsidy rates to meet or exceed 25% of market rate - to ensure compliance with CCDF	Budget	Pass
	Increase funding for T.E.A.C.H. Scholarship program - \$500,000 in PDG funding.	Admin	Pass
	Creation of the Leadership Council on the Early Years - cabinet level appointees - tied to state PDG planning grant	Admin	Pass
	Proposed to DCF: increase subsidy eligibility for subsidy to 200% FPL. Advocates recommending for consideration in 21-23 biennial budget	Budget	Pend
	Proposed to DCF: increase subsidy for Infant/Toddler care to 75% of market. Advocates recommending for consideration in 21-23 biennial budget	Budget	Pend
	Proposed to DCF: contract for infant toddler classrooms based on cost modeling. Advocates recommending for consideration in 21-23 biennial budget	Budget	Pend
	Support social emotional development: IECMH consultation - pilot and expansion, USP deployment kits, pyramid model training and coaching - all included in PDG planning grant	Admin	Pend
Related to Pandemic			
WI	Approval of plan for WI DCF to spend down CARES Act CCDBG Funding https://dcf.wisconsin.gov/covid-19/childcare/payments/data	Leg	Pass
	Additional \$30 million in CARES Act funding dedicated to child care. https://dcf.wisconsin.gov/covid-19/childcare/payments	Admin	Pass

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WI	Suspension of licensing and child care administrative rules - see DCF COVID page https://dcf.wisconsin.gov/covid-19/childcare/providers	Leg	Pass
	Safer At Home - overruled by State Supreme Court - all administrative rule suspensions end, all COVID specific treatment of child care revokes to pre COVID. Safer At Home was in place until Supreme Court revoked: May 13, 2020 https://evers.wi.gov/Documents/COVID19/EMO28-SaferAtHome.pdf	Leg	Pass
	From 3/15 on, decision to extend subsidy payments to closed programs through 6/30/2020 and authorizations extended regardless of child attendance.	Admin	Pass
	Subsidy allowed to cover care for school age income eligible children during virtual learning.	Admin	Pass
	All public school building closures effective mid March through June 30.	Admin	Pass
	Needs assessment conducted for WI's birth to 5 system. Funded through PDG planning grant - Captures system preCOVID with plan for where the system needs to go in the context of COVID and eventual emergence from COVID.	Admin	Pass



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