



CARING DURING A CRISIS

LESSONS FROM THE IMPLEMENTATION OF CARES CHILD CARE FUNDING IN NYC



NYC Child Care
Resource & Referral Consortium



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NYC CCR&R CONSORTIUM MEMBERS



CHCF



Day Care Council
of New York

Educated Children Are Our Future



Child Development Support Corporation
Chinese-American Planning Council
Committee for Hispanic Children and Families
Day Care Council of New York (DCCNY)



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Executive Summary

The COVID-19 pandemic impacted New York, particularly New York City, early and heavily. This public health emergency called for a rapid response in an evolving environment. The response was needed to both protect New Yorkers' health and simultaneously maintain access to essential services. A crucial part of the response to the COVID-19 outbreak was ensuring that essential workers had access to child care.

The federal Coronavirus Aid, Relief, and Economic Security Act (known as the CARES Act) recognized the critical role of child care and allocated funds to the states specifically to support the child care sector. With CARES funds, the New York State's Office of Children and Family Services (OCFS) mobilized the statewide network of child care resource and referral (CCR&R) agencies to help families of essential workers find and afford care arrangements and to assist child care providers in ensuring the health of the children and families they served as well as that of their own staff. Building on existing relationships and capacities, this public-private partnership was able to quickly respond on a massive scale across the state, providing funds to assist essential workers in paying for child care and giving child care providers necessary health and safety equipment and supplies. While there were challenges in implementation of this response arising from the need to rapidly develop new programs on a large scale, they


were overcome through the extraordinary efforts of the CCR&R network. In New York City, an epicenter of the pandemic, families of essential workers and child care providers received critical support from the NYC CCR&R Consortium. The Consortium of four agencies – Child Development Support Corporation (CDSC), Chinese-American Planning Council (CPC), Committee for Hispanic Children and Families (CHCF), and Day Care Council of New York (DCCNY) – was formed in 2007, and serves thousands of families and child care providers in all five boroughs of the City annually, with services available in multiple languages.

During the pandemic, the Consortium drew on the expertise of its staff, its collaborative experience and shared infrastructure, and its relationships with public and private agencies and non-profit organizations to distribute \$34 million in CARES Act funding to assist nearly 1,000 essential workers in finding and paying for child care and more than 6,000 child care providers to safely operate. Families and child care providers expressed their gratitude for the efforts of Consortium staff in guiding them through what was an unfamiliar and complex process and for the funding that supported them during the pandemic. This report describes the statewide program to support the child care sector during the COVID-19 pandemic and highlights the Consortium's success in implementing this program in the nation's largest city. Based on the Consortium's experiences, the report ends with some recommendations to guide the response to comparable emergency situations in the future.



Background: The COVID-19 Pandemic and the CARES Initiative

On January 21, 2020, the Centers for Disease Control and Prevention (CDC) confirmed the first case of the new SARS virus, COVID-19, in the United States. While this first case was identified in Washington State, additional cases were soon confirmed and New York City quickly became an epicenter for the infection. On March 15, 2020, schools in New York City were mandated to close, and schools across the state were mandated to do so on March 18. Within a few days Governor Cuomo ordered all workers in non-essential businesses to stay home and banned gatherings. Workers in essential occupations included those in health care operations; utilities, telecommunication, and transportation; public safety and sanitation; manufacturing of food, medical equipment, pharmaceuticals, telecommunications components, and some household items; retail outlets including grocery stores, pharmacies, and gas stations; financial institutions; construction and repair for essential infrastructure or emergencies; news media; and a category that included child care programs and services.



Child care is an essential service necessary to maintain a functioning economy and society. Accordingly, the Federal Coronavirus Aid, Relief, and Economic Security Act (known as the CARES Act), was signed into law on March 27, 2020.

Child care is an essential service necessary to maintain a functioning economy and society. Accordingly, the Federal Coronavirus Aid, Relief, and Economic Security Act (known as the CARES Act), signed into law on March 27, 2020, specifically allocated funds for emergency relief to the child care system. Of New York State's \$7.5 billion from the CARES Act, \$163 million was designated for that purpose, and funds have been used to assist essential workers in paying for child care through tuition scholarships, to provide child care providers with PPE (personal protective equipment) such as hand sanitizer, gloves, and masks, and to support the safe reopening and expansion of child care services as restrictions began to ease.

On April 23, 2020, Governor Cuomo announced the first phase in the CARES initiative in the state with an initial release of CARES Act funds for tuition scholarships¹ for families and provider grants for PPE. Additional funds were released, covering different periods of eligibility and addressing different needs in the child care system.² The projects are as follows:

- ▶ **CARES 1:** Providing child care tuition scholarships (grants) to essential workers and personal protective equipment (PPE) to child care providers that remained open during COVID-19.
- ▶ **CARES 2:** Making OCFS-approved award payments to child care providers to incentivize reopening of closed programs and expansion of child care capacity in open programs; originally made in two categories: Reopening/Restructuring Grants and Temporary Operating Assistance Grants, the two award categories were later combined.
- ▶ **CARES 3:** Providing tuition scholarships to essential workers who use child care services.

Much of the responsibility for implementing the initiative was assigned to the state's child care resource and referral (CCR&R) agencies. This network of 35 agencies is under contract with the New York State Office of Children and Family Services (OCFS) to assist families in locating child care that meets their specific needs and child care centers and home-based child care programs in providing safe and enriching services to children.

¹ In most cases, the scholarship was paid to the provider who cared for the approved family's children, with the family notified of the amount and the period of service covered. It was expected that families and providers would reconcile their accounts since in some cases providers deferred fees during the eligibility period while others accepted family fees but then issued credit for services beyond the eligibility period. With the notification of payments to providers, families were able to identify, resolve, or as needed report any errors due to provider misreports.

² A detailed timeline of the CARES program phases is shown in Appendix A.

The New York City Child Care Resource & Referral Consortium has provided CCR&R services across the City since 2007.

NYC CCR&R CONSORTIUM

Child Development Support Corporation (CDSC)

Chinese-American Planning Council (CPC)

Committee for Hispanic Children & Families (CHCF)

Day Care Council of New York (DCCNY)

More information on the Consortium is available on its website: www.nyccrr.org.

The state's CCR&R network was an appropriate vehicle for quickly distributing the CARES Act child care funds and providing the needed support to essential workers and the child care programs serving them. The CCR&R agencies across the state hold existing contracts with OCFS, making it possible to move the CARES funding through the state's procurement and vendor system. Over many years the agencies have established strong reputations and relationships within their communities with families, child care providers, and employers. They are members of a statewide organization, the Early Care and Learning Council (ECLC), which is also contracted by OCFS to coordinate a range of training, support, and program services to the CCR&R agencies. With this experience and organizational capacity, the CCR&R network was immediately prepared to assist OCFS in implementing the CARES initiative with credibility and expertise.

Implementing this large-scale rapid-response effort presented considerable logistical challenges for the CCR&R network as well as for OCFS child care program staff. All needed to undertake unfamiliar activities in determining eligibility of families and providers and ensuring compliance with new documentation and verification requirements. OCFS itself had limited staff resources in its child care sector operations, only receiving additional resources for expanding its staff capacity in October 2020.

CARES initiative requirements were unfamiliar to many of the intended beneficiaries. Families needed to obtain verification of employment and status as an essential worker from their employers. Child care providers were required to provide weekly program attendance in new formats, prepare budgets for grant applications, and provide receipts for expenses and tuition payments. At the same time, CCR&R agencies and OCFS were dealing with the impact of the pandemic on the health and emotional well-being of their own staff and the logistical challenges of transitioning their administrative work to a remote model.



Implementing the CARES initiative required forms and procedures that would comply with state and federal accountability standards to be quickly developed; applicant families and providers had to be informed about and supported in meeting the program's documentation requirements; the work flow needed to be managed and staffing adjusted as the roll-out of different projects within the initiative overlapped; and allocation of Consortium capacity between this initiative and existing contractual requirements had to be balanced. OCFS held weekly meetings with the CCR&R network to discuss new developments; coordinate program procedures statewide; and most importantly, consider the problems identified by the network and suggestions to correct them.

Regardless of these challenges, thousands of families and child care providers across New York State were supported through the CARES initiative, allowing for the continuation of critically needed service provision in their communities. The child care situation in New York City was especially vulnerable as the city was an early epicenter of the pandemic and continued to experience substantial numbers of cases, hospitalizations, and deaths.

The experiences of the NYC CCR&R Consortium in supporting the operations of child care programs serving essential workers illustrates both challenges and successes in implementing the CARES initiative.

These experiences suggest recommendations that will likely be applicable to comparable situations in the future. The recommendations generally apply in communities of any size, although some may be specific to cities with very large and diverse populations like New York City. These recommendations are outlined in the final section of this report, following a detailed description of the CARES initiative in New York City.



The CARES Initiative in New York City

NYC CCR&R Consortium serves all five boroughs of New York City and the scale of its activities are comparable. Each year the Consortium provides:



4,300

hours of intensive technical assistance to providers to improve the learning experiences



8,500

referrals for families seeking child care



28,000

contacts with child care providers

New York City's population of over 8 million is about 40 percent of the state's total residents, and children under 5 years of age living in New York City account for almost half of all the young children in the state.

The size and diversity of the City's population is unique, not only within New York State but across the United States.

The NYC CCR&R Consortium serves all five boroughs of New York City, and the scale of its activities are comparable. This is made possible by the combined efforts of the four agencies in the Consortium, which include jointly funded core infrastructure such as marketing, the Consortium website (NYCCRR.ORG), a provider database, and outreach and program activities conducted as a cross-agency team. This collaborative relationship was instrumental in implementing the CARES initiative.

As an operating practice, the Consortium agency child care program directors meet monthly to coordinate activities and plan joint efforts. Throughout the CARES initiative, they met more frequently to identify and resolve issues, share strategies, and monitor changes in regulations and procedures from OCFS. They mobilized the Consortium's partnerships with City agencies, non-profit organizations, and unions to build awareness among essential worker families and child care providers of opportunities for support through the CARES initiative. The Consortium's website was modified to provide information on and access to applications for tuition scholarships and provider grants. Through its previous contracts with a vendor, the Consortium was able to establish an online portal for providers to select PPE (personal protective equipment) to ensure the safety of children and staff. Through their work in the home-based child care sector, the Consortium was able to

inform family providers about the Paycheck Protection Program operated by the Small Business Administration (SBA), and worked with unions representing essential workers to make them aware of the child care tuition scholarships.

The Consortium is an active member of the Early Care and Learning Council (ECLC), the statewide organization representing and supporting the CCR&R network. In fact, representatives from two Consortium partners hold board positions. During the pandemic, ECLC convened frequent virtual meetings of CCR&R agencies in which Consortium staff participated in shared problem solving. The Consortium contributed to the capacity of the network by translating CARES forms and letters for families and providers into Spanish, a service it has provided on other occasions.

The specific procedures that the Consortium put in place to manage each project within the CARES initiative and meet documentation requirements are outlined on page 12. These procedures reflect both the complexity of managing the initiative across multiple agencies and the success of the Consortium in doing so, building on its long history of working collaboratively. While final figures for the CARES initiative had not been compiled as of October 31, 2021, the Consortium's success is evident in the number of families and providers served and the dollar value of the scholarships and grants awarded, as shown on page 15. As shown there, between April 23, 2021 and October 31st 2021, the Consortium has processed more than 10,000 applications from families and child care providers and distributed more than \$25.9 million in tuition scholarships, PPE supplies, and other eligible items needed to open and operate child care services safely.



Reports from families and providers give a much deeper picture of the value of the CARES initiative and the impact of the Consortium's work.

"I am so grateful...for assistance with the process of applying, obtaining, and maintaining the CARES-3 child care scholarship...my service to NYC residents has been occupied by 7-day 12-hour work shifts devoted to delivering and administering COVID-19 vaccination...I was able to apply and secure a long-term child care scholarship, which covered all the costs of daycare services..." —From a parent who worked at a vaccination site

"[Staff member] really helped me to find child care so that I could continue to work during COVID. She also told me how to apply for the CARES 3 scholarship to help me pay for child care. I am very thankful for this program and all of the help she provided to me." —From a parent who needed help finding and paying for child care

Child care providers who received CARES 2 grants to re-open or expand their services had many stories about the grant's impact on their services:

"The grant allowed me to provide PPE for all the children under my care."

"As a business owner, I was able to retool [my program] during the pandemic to provide in-person educational assistance to the school-aged children of essential workers...I was happy that my business continues to be open and at the same time help the parents and the kids stay engaged in remote learning."

"With the CARES 2 grant, I was able to buy materials for my day care... now the children are enjoying the new space that I was able to create for them. The money I received from the grant gave me the tools I needed to improve my day care without going into debt."

"I was feeling anxious because I was utilizing my credit card for my day care expenses and the CARES 2 grant funds really helped me financially. Once I received the grant funds, I was able to pay my debt."



These examples from CARES grant recipients illustrate the value of the Consortium's long-standing involvement in New York City's child care sector and its capacity to serve families and providers in multiple languages, to which Korean has been recently added.

One provider noted, *"As I have been a child care provider for the last 30 years, I have seen many changes within the child care system. Though there have been many changes, there was always one reliable constant, [Consortium agency]. You can always count on them to answer all of your questions and concerns about all child care topics. They also make sure to keep you updated on new guidelines and new grant opportunities."*

Another example was recounted by a Consortium staff member: A Chinese-speaking provider in Queens began receiving assistance from the Consortium in planning to open a family child care program and continued to participate in the Consortium's training and technical assistance activities. Due to the pandemic, her program was closed from March to June 2020 and reopened in July 2020. However, loss of income and low enrollment made her reopening a struggle. Consortium staff reached out to her and helped her fill out the application form and provide the required documents. With this help, she successfully received both a Reopening / Restructuring and a Temporary Operating Assistance Grant.



Consortium Procedures and Documentation Requirements By Cares Project

CARES 1

Providing child care tuition scholarships to essential workers and personal protective equipment (PPE) to child care providers that remain open during COVID -19.



PROCEDURES

- CHCF compiled application information received on the Consortium website for both child care tuition payments and PPE supplies and allocated the applications across the four Consortium agencies.
- CDSC secured Kaplan Early Learning Company as the vendor to facilitate ordering and delivery of PPE supplies for child care providers. Working with CDSC, Kaplan compiled a list of eligible PPE items from which providers selected items up to a dollar value of \$600.
- CPC performed all marketing for the project including social media and emails.
- Each agency's staff contacted its assigned families and providers by email and telephone, explained the necessary documentation and verification procedures, collected and reviewed documentation, followed up as necessary to resolve identified issues and request missing information, and once reviewed and approved by the agency's child care director, issued scholarship payments and ordered PPE supplies requested by providers up to the maximum value of \$600.
- DCCNY processed all payment information into the OCFS Contract Management System (CMS) system, facilitating payments to essential workers and PPE supplies to providers.



DOCUMENTATION REQUIREMENTS

Consortium agencies were responsible for obtaining, reviewing, and retaining documentation for tuition scholarship and provider grant payments as follows:

- **CARES I tuition scholarships:** Each agency collected employer letters or other employment verification certifying applicants' status as essential workers



working outside of their homes. Letters were kept on file for each approved parent. Each agency also collected and reviewed provider information and records of child attendance.

- **CARES I provider grants:** Electronic applications and attestations from providers were submitted on the Consortium website. Providers signed attestation forms that they were open and caring for children at the time of application. Documents were kept on file for approved providers.

CARES 2

Making OCFS-approved award payments to child care providers to incentivize reopening of closed programs and expansion of child care capacity in open programs. Awards were originally made in two categories: Reopening/Restructuring Grants and Temporary Operating Assistance Grants. Due to challenges and delays in obtaining and processing the necessary documentation, these two award categories were eventually combined.



PROCEDURES

- Providers submitted applications to OCFS for review and approval. Award letters were sent to all 2,049 approved providers and to the Consortium simultaneously on August 28, 2020.
- DCCNY processed copies of award letters from OCFS and distributed them equitably across the four Consortium agencies.
- CPC performed all marketing for the project including social media and email blasts in multiple languages.
- Each agency assisted assigned providers as needed to complete necessary budget requests and documentation for expenses incurred in preparing to reopen or to expand capacity to operate safely.
- Each agency reviewed and submitted providers' documentation to OCFS for final approval. Once approved, reimbursement was made to the provider.
- DCCNY entered all claim payments into the CMS system.



DOCUMENTATION REQUIREMENTS

- Providers submitted claim forms and expense receipts, which were reviewed by the assigned Consortium agency to ensure that requirements for reimbursement were met.



Procedures and Documentation

DOCUMENTATION REQUIREMENTS CONT.

- OCFS required that:
 - Receipts be dated between April 13 and December 31, 2020, for purchases approved by OCFS or included in the OCFS list of allowable expenses and not on the non-allowable expense list.
 - Documents were kept on file for approved providers.

CARES 3

Providing tuition payments to essential workers who utilize child care services.



PROCEDURES

- Consortium agencies emailed all families who had received scholarships in CARES 1 with application to apply again. Consortium also marketed the program to other families through its website and social media, and emailed relevant organizations with information about this opportunity.
- CHCF compiled application information from the Consortium website and distributed the applications equitably across the four Consortium agencies.
- Each agency contacted its assigned applicants, assisted applicants as needed in finding a child care provider, contacted providers, and compiled provider eligibility and attendance records.
- DCCNY processed and entered all claims into the CMS system. Once approved by OCFS and funds made available to the Consortium, tuition payments were made.



DOCUMENTATION REQUIREMENTS





- Consortium agencies collected required documents from applicant parents: employment verification letters, recent pay stubs to document income, and signed certification of income eligibility.
- Consortium agencies also collected required documents from providers serving approved applicant parents: claim forms, provider rate sheets, and W-9 forms.
- Documents were kept on file with the Consortium members for approved tuition payments.

CARES PROJECT SCHOLARSHIPS AND GRANTS PROVIDED BY THE NYC CCR&R CONSORTIUM

CARES 1






TUITION SCHOLARSHIPS FOR ESSENTIAL WORKERS

TOTAL APPLICATIONS RECEIVED FROM FAMILIES	2,967	
	466 Families with 570 Children	TOTAL APPLICATIONS APPROVED
CHILD CARE PROVIDERS RENDERING SERVICES	355	
	\$1,699,927	TOTAL VALUE OF SCHOLARSHIPS






PPE SUPPLIES FOR CHILD CARE PROVIDERS SERVING ESSENTIAL WORKERS

TOTAL APPLICATIONS RECEIVED FROM PROVIDERS	3,402	
	2,540	TOTAL # OF SUPPLY PACKAGES DELIVERED
TOTAL VALUE OF SUPPLIES DELIVERED	\$1,523,073	



CARES 2




TEMPORARY OPERATING ASSISTANCE AND REOPENING/RESTRUCTURING GRANTS

TOTAL APPROVED GRANT AWARDS ISSUED BY OCFS	2,049	
	1,477	NUMBER OF GRANTS PAID AS OF 6/30/2021
TOTAL VALUE OF GRANTS AS OF 6/30/2021	\$19,425,953.04	



CARES 3

TUITION SCHOLARSHIPS FOR ESSENTIAL WORKERS

TOTAL APPLICATIONS RECEIVED FROM FAMILIES	2,163	
	515 Families	TOTAL APPLICATIONS APPROVED*
TOTAL VALUE OF SCHOLARSHIPS*	\$3,318,474.00	

*As of 10/31/2021



Challenges with the CARES Initiatives

While successful in helping thousands of essential workers and child care providers during the COVID-19 pandemic, the Consortium experienced significant challenges in executing the CARES initiatives. It is likely that many of these challenges are similar to those experienced by other CCR&R agencies across the state and may also apply in other emergency situations calling for a rapid, large scale effort with new procedures and requirements. The experience of New York City's CCR&R Consortium provides a distinct opportunity to learn from a multi-agency effort covering a large footprint in a City that was an early epicenter of the pandemic.

A major management and operational challenge of the CARES initiative was balancing two major contracts – the short-term/one-time CARES projects to meet urgent needs and the multi-year CCR&R project with penalties for not meeting contract targets. This was complicated by questions of how to meet multiple contractual requirements with overlapping performance measures. While activities under the CARES and CCR&R contracts were complementary, often working with the same families and providers, these questions were slow in being addressed, requiring federal guidance. This issue became more urgent as the pandemic continued and the CARES projects expanded, but was also of concern during CARES 1.

The pandemic itself affected functioning of many sectors, including public agencies. The Consortium was among thousands of vendors relying on the state for reimbursement for various services and in many cases payments were slow. The Consortium agencies experienced delays in receiving funding for the CARES 1 project and CCR&R contract payments, affecting cash flow and operations. At the same time, considerable effort preparing for this new and complicated project included developing necessary procedures and documentation for both service delivery and accountability, training staff in new program requirements and procedures, and conducting outreach to potential beneficiaries.

Through CARES 2, OCFS awarded grants to 2,049 New York City applicants, the highest number of awardees in the state. Given the scale in NYC, grant award processing delays were inevitable, but other challenges were not anticipated. Award letters were sent to providers and CCR&R agencies simultaneously, which generated hundreds of emails and calls to Consortium agencies from

providers expecting immediate payments. At the same time, operating procedures changed for CARES 2. Unlike with CARES 1 where the Consortium created a limited menu of PPE supplies from which providers could choose, in CARES 2 OCFS reviewed and approved provider budgets for the materials and supplies providers determined they needed for reopening or expanding their capacity. Once approved, providers had to purchase the items and then submit receipts for CCR&R review, final OCFS approval, and subsequent reimbursement. While the change in procedure may have allowed for a wider array of eligible expenses and addressed the need for additional reviews and approvals, the new approach increased both the processing and providers' waiting time. Further delays were introduced as new guidance from the federal government on documentation and eligible expenses required revisions to previously approved provider budgets. Consortium staff noted some providers became frustrated with the process and dropped their grant applications.

Compensation for program administration based on formulas tied to delivery of specific dollar amounts or value of services – which in CARES 2 and 3 was five percent of provider expenses and tuition scholarship grants for families - did not reflect the amount of work required from front-line and managerial staff. This was especially the case in CARES 2, when procedures and requirements were substantially revised. Further, unlike with CARES 1 when the Consortium agencies received advances, in CARES 2 and 3, project funding for administrative and managerial tasks was calculated on grant awards to providers after they were processed and approved by OCFS. This resulted in lags in funding for staff and management effort expended before awards could be made, placing CCR&R agencies, once again, in difficult cash flow situations. The scale of work in New York City made this particularly challenging for the Consortium agencies.

The CARES 3 project, which again offered child care tuition scholarship grants for essential worker families, began while CARES 2 was still underway. Previous experience with CARES 2 and extensions of the CARES 3 project period allowed more families to apply. During this period, agencies were implementing both CARES projects and their CCR&R work concurrently, placing an even greater strain on staff and management resources.



Recommendations for the Future Emergency Responses

The work of child care providers and CCR&R agencies was an essential part of the City's response to the COVID-19 crisis. Child care supported all other essential functions adapting services so that essential workers including medical workers, transit workers and first responders had access to child care programs that made it possible for them to go to work. Planning for future emergencies must include a comprehensive plan to meet the child care needs of working families including essential workers.

The NYC CCR&R makes the following recommendations to guide planning for future comparable emergencies:

- Improve the timing and scheduling of initiative roll-out
- Balance changing policies and procedures in response to immediate experiences with maintaining consistency in requirements and processes
- Proactively address issues of liability, accountability, and compensation
- Develop systems to manage competing demands on capacity

Timing and scheduling of initiative roll-out. The pandemic was a widespread and expanding health emergency with major economic repercussions as non-essential businesses closed. Child care was a lynchpin in allowing parents of young children to continue working in essential services.

The investments made in child care through the CARES Initiative were intended to support the child care system through financial assistance to families to cover child care costs and grants to providers to enable them to operate safely. Implementation of the initiative faced challenges related to the need for rapid widespread implementation with limited time for planning. The sequential but overlapping roll-out of specific projects within the CARES initiative created challenges in managing the varying requirements, policies, and procedures.

The NYC CCR&R Consortium makes the following recommendations:

- To the extent possible, build in lead time before public roll-out for the funding agency to work with CCR&R and other partners in reviewing requirements and developing procedures.
- Use scenario planning exercises to anticipate potential challenges.

- Resolve critical partnership questions/issues as quickly as possible while maintaining consistency and transparency.

Balance changing policies and procedures in response to immediate experiences with consistency in requirements and processes. As is often the case in emergency responses, changes in the CARES initiative were made during its implementation, particularly from project to project within the initiative, but sometimes also within a particular project phase. In situations like the pandemic when there is little recent experience to draw upon and when decisions must be made quickly, adaptations and modifications are almost inevitable. Some changes may be externally driven, as happened when federal regulations for the use of the CARES funding were issued and allowable expenses were modified; others were based on experience. Some changes may appear to be straightforward but actually require capacities (knowledge, experience, infrastructure, etc.) that not all applicants have or can easily acquire.

In order to improve consistency in requirements and process, the NYC CCR&R Consortium makes the following recommendations:

- Consult with partners as changes are considered to clarify rationale and expected advantages while identifying potential disadvantages. This can be facilitated by conducting scenario planning exercises.
- To the extent possible, limit changes to those that clearly address specific identified problems and appear to need few adjustments to prior practice.
- When changes in requirements, procedures, or schedules are necessary, clearly describe in detail how the prior practice or requirement is being changed and for what reasons.

Issues of liability, accountability, and compensation. Complex requirements for multiple participants (families, employers, providers, CCR&R agencies) in a given process can raise questions about responsibility for verification, maintenance of documentation, and identification or mitigation of fraud. In the CARES initiative, the Consortium agencies had limited experience in determining family eligibility for services or in approving expenses for state reimbursement. At the same time, accountability for use of public funds is critical to ensure compliance with legal and regulatory requirements, equity in access and distribution, and confidence in management. This was especially critical when funds were advanced to CCR&Rs, as was the case in CARES 1. Setting up procedures to ensure accountability (paper trails, multiple levels of approval, detailed reporting) requires clear guidelines, staff training, and client compliance. In the CARES initiative all of these had to be built from scratch.



Recommendations for the Future

The NYC CCR&R Consortium makes the following recommendations related to liability and accountability:

- Identify and develop procedures to respond to potential issues and requirements related to liability and accountability for all participants – funders (e.g., OCFS, federal government), intermediaries (e.g. CCR&Rs), recipients (e.g. parents, providers).
- Provide guidance and training for intermediaries on new procedures involved in eligibility determination and expense verification as well as specific documentation requirements and audit processes.
- Prepare explanations in user-friendly language of requirements and consequences of errors, misstatements, and falsification.

In determining compensation for administration in similar circumstances alternative approaches must be considered that take into account two factors: (1) staff and management time involved in set-up, staff training, outreach, reporting, etc. that is not associated with delivery of services to specific recipients; and (2) likely or actual percent of assigned caseloads that do not complete the eligibility, application, and/or documentation process and thus do not receive service or meet the intended outcomes.

- One approach would be to fund activities not specifically linked to delivery of service to specific recipients separately, similar to how the core functions in the CCR&R contracts are now funded.
- In some cases it might be possible to calculate the likely percent of cases that will not result in service delivery based on similar prior experience. When that is not possible, post-hoc calculation of the percent of potential recipients or applicants would be possible. In either case, an agreed upon fee structure could provide a high rate of compensation based on the value or amount of services delivered and a lower rate for cases for which a given level of effort was expended but without services being actually delivered. This would incentivize both a minimum level of effort to reach all intended recipients and actual delivery of services.

Management of competing demands on capacity. The COVID-19 pandemic placed pressure on CCR&R service delivery and management staff who were also needed to meet ongoing contractual deliverables. Although some aspects of the CARES project required different procedures than CCR&R services, the experiences and skills of parent and provider specialists gained in the CCR&R work were required for efficient and high-quality work on the CARES project. Therefore, it was not easy to readily staff up on a temporary basis, especially since new staff needed to be trained and supervised in a virtual environment. This was true not only for CCR&R agencies, but for OCFS as well.



In order to minimize competing demands on capacity, the NYC CCRTR Consortium makes the following recommendations:

- Have up front discussions of mutually agreed upon adjustments made in other contractual requirements – such as in schedule of deliverables, acceptable methods of service delivery, targets, and eligible substitutes for deliverables.
- When the work can be done without in-person contact, prior relationships, and/or deep knowledge of the community, consideration should be given to allocating assignments other than geographically. Some CARES assignments given to the Consortium might have been distributed across other CCR&Rs across the state, since the work was all conducted electronically (via telephone and email). This would have spread the funding and the workload more evenly.
- When possible, knowing the likely total scope of a project (size and duration) would help in decisions about bringing on additional staff or redistributing assignments. However, this advance knowledge may be limited in emergency situations and ones in which the emergency is novel and its trajectory unpredictable. Therefore, ongoing flexibility in redistributing assignments and adjusting contract expectations may be needed.

FINAL THOUGHTS

The New York Forward CARES initiative was a statewide effort requiring quick action in the midst of a national public health emergency in which both the state and New York City were heavily impacted. Drawing on previous contractual arrangements, long-standing capacity, and deep experience in the child care sector, a public-private partnership between state government (the Office of Children and Family Services) and local child care resource and referral (CCR&R) agencies mobilized rapidly to meet needs of New York's families and child care providers so that essential services could continue. The need to develop new programs with unfamiliar documentation and approval processes and implement them on a large scale during this emergency created some challenges. Even so, through the extraordinary efforts of CCR&R agencies like the NYC CCR&R Consortium, thousands of families and child care providers received critical support, allowing essential activities to continue. The NYC CCR&R Consortium experiences in the CARES initiative demonstrate its capacity to respond flexibly, quickly, and efficiently and suggest some lessons that might guide response to comparable emergency responses in the future.

Appendix A

APPENDIX A: TIMELINE OF CARES PROJECTS

	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21
CARES 1 Tuition	13-Apr 4-Jul															
	◊						◊◊									
CARES 1 PPP	13-Apr 30-Jun															
		◊					◊◊									
CARES 2 Operating Grants			15-Jun 31-Oct													
							◊					◊◊	◊◊◊			
CARES 2 Reopening Grants	13-Apr 31-Dec															
							◊					◊◊	◊◊◊			
CARES 3 Scholarships							29-Oct 27-Jun									
							◊								◊◊	◊◊◊

Key: Period of Eligibility for CARES 1 Tuition Scholarships

- ◊ 4/27/2020 – First applications received
- ◊◊ 10/23/2020 – Final documentation due to OCFS

Period of Eligibility for CARES 1 Provider PPE Supplies

- ◊ 6/30/2020 – Last date applications accepted
- ◊◊ 10/23/2020 – Final documentation due to OCFS

Period of Eligibility for CARES 2 Provider Temporary Operating Grants

- ◊ 10/28/2020 – All award letters sent to providers and Consortium
- ◊◊ 4/30/2021 – Provider documentation due to Consortium
(extended from 12/31/2020 to 1/31/2021, then 3/31/2021)
- ◊◊◊ 5/31/2021 – Final documentation due to OCFS

Period of Eligibility for CARES 2 Reopening/Restructuring Grants

- ◊ 10/28/2020 – All award letters sent to providers and Consortium
- ◊◊ 4/30/2021 – Provider documentation due to Consortium
(extended from 12/31/2020 to 1/31/2021, then 3/31/2021)
- ◊◊◊ 5/31/2021 – Final documentation due to OCFS

Period of Eligibility for CARES 3 Tuition Scholarships

- ◊ 10/26/2020 – First applications received by Consortium
- ◊◊ 6/30/2021 – Provider documentation due to Consortium
- ◊◊◊ 7/31/2021 – Final documentation due to OCFS (extended from February 22, 2021)



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