Peacetime Emergency Child Care Grants Round One: Administration and Scoring

As part of their COVID-19 Response Supplemental Budget proposal, Gov. Tim Walz and Lt. Gov. Peggy Flanagan proposed $30 million in funding for emergency grants for licensed child care providers serving essential workers during the COVID-19 public health emergency.

The child care sector operates on small margins and has experienced financial strain prior to the emergence of COVID-19. These financial challenges are intensifying as revenue decreases with the governor's Stay at Home Executive Order. On March 26, 2020, the Minnesota Legislature passed the governor's supplemental budget proposal, and Gov. Walz signed it into law on March 28, 2020.

The Minnesota Department of Human Services, Governor's Children's Cabinet and Child Care Aware of Minnesota are guiding the distribution process for the $30 million in funding. This document provides the rationale behind the scoring rubric that was used to administer the grants.

HOW THE PEACETIME EMERGENCY CHILD CARE GRANTS WERE ADMINISTERED IN ROUND ONE

1. Grant funds were budgeted into three monthly allotments of **$9.7 million** each, leaving a small reserve to be used to respond rapidly to emerging COVID-19 hotspots. The monthly allotments were designated for the state's eleven Economic Development Regions[1], including a specific Tribal designation. These allotments were based on the number of settings and their licensed capacity as of March 2020 in each Region, supporting language in statute that directs grants to be **balanced by geography and setting to the extent practical**.

2. The percent of funds designated to each Region was compared to the quantity of applications received from each Economic Development Region. Funds were then adjusted as needed to balance the funding per Economic Development Region prior to scoring and awarding grants.

3. A rubric was created using seven community measures to assess need and to support giving grants to child care programs located where essential workers either work or live. The specific measures are described below. **All eligible applicants' information was put into the rubric for scoring. Applicant scores based on the rubric were compared to other scores within their Region, rather than statewide, to allow for more equitable comparison. Grants were then awarded by Region.**

4. In the event of tied scores within Regions, grant decisions were made based on the following priorities (these measures were not needed to the same extent in every Region):
    a. Balance between Licensed Family Child Care and Center-based settings based on the distribution of settings/applicants within each Region
    b. Programs in counties within the Region (or cities/zip codes within the metro Region) that did not have any funded programs
    c. Programs already serving essential workers

[1] The Economic Development Regions include: Region 1, Region 2, Region 3, Region 4, Region 5, Region 6E, Region 6W, Region 7E, Region 7W, Region 8, Region 9, Region 10, and Region 11. Within the Region 11 (Twin Cities Metro) each county was allotted funds, with Scott and Carver county funds combined.

d. Programs already serving English Language Learners, Special Needs children and/or open during non-standard hours

SCORING RUBRIC: DESCRIPTION OF COMMUNITY MEASURES

1. **MEASURE: Percentage of essential workers' families living within the county (0-4 points depending on percentage)**

   Measured by: Using the American Community Survey 5-year data set, scores were based on an estimate of the number of children in the county where the applicant lived. Essential worker was defined April 6th (see Care for Children of Critical Workers document) and classified by the North American Industry Classification System Codes for essential workers provided by DEED and matched to U.S. Census Bureau Industry Codes[2].

   Rationale: *This measure identifies counties where essential workers with young children are living, not just working.*

2. **MEASURE: Hospital capacity by city (0-4 points depending on capacity)**

   Measured by: Hospital locations (by city) were designated a weighted point value based on the number of hospital beds. Data on hospital capacity was from the Minnesota Department of Health's Health Care Provider Directory.

   Rationale*: Assumes the greatest need for child care for Tier 1 essential workers and COVID-19 response by considering proximity to hospitals. This includes hospitals in border states (e.g. Fargo, ND).*

3. **MEASURE: Number of critical facilities by city (0-4 points depending on number)**

   Measured by: Critical facilities (i.e. correctional facilities, nursing homes) in each city, designated a weighted point value. Location of state correctional facilities are from the Minnesota Department of Corrections; locations of county correctional facilities are from The Minnesota Association of Community Corrections Act Counties (MACCAC); and locations of Nursing Homes are from the Minnesota Department of Health's Health Care Provider Directory.

   Rationale: *Assumes the greatest need for child care for Tier 1 essential workers will be in communities with critical facilities.*

4. **MEASURE: Proximity (within 20-30 miles) to hospitals and critical facilities (0-4 points depending on number)**

   Measured by: Using data from the Early Childhood Longitudinal Data System (ECLDS) Comprehensive Services Map that was recently added for COVID-19 response, applicants were given

[2] There were 5 NAICS codes that could not be uniquely mapped onto census industry codes because the census code included some critical and some non-critical NAICs codes. These census codes were included in the critical group and this discrepancy did not make a significant difference in the tables.

points on a scale of 0-4 for the number of critical facilities that were within 20-30 miles. Points ranged from 0 (no facilities) to 4 (more than 45 facilities).

Rationale: *Addresses equitable geographic distribution by proximity to critical facilities where essential workers are employed. Since the other measures on hospital beds and critical facilities scoring was determined by city, this measure provided some balance to account for reasonable proximity of the child care provider applicants to hospitals and other critical facilities. The measure of 20-30 miles was used to acknowledge the average commute time using data from ACS Mean Travel Time to Work (2014-2018 5-year data set), which showed a state average of almost 21 minutes.*

5. **MEASURE: City locations of identified child care shortage, as determined in February 2020 (1 point if in shortage area)**

   Measured by: A shortage area is defined as a Census Tract with at least 100 families with children under age five who experience no access to child care or 200 families with a low level of access (less than one space for every four children). The data was aggregated to the city values. Data for this measure was from Minnesota Management and Budget analysis of the University of Minnesota's data on childcareaccess.org.

   Rationale: *Wanted grants to support child care availability and parent choice, particularly in areas where there were limited options prior to the pandemic.*

6. **MEASURE: Number of applicants with same zip code (0-4 points depending onquantity)**

   Measured by: The number of applications by each zip code was totaled and a score in the range of 0-4 was provided, with a 4 meaning the applicant was the only application in that zip code and lower points if there were more than one application in that zip code. Applicants received 0 points if there were 15 or more applicants in the same zip code.

   Rationale: *Addresses more equitable geographic distribution by giving more points to applicants who were in areas where there were fewer providers who applied.*

7. **MEASURE: Currently serving children with special needs, non-standard hour care, and children whose first language is not English (1 point for each criteria met)**

   Measured by: Applicants answer whether or not they are *currently* open during non-standard hours (before 6:00 a.m. or after 6:00 p.m. or on weekends) or *currently* serving a child with special needs or child whose first language is not English.

   Rationale: *Per the statute, eligible programs may receive an additional monthly grant of $1,000 if the program met one of the three criteria. These criteria meet demonstrated needs for families, so additional points were awarded for each of the criteria met.*

DETERMINATION OF ADDITIONAL FUNDING FOR GRANT RECIPIENTS IN ROUND ONE

Per 2020 Session Law Chapter 71, all grant recipients received a base amount **of $4,500** (including Licensed Family Child Care programs serving up to 14 children), and additional funds were awarded based on the following additional measures:

- **SERVING SPECIAL POPULATIONS:** Programs who are currently serving children who are English Language Learners, have Special needs, or can be open for Non-standard hours.

  Measured by: Data based on self-report by programs during the application process.

  Rationale: *Per the statute, eligible programs may receive an additional monthly grant of $1,000 if the program met one of the three criteria.*

- **PROGRAM SIZE:** Programs licensed for 15 or more children receive additional funds.

  Measured by: Recognizing that programs will have reduced enrollment to follow COVID-19 guidance on group sizes, licensed capacity should be proportionately impacted. The following additional amounts of funds are budgeted for programs able to serve more children:
  - Licensed Capacity of 15-49 = additional $7,250
  - Licensed Capacity of 50-99 = additional $10,000
  - Licensed Capacity of 100-149 = additional $12,750
  - Licensed Capacity of 150+ = additional $15,500

  Rationale: *Given the changing nature of current attendance/space available during the application process, Licensed Capacity is the most equitable way to divide these funds with the assumption that there will be a proportionate ability to care for children of essential workers in larger versus smaller facilities.*