



American Rescue Plan Act (ARPA) Survey

Introduction

Pursuant to the Agreement between the State of California and Child Care Providers United – California (CCPU), the Governor and the Legislature directed a portion of the Federal American Rescue Plan Act (ARPA) child care stabilization funding to child care providers in the form of benefits such as stipends or rate increases. The California Department of Social Services (CDSS) and the California Department of Education (CDE) are responsible for issuing the ARPA funding to child care providers and child care and development contractors, and for collecting data about how the funds were used, in order to comply with federal reporting requirements.

This survey has been revised to meet federal reporting requirements. Previously, CDE and CDSS had separate surveys; however, now all CDE and CDSS providers and contractors who have received or will be receiving ARPA-funded benefits must complete this survey, even if they have already submitted the previous version. **Please provide responses based on individual provider- or site-level information (i.e., If you are a contractor serving multiple sites, one survey must be completed for each individual site or classroom).**

Collected data will be protected from unauthorized disclosure and reported only to the federal government to track COVID-19 child care stabilization funding. If you are a child care center with multiple license numbers, please complete one survey for each license number.

Completed surveys should be scanned and emailed to: CCPB@dss.ca.gov, or mailed to:

California Department of Social Services
ATTN: ARPA Survey
744 P Street, MS 9-8-355
Sacramento, CA 95814

You may also complete and submit this survey through [our online ARPA Survey](#)

If you have questions, or need help completing this survey, please visit our [ARPA Frequently Asked Question webpage](#) or email us at CCPB@dss.ca.gov.

Questions marked with an asterisk (*) are required.

1. *Are you a California State Preschool Program (CSPP) ?
 - Yes
 - No



Section 1: General Information

2. *Are you licensed with the California Department of Social Services?

- Yes
- No (skip to number 4)

3. *Please enter your nine-digit CDSS License Number. *Note: Please enter only one CDSS License Number and complete one survey for each CDSS License Number*:

4. *Did you receive or do you expect to receive any of the following? Select all that apply

- Spring/Summer 2021 Stipend (\$525 per child)
- Summer 2021 Stipend (\$600 per child)
- Licensed Provider Stipend (\$3,500 to \$6,500 based on licensed capacity)
- Secondary provider payments when a family’s primary provider was paid for nonoperational days due to COVID-19 related reasons.
- Reimbursement Based on Certified Hours of Care Rather than Attendance
- Licensed Provider Incentive (\$500 when a family child care home license has been obtained and maintained for 12 consecutive months)
- Supplemental Rate Payments
- None of the above

5. *Do you have a Federal Employer Identification Number (FEIN):

- No
- Yes (please enter in your FEIN) _____

6. Child Care Program Name, if any _____

7. *Location Address

8. *Location Zip Code

9. *Contractor or Provider Legal Business Name or DBA

10. *Director/Site Supervisor/Administrator/Provider Name

¹ You must say that you have received an ARPA funded investment or plan to receive an ARPA funded investment.



11. *Director/Site Supervisor/Administrator/Provider Email

12. *Phone Number (include area code)

13. *Director/Site Supervisor/Administrator/Licensee/Provider Race

Select all that apply.

- American Indian/Alaska Native
- Asian
- Black/African American
- Native Hawaiian/Pacific Islander
- White
- Decline to State

14. *Director/Site Supervisor/Administrator/Licensee/Provider Ethnicity

- Latino
- Not Latino
- Decline to State

15. *Director/Site Supervisor/Administrator/Licensee/Provider Gender Identity

- Female
- Male
- Non-binary (neither male nor female)
- Decline to State

Section 2: Program Type & Operational Status

16. *What type of program do you operate at this facility or classroom?

- License-exempt family home (family, friend, or neighbor provider) with care in the provider’s home
- License-exempt family home (family, friend, or neighbor provider) with care in the child’s home
- Licensed family home
- Licensed center
- License-exempt center

17. *Please select the option that best describes your program

- My program was licensed/certified/regulated/registered² on or before March 11, 2021, OR
- My program meets all currently required Child Care and Development

² Child care providers who were licensed by CDSS or who were license-exempt and approved by local agencies to provide subsidized child care as of March 11, 2021 are therefore considered “licensed, certified, regulated, or registered” as of March 11, 2021.

** indicate required fields*



Fund (CCDF) health and safety requirements including the completion of comprehensive background checks.³

18. *What is the operational status of your program?

- Open
- Temporarily closed due to public health, financial hardship, or other reasons relating to the coronavirus disease 2019 (COVID-19) public health emergency.

➤ Please enter the date you plan to reopen _____

Section 3: Child Count Information

Please include both subsidized and non-subsidized children, and all children regardless of age and program or contract type.

19. ***For licensed providers only:** please indicate the maximum number of children that can be served under your license number in each age group. *Select all that apply.*

- Infant (under 2 years old)
 - Maximum number of children served: _____
- Toddler (18 months to 3 years old)
 - Maximum number of children served: _____
- Preschool (child not enrolled in an infant center or school-age center)
 - Maximum number of children served: _____
- School-age (child enrolled in school)
 - Maximum number of children served: _____

20. ***For license-exempt providers only:** please select the age groups and provide the number of children in each age group that you currently serve:

- Infant (under 2 years old)
 - Number of children served: _____
- Toddler (18 months to 3 years old)
 - Number of children served: _____
- Preschool (child not enrolled in an infant center or school-age center)
 - Number of children served: _____
- School-age (child enrolled in school)
 - Number of children served: _____

21. *Are you currently serving children receiving child care subsidies?

- Yes
- No

³ If you were licensed, certified, regulated, or registered after March 11, 2021, please select that you meet all CCDF Health and Safety Requirements.



Section 4: Operating Expenses

22. *My estimated current monthly expenses are (please round to the nearest dollar):

\$  _____

Please include expenses related to rent/mortgage/utilities, payroll/benefits, goods to continue child care, health and safety training, PPE, cleaning and sanitizing supplies, equipment related to COVID-19, facility maintenance and improvements, and mental health support for staff and children.

Section 5: Use of Funds

23. *ARPA Stabilization funds may only be used for one or more of the purposes below. Note: You can move funds between categories without prior approval.


Please mark which categories you will support with the funding:

- Personnel costs, benefits, premium pay, or recruitment and retention
- Rent or mortgage payments, utilities, facilities maintenance and improvements, or insurance
- Personal protective equipment, cleaning and sanitization supplies and services
- Training and professional development related to health and safety practices
- Purchases of or updates to equipment and supplies to respond to COVID-19
- Goods and services necessary to maintain or resume child care services
- Mental health supports for children and employees

Part 6: Certification:

To receive a stabilization grant, I agree to use the funds only for the categories and purposes indicated on this survey and have marked above which categories I plan to fund. I also understand that it is my responsibility to maintain records and other documentation to support the use of funds I receive as well as to document my compliance with the requirements described in A, B, and C. I also agree that the operating expenses I reported in this survey are accurate for my child care program.


By signing this attestation, I am certifying that I will meet requirements throughout the period of the subgrant⁴, including the following:


-  A. When open and providing services, I will implement policies in line with guidance and orders from corresponding state, territorial, Tribal, and local authorities and, to the greatest extent possible, implement policies in line with

⁴ Qualified child care providers must certify that they will meet the three certifications for the duration of their ARPA stabilization subgrant (i.e., however long it takes for the child care provider to spend their ARPA stabilization subgrant, which must be expended no later than June 30, 2023).



guidance from the U.S. Centers for Disease Control and Prevention (CDC) and California Department of Public Health (CDPH) Guidance for Child Care Providers to minimize the spread of COVID-19 and to ensure the safety of children, providers, and families. *If there are differing requirements between the most current CDSS, CDPH, Cal/OSHA, and local health department guidance or health orders, licensees and providers should follow the strictest requirements.*

 For each employee (including lead teachers, aides, and any other staff who are employed by the child care provider to work in transportation, food preparation, or other type of service), I must continue paying at least the same amount of weekly wages and maintain the same benefits (such as health insurance and retirement) for the duration of the subgrant. I understand that I may not involuntarily furlough employees from the date of application submission through the duration of the subgrant period.

 I will provide relief from copayments and tuition payments for the families enrolled in the child care program, to the extent possible, and prioritize such relief for families struggling to make either type of payment.

Provider Affirmation:

The following signature affirms that I will adhere to the items noted in A, B, and C. It also affirms I will only use the funds in the areas noted in section 5 of this application.

24. *Provider Signature: _____

25. *Date: _____