



CABINET FOR HEALTH AND FAMILY SERVICES Department for Community Based Services Division of Child Care

Andy Beshear
Governor

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Eric C. Friedlander
Secretary

Marta Miranda-Straub
Commissioner

To: All Child Care Providers (CCPs) eligible for American Rescue Plan Act Sustainability Payments
Re: American Rescue Plan Act (ARPA) Sustainability Payments Monthly Data Sheet

The sustainability payments for providers are funded by the federal government through the American Rescue Plan Act (ARPA). These funds are specifically allocated for child care providers to sustain their child care business while building back the economy and to provide services for families and children. There will be nine (9) payments that will begin in November of 2021 and last through September 30th, 2023. These payments will be made approximately each quarter.

Child care providers receiving the American Rescue Plan funds must complete this monthly data sheet and send it to KYARPAgrants@pcgus.com by the 5th of each month.

GENERAL INFORMATION

1. What month is this data sheet for?
 - a. Month *dropdown*
 - b. Year *dropdown*
2. Organization Name: *Textbox*
3. **ONLINE ONLY:** What is your provider type? *Multiple choice*
 - a. Licensed (includes type I and type II)
 - b. Certified
 - c. Registered (includes in child and provider home)
4. CLR (license) Number: *Number*
5. Organization Address: *Text fields for street, city, state, and zip code*
6. How many hours does your organization operate per week? *Select one*
 - a. Less than 25 hours
 - b. 25 hours or more
7. Is your program considered a summer program? *A summer program is defined as a program **open exclusively during the summer months** and potentially during other school breaks (such as holidays, spring break, etc.).*
Yes/No
 - a. If yes, please include when your program is open. *(i.e. May 21st – August 5th or early June – mid August)*
8. *Does your program operate **only during the school year?** (e.g. your program is closed for summer breaks).*
Yes/No
 - a. *If yes, please include when your program is closed. (i.e. May 21st – August 5th or early June – mid August)*

FEDERAL ACF REQUIREMENTS

9. What is the gender of the Center Director or Family Child Care owner? *Checkbox*
 - a. Male



- b. Female
 - c. Non-binary
 - d. Prefer not to answer
10. What is the race of the Center Director or Family Child Care owner? *Checkbox*
- a. White
 - b. Black or African American
 - c. Hispanic, Latino, or Spanish Origin
 - d. American Indian or Alaskan Native
 - e. Asian American
 - f. Pacific Islander
 - g. Other
 - h. Prefer not to answer

ENROLLMENT INFORMATION

11. Is your program currently open and serving children face to face? *Yes/No*
- a. If the answer to #9 was no, why isn't your organization open? *Select all that apply*
 - i. COVID-19
 - ii. Staffing shortage
 - iii. Licensing issues (violations, etc.)
 - iv. Other public health related issue
 - v. Facility related issue (Need improvements, etc.)
 - vi. Other *(textbox)*
12. What is your current enrollment capacity? *Number*
- a. What is your enrollment capacity for infants (0-11 months)?
 - b. What is your enrollment capacity for toddlers (1 – 2 years)?
 - c. What is your enrollment capacity for preschoolers (3-5 years)?
 - d. What is your enrollment capacity for school-age children (6+ years)?
13. How many children are currently enrolled at your facility? *Number*
14. Of those, how many children are currently enrolled in CCAP (if any)? *Number*
15. How many total classrooms do you have? *Number*
16. Are all of your classrooms currently open? *Yes/No*
- a. If no, how many are closed? *Number*
 - b. Why aren't all classrooms open? *Select all that apply*
 - i. Utilize options from Question 9

STAFFING

17. Please complete the table below:

	Number of total required staff based on licensed capacity	Number of current filled positions	Number of vacant positions
Administrative Staff			
Direct Care Staff			
Support Staff			
Total Staff			

*Administrative Staff = Director, Asst. Director, Educational Director, Finance staff, etc.

*Direct Care Staff = Staff working directly with children (i.e., teacher, teacher's aides, etc.)

*Support Staff = Ancillary staff (i.e., kitchen, maintenance, cleaning, etc.)

AWARD INFORMATION

18. Have you spent any ARPA sustainability funds on the following categories of allowable expenses this month?
- a. Personnel *(Yes or No)*

- b. Rent/Mortgage/Utilities (Yes or No)
- c. Personal protective equipment (Yes or No)
- d. Updates to equipment and supplies (Yes or No)
- e. Goods and services (Yes or No)
- f. Mental health supports (Yes or No)

ATTESTATIONS

Please enter your name after each of the statements below to certify that you meet each of requirements specified.

By submitting this monthly data sheet, I am certifying that I will meet requirements throughout the period of the subgrant, 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 guidance from the U.S. Centers for Disease Control and Prevention (CDC).
Textbox to type full name
- B. 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 furlough employees from the date of application submission through the duration of the subgrant period.
Textbox to type full name
- C. 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.
Textbox to type full name