



Child Care is Essential and Needs Emergency Support to Survive

The National Association for the Education of Young Children (NAEYC) is committed to the health and wellbeing of young children and all who care for, educate, and work on their behalf. ***As a public health matter; and in order to meet the goals of flattening the curve to save lives, NAEYC believes that if states and districts are closing schools, then they also must close the child care system.*** Simultaneously, however, select licensed child care centers and family child care homes should be allowed to and/or instructed to reopen or remain open on a limited basis in order to serve the children of emergency responders and other essential personnel (as defined by the state or locality) for whom remote work is not an option.

Governors and leaders of health care systems have made it clear that child care is an "essential service," without which we will not be able to effectively respond to this pandemic. Given that reality, state and federal governments are obligated to support its continued existence across states and settings, including programs who support families with child care subsidies, and those who do not. Federal and state action must include providing significant, flexible, and additional funding to child care, through multiple mechanisms including the Child Care and Development Block Grant (CCDBG), accompanied by policies that increase financing flexibility, waive co-pays, increase eligibility, and move everyone permanently from attendance-based payment policies to enrollment-based policies.

In addition, for programs that remain open to serve those who need it, they must be provided with a version of "hazardous duty" pay, in which they are guaranteed additional funding to ensure they are able to pay substitutes, provide 24-hour coverage, and get access to supplies and resources needed to keep the environment safe and healthy. They also need access to public funds for paid family and sick leave to cover staff that, in following the recommendations of public health personnel, have to take time off to maintain their own health or care for family members and limit the spread of the virus.

States also should recognize that this is not the time to eliminate or suspend licensing rules or stand up new, untested, and unmonitored child care programs that will compromise the health and safety of children, their families, and the community at large. Providing child care in the best of times requires complex skills. In times of chaos and trauma, skilled and trusted early childhood educators are needed more than ever to support children and families and keep them safe. To ensure families are as comfortable and confident as possible with their children's care in this challenging moment, states should consider waiving very specific requirements around the age band programs can serve, so that any program in a center or home that is set up to care for the young children of essential personnel also can care for their older children.

Additional actions also are needed to protect the supply of child care in all settings in states and communities, including in programs who are not currently serving families with a child care subsidy. Data from a survey NAEYC has distributed in the last several days indicates that many child care centers and homes are not going to be able to survive a closure; up to a third in some states indicate they won't survive a closure of any period—another third won't survive a closure of more than two weeks. In other words, a temporary closure is, for many, a permanent one.

Child care is not like the K-12 system in which schools will be able to reopen and educators will be compensated regardless of the length of time schools are closed. Staff must be compensated during closures, and child care programs, across states and settings, therefore need significant investments if they are going to survive—and this moment has made it clear how essential it is for child care to do so, for the good of children, families, businesses, and our nation's safety, security, and economy.

For that reason, the public sector must provide support to ensure the continued existence of this essential system, which keeps children safe and America working, not only through the already-underfunded subsidy system, but through other mechanisms as well, including:

- Alongside actions taken by the federal government to increase access to paid leave and unemployment insurance, states must ensure that all child care system closures are accompanied by additional, necessary policies and funding that allows for access to unemployment compensation for all staff who work in center-based child care or own/operate or are staff of family child care homes.
- States and the federal government need to ensure that child care programs, in centers and homes, are automatically enrolled in mortgage forbearance, provided rent deferrals, and support for utility and insurance payments, for a minimum of three months and up to six months.
- If programs are licensed and, as an example, enrolled in the state's quality system, they should be provided with zero-interest loans that will allow them to cover costs upfront with the expectation that they will be paid back within a set period from the start of the loan.

States should also plan to implement a strong outreach and communications plan, utilizing licensing, subsidy, and/or the child care resource and referral systems, to ensure families know about and are aware of their options, with communications provided in all relevant languages.

Ten Steps States and Districts That Are Closing Public Schools Can Take for Child Care

1. Close child care systems alongside K-12 systems, with the provision for select, licensed child care providers in centers and homes that can operate in order to serve the children of emergency responders and other essential personnel for whom remote work is not an option.

2. Alongside actions taken by the federal government to increase access to paid leave and unemployment insurance, ensure that all child care system closures are accompanied by additional, necessary policies and funding that allows for access to unemployment compensation for all staff who work in center-based child care or own/operate or are staff of family child care homes.
3. Invest additional states' dollars in child care and ensure subsidy payment policy is modified to waive co-pays; increase eligibility; and pay based on enrollment and not attendance.
4. Automatically enroll all child care programs, in centers and homes, in mortgage forbearance, provide rent deferrals, and ensure support for utility and insurance payments, for a minimum of three months and up to six months.
5. Provide programs that are licensed and enrolled in the state's quality monitoring system with a zero-interest loan that will allow them to cover costs upfront, with the expectation it will be paid back within a set period from the start of the loan.
6. Do not eliminate or suspend licensing rules or stand up new, untested, and unmonitored child care programs; this will compromise the health and safety of children, families, and the community at large. States can, however, give center and home-based child care programs that typically serve young children the ability to serve older children of the emergency responders and other essential personnel who cannot work remotely.
7. Provide a version of "hazardous duty" pay to select child care programs that are being asked to remain open to serve essential and front-line workers, in which the programs are provided additional funding to cover the increased risks and costs of maintaining services. Providers should be given clear guidance on how to remain safe and practice social distancing and minimal contact while continuing to provide the quality care children and families need.
8. Provide separate and adequate payments that ensure providers are able to utilize substitutes, provide 24-hour coverage, and get access to supplies and resources needed to keep the environment safe and healthy. Ensure programs are aware of and have access to public funds for paid family and sick leave to cover staff who, following the recommendations of public health personnel, have to take time off to limit the spread of the virus or care for themselves or family members.
9. Implement a strong outreach and communications plan, utilizing licensing, subsidy, and/or the child care resource and referral systems, to ensure families know about and are aware of their options, with communications provided in all relevant languages.
10. Include at least two child care providers, who are based in centers and homes, in advisory groups for emergency management agencies in order to provide input on how best to respond to changing circumstances and environments.