

# NEW HAMPSHIRE EMERGENCY CHILD CARE COLLABORATIVE (ECCP)

## New Hampshire Child Care Under COVID Recommendations & Key Questions

April 30, 2020

### Funding

- Funding to support social distancing within child care (i.e., smaller group sizes and ratios)
- Funding to support elevated health requirements in child care, including access to infection control preventionists for consultation
- Funding to support Early Childhood Mental Health Consultation and behavioral health supports
- Funding to support food and supplies (including cleaning) and PPE needs for providers
- Current rate structures – per child will not be sufficient
- Stabilization/Retention Grants to cover the costs of smaller ratios, group sizes, labor flexibility (due to anticipated absences), and health costs (from screening to prevention to sanitation to treatment)

### Health

- Screening
  - Parents of children and providers should be screened for potential COVID-19 illness prior to program entry using public health and CDC-recommended protocols
  - Develop and support implementation of protocols for reporting positive cases and clear requirements from public health on operations in the event of positive cases
  - Develop and support implementation of protocols on drop off, social distancing, and use of PPE for providers that can be feasibly implemented (and supported with appropriate funding)
  - Develop and support implementation of protocols for individuals with elevated risk for serious complications (e.g., older adults, individuals with chronic health conditions, especially cardiovascular disease and respiratory conditions like asthma). Providers will need guidance on what to do with staff who they cannot bring back due to underlying health conditions and what this means for these teachers' access to unemployment insurance, etc.
- Reducing spread of transmission within child care
  - Access to infectious disease control preventionist (and funding to support) to assist programs in implementing strategies to mitigate risk of transmission
  - Clear guidance on social distancing for staff and children (to the extent practicable such as cohorting, crib spacing, outdoor play, and playground use).
  - Clear guidance on hand-washing, volunteers/visitors, drop-off, use of masks, and other public health policies

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- Clear guidance (and funding to support) intensified cleaning and disinfection
- meeting budget as well as having adequate capacity for child care. We need a strategy to support the provision of school-age child care, especially during the months of May, June, July, and August
- Demand for masks, gloves, thermometers, and other PPE will spike as people reopen and lack of access to adequate materials will be difficult to manage on an individual provider basis. Cooperative purchasing and state facilitation of access to needed materials will relieve pressure on individual providers to navigate these challenges.
- Testing & access to care for child care teachers
  - Priority access to diagnostic and serology testing for child care teachers
  - Commitment to cover testing costs as well as support in accessing and paying for health insurance (for example, New Mexico is allowing uninsured child care providers to have access to state insurance, with the state paying the premiums).

## **Social-Emotional Needs**

- Providers should expect to see a spike in behavioral health challenges when children re-enter child care arrangements and will need access to early childhood mental health consultation and other behavioral health supports and services in supporting children and families through this difficult time.
- We know there has been a concerning decrease in reports of abuse and neglect and worry that this is driven in part by the fact that children are not spending time with mandatory reporters rather than a decline in children experiencing trauma. The trauma of this experience will show up in our classrooms and ensuring educators have supports will be essential to supporting the workforce.

## **Demand - Supply Matching & Labor Challenges**

- To meet new group size and ratio requirements (as well as higher health screening and prevention strategies), programs will likely need new staff hires. They will need 1) funding to do this, and 2) support in connecting laid-off child care teachers to providers that are open or re-opening. In addition, programs will need floating staff or staffing flexibility to support what to do when teachers get sick or take paid time off to care for themselves or others.
- Some early educators may not be able to safely return to the classroom due to being in an at-risk category either due to age or underlying health condition. What will be the strategy to support this sector of our early care and education workforce while a vaccine is developed?
- School-age child care ratios will be most difficult to meet since current licensing allows up to 15 children per staff, with maximum group size of 45 children and 3 staff. Programs shifting to groups of no more than 10 will be challenging and may require physical plant changes or overall programs rescoping/redesign.

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## **Intersection with the Emergency Child Care Response**

- Providers that have families coming back to their regular care environments may need to disenroll families receiving emergency child care. What is the strategy to support the emergency and essential workforce's ability to access care?
- How will the timelines work with disenrolling emergency child care children so they can access alternative care arrangements with existing families' access to their care when they return?

## **Leveraging these changes to not just “Reopen,” but to “Reopen Stronger”**

- Rather than just propping up the sector to reopen with all of the challenges that created the fragility of early care and education as a business/public good in the first place, we would encourage the reopening strategy to allow for reforms to make the sector more resilient going forward. Reforms should include:
  - Building the capacity to do true, real-time child care resource and referral to understand demand for various care arrangements and real time pictures of supply by establishing student enrollment data utilizing unique identifiers or comparable tools.
  - Business support for providers to be able to make ends meet during this time of uncertainty
  - Reforms to support alternative care delivery models including staffed family child care networks, supports (or conditions for access to certain supports) for participation in shared services programs, and regulatory reforms that support micro-center models
  - Cost modeling for providers under these new conditions (so they don't individually have to navigate fixed cost scenarios under heightened social distancing and health requirements)
  - Cost-based reimbursement rather than market based rate calculations
  - Technology changes to allow for automation and more streamlined implementation