

Child Care is an Essential Service. What is Needed to Reopen Safely?

[Health Equity](#)

Date Posted:

Apr 29, 2020



As states across the country responded to the COVID-19 pandemic with social distancing policies, all were forced to make difficult decisions about which sectors they would deem essential. One in three (35%) states determined that child care was non-essential and closed all centers, with the exception of those that voluntarily applied for waivers. All states, however, will soon need to reconsider child care as an essential service when communities and industries begin to reopen and caregivers transition back to on-site work. But key questions remain: In the short-term, how can states support the safe reopening of child care and sustain that safety? In the long-term, how can states build a “new” infrastructure to prepare for the possibility of seasonal waves of COVID-19?

First, we must examine the percentage of child care centers that will be in a position to reopen. The child care sector is incredibly large and diverse—inclusive of center and home-based services that range from large national organizations (e.g., Bright Horizons) with oversight over local facilities to independently owned businesses serving families and neighbors in a home setting. According to Pennsylvania’s Office of Child Development and Early Learning, there were 7,200 regulated child care providers and nearly 86,000 children ages 0-5 enrolled in state-subsidized child care alone between 2018-2019. In addition to serving as a linchpin to the economic viability of working families with young children, the child care sector also represents an important employment sector for women and, in particular, women in under-resourced communities. As researchers who work with child care providers to support the equitable care of and social-emotional well-being of young

children, and who help caregivers access high-quality care, we know just how critical these services are for families as their children grow.

This pandemic, and especially the closing of small businesses to comply with stay-at-home and social distancing orders, is uncharted territory for many. It has also exposed weaknesses in the child care system and the paper-thin financial margins under which they were already operating. The financial hardships experienced during a mandated closure, the possible low return rate of students, the potential transfer of infants and toddlers to family- or home-based care, and a dwindling workforce that may be reluctant to return could cause many doors to close permanently. Not only do we critically need financial supports, such as those outlined by [Sens. Elizabeth Warren and Tina Smith](#), to address the pandemic's child care crisis, we see several other priorities emerging that we've outlined in this post.

New Safety Regulations to Protect Families

Families should not have to worry about their child's health and safety as they re-enter the workplace. For this reason, many states have added health and safety guidelines or temporary revisions to existing child care regulations that typically guide class ratios, the physical child care site, child health and more. New health regulations are likely to include daily health screenings, the use of protective and cleaning supplies, physical distancing, and more frequent and rigorous cleaning. While each recommendation may seem simple, operationalizing them is more difficult. Nonetheless these steps are necessary to ensure families trust that their children will be safe.

Preparing child care centers for new regulations

Child care center directors cannot be expected to adopt complex health requirements without support. Consultation through technical assistance or coaching is needed from experts who can assist with integrating new regulations into centers and play an active role in helping child care providers return to normal operations. Unfortunately, there is currently not a single source of funding or infrastructure that is ready to meet this need. We recommend specific federal funds be provided to states to determine the model that is most effective for them. For some this will be through the early childhood professional development system and for others it might be through the structure of the child care health consultant role or in coordination with the state chapter of the American Academy of Pediatrics.

Preparing families and teachers for new regulations

Equal attention is needed to prepare children, families and teachers for new health regulations. This will not just take time, but will take education and social-emotional support. Child care administrators and teachers need updated training requirements around emergency preparedness and operationalizing health and safety standards in order to decrease the spread of COVID-19. Teachers need supports to address the emotional stress of returning to this high-risk exposure setting, while family engagement will be necessary to ensure new policies are understood and to rebuild trust in center-based care. Paid sick leave employment protections are needed to encourage teachers to work in these high-risk exposure settings and ill members of the workforce to remain at home for the duration of their symptoms.

Ensuring Availability of Center-based Care for Infants and Toddlers

Some states have called for reduced classroom sizes in center-based care. This would require center directors to reorganize their space, hire staff to achieve new teacher/student ratios, and think of safer ways to use shared spaces that are ripe for cross-contamination. Centers with limited space may be tempted to close their infant and toddler classes, for which slots were sparse to begin with. Secure funding for infant and toddler classrooms is needed to ensure capacity. Higher reimbursement rates for infant and toddler rooms through child care subsidies are one way to support retention of child care options for our youngest children.

Preparing for Future Waves of COVID-19

In addition to the short-term recommendations above, planning for reopening of child care needs to also include a plan for the next possible wave of COVID-19. Should we need to do so again, a better transition into physical distancing and closure of non-essential child care would include: higher “hazard” pay for staff; regional streamlined methods for obtaining supplies; higher capacity for respite child care; and consideration for medical child care for essential workers.

Child care centers need new federal or state regulations as soon as possible so that before they reopen they have time to prepare, develop trainings and put safety measures in place. Centers will also need time to complete enrollment forecasting for the slow re-hire of staff and possibly slower re-enrollment of children. We at PolicyLab, like many others who support children and families, are calling for Congress to provide additional relief to the child care industry and take immediate actions to stabilize an essential yet fragile sector critical to the economic welfare of our country. Without child care, our labor force will collapse. This is a prime opportunity to show communities how much the safety of our youngest citizens matters.

Sherita Williams MS, PHMA

Clinical Research Coordinator/Child Care Navigator



Sherita Williams
MS, PHMA

Email: WILLIAMS26@CHOP.EDU