



Right from the
Start

Reopening and Rebuilding Child Care & Early Education Programs Recommendations for Rhode Island during the COVID-19 Pandemic

April 27, 2020

We thank Governor Gina Raimondo, Department of Human Services Director Courtney Hawkins, and Department of Health Director Dr. Nicole Alexander-Scott, for their leadership during this unprecedented public health crisis and all they have done to keep Rhode Islanders, including Rhode Island's children and families healthy and safe.

Rhode Island has been [recognized nationally for having strong health care policies and systems](#) and has been described as having [implemented some of the most successful distance learning strategies](#) in the U.S. while school buildings are closed to slow the spread of the virus. [The state's Head Start, Early Head Start, Family Home Visiting, Early Intervention, Preschool Special Education and RI Pre-K programs](#) are also implementing distance learning plans and remote telehealth while schools and community-based early learning and child care facilities are closed.

The Steering Committee of the Right from the Start Campaign is sharing information, guiding principles, and recommendations about the child care system for decisionmakers to consider with the hope that our state can serve as a model for other states as policymakers consider the reopening and rebuilding of the child care and early learning system.

In Rhode Island, the Governor [advised closure of all child care facilities on March 15](#) and [mandated closure on March 29](#) by suspending all child care licenses through April 30, aligned with decisions made about closing public schools. On April 23, the Governor announced that [all public schools will remain closed for the rest of the academic year](#). [Data released by the Rhode Island Department of Human Services](#) shows that 70% of the staff at licensed child care programs have been laid off. Survey respondents reported concerns that families may not return when programs reopen and programs will be challenged to meet the health and safety guidelines for reopening.

Rhode Island made the important decision to keep making the Child Care Assistance Program payments to programs with payments based on enrollment, not attendance and waiving parent co-pays during the period of closure. Sixty-six percent of respondents to the DHS survey said this decision was critical to the survival of the child care system.

Our state has [received positive recognition](#) from the Center for the Study of Child Care Employment for taking early steps to advise and then mandate the closure of group child care programs and partnering with service provider to help families find and hire an in-home caregiver (a consistent person to provide care in the child's home), as a safer method of providing child care for essential workers. [Several other states have followed our lead](#) by helping families find and use in-the-child's-home care by providing access to a service to match families with providers and [to allow families to use child care subsidies for in-home care](#).

[A recent national survey of programs shows](#) that across the U.S., including states that did not mandate closure of child care programs or restrict enrollment, about half of child care programs are completely closed and another 17% are closed to all but essential workers. Of programs that are still open, many are serving only small numbers of children with 65% reporting that they were operating at 25% of their licensed capacity. [A recent national survey of working parents](#) found that 75% of parents are concerned about exposure to COVID-19 when returning to child care, 47% are concerned about affording the cost of child care, and 46% are concerned that they won't be able to use the same child care provider.

Priorities & Guiding Principles for Decision Makers:

[Experts predict the pandemic to continue](#) for quite some time and include cycles where state governments lift and then restore social distancing and infection control restrictions. We offer the following guiding principles and priorities as the state develops plans to reopen group child care programs, including summer programs for school-age children.

1. Rhode Island's priority should be to continue to ensure **the physical and mental health, safety, and well-being** of children, early care and education staff, and the families of children and early care and education staff.
2. The virus is already having a disproportionate impact on low-wage workers and people of color. We must **consider economic and racial equity issues** as we consider who has access to safer in-the-child's home child care and group care and who is working in child care and early learning programs.
3. We must be aware that **community-based early care and education programs have fewer resources than public schools**, are expected to be open longer hours, and serve younger children who [cannot practice social distancing](#). When public schools are closed due to public health concerns, why would group early care and education programs be a safe option? The [Center for Disease Control \(CDC\)](#), the [National Association for the Education of Young Children](#), and [Child Care Aware of America](#) recommend that child care programs be closed when public schools are closed. In fact, early care and education settings usually have fewer resources to ensure health and safety than public schools – per child funding levels are lower, staff are paid less, staff have fewer paid sick days, staff are less likely to have good health insurance, programs usually do not have physical or mental health professionals on site, and very few programs have any professional cleaning staff.
4. Children, families and educators **should not have to make choices about the safety, health and well-being of their families based on what they can afford to spend** on early care and education. The health and safety guidelines that have been issued for child care programs to follow when they are open during the pandemic will require a significant increase in funding levels and strong state support and oversight to ensure compliance.
5. **Infants, toddlers, and their caregivers require special attention.** Even before the COVID-19 crisis, the National Health and Safety Standards for Early Care and Education Programs (developed by the American Academy of Pediatrics and the American Public Health Association) recommended that healthy [infants under 12 weeks of age not be enrolled in group child care](#) and that infants and toddler with chronic health conditions may need to wait longer. Paid family leave (e.g. the Temporary Caregiver Insurance Program in Rhode Island, employer-sponsored programs, and federal programs) should be extended and wage replacement rates should be increased to **enable all families to keep babies at home for at least the first 12 weeks to 6 months of life.**
6. **As essential state infrastructure**, child care and early education programs need support while they are closed and targeted support to reopen and meet health and safety standards. Like Rhode Island, many states are continuing to provide child care subsidy payments to closed child care programs, paying based on child enrollment and not on attendance, and covering parent co-pays. Some states are also providing financial support to programs that primarily serve private-pay families. There are a [variety of policy and funding strategies](#) that can be used to preserve and strengthen a state's child care infrastructure.

Children, including very young children, [can become infected, get sick, and die from the virus](#). Children, including those without symptoms, [can also spread the virus](#) to other children, their parents and grandparents, teachers, and caregivers. Although most children do not get very sick and are not at high-risk of serious complications or death from the virus themselves, they need their parents, grandparents, educators, and caregivers to survive, stay healthy, and provide the consistent nurturing care children need to thrive. The [CDC currently recommends that children](#) stay home, not have in-person playdates, stay six feet away from people outside their households, and avoid contact with older adults and anyone with an underlying health condition.

The CDC offers the same guidance for [determining when schools and child care programs should be closed](#) as a public health strategy to stop or slow the further spread of the virus. The CDC has [issued specific guidance for child care](#)

[programs that remain open](#) during a period of community spread. The American Academy of Pediatrics [has developed an FAQ regarding child care during the COVID-19](#) Emergency. Rutgers Medical School and the National Institute for Early Education Research have also issued specific [recommendations to provide safer emergency child care for children of essential workers](#).

Realities About Children & Social Distancing:

- Young children [need to be cared for by nurturing adults and to be held, picked up, carried, and physically comforted](#) throughout the day so they can feel safe and secure, regulate their emotions, and engage in learning new skills.
- Young children need a lot of [physical assistance](#) to walk, eat, drink, climb onto chairs and stools, climb stairs, wash their hands, use the toilet (or have their diaper changed), brush their teeth, and evacuate buildings in the event of an emergency.
- It is normal for children to experience stress when they are dropped off at child care and early education programs. Children rely on, and are comforted by, being physically close with educators and caregivers. Many [strategies to comfort children](#) and to create [comforting programs](#) require close contact with educators, parents visiting classrooms, and allowing children to bring security objects from home.
- Young children are [learning how to read facial expressions](#), understand other people's emotions, and communicate effectively. The [CDC is recommending children over age 2 and all adults wear a mask](#) when away from home. Young children require special, small masks and many will have difficulty wearing a mask for extended periods of time while in out-of-home child care.
- Young children are learning how to [make choices and follow directions](#). Many young children have difficulty following directions and [demonstrate challenging behaviors](#), especially when they are stressed. Even very young children are aware of our current events, and attuned to how adults are responding. Parents, educators, and caregivers can support young children's expressions of stress by considering what the child might be communicating through their behaviors and what the child might need. Child care providers are in a unique position of also soothing parents who are likely experiencing heightened stress. Caregivers will need extra support to maintain good self-care routines so they can be present and available for the young children and families they serve.
- Young children thrive when they have [consistent, stable and nurturing caregivers](#) and are able to form secure attachments which are the foundation of lifetime mental health.

Realities About Child Care Programs:

- Despite the high-costs of child care to parents, [child care educators earn very low wages](#).
- According to [U.S. Bureau of Labor Statistics as of May 2019](#), the median wage for a child care educator was \$12.01/hour and was \$13.80 for a preschool teacher in Rhode Island.
- Child care and early education staff are [very likely to be women and people of color](#).
- In Rhode Island, the state is not in compliance with key provisions of the Child Care and Development Block Grant because the weekly rates that state pays to providers caring for children in the Child Care Assistance Program are below the federal equal access standards. [Significant funding is required to increase the rates to meet the federal standard](#) to provide equal access to child care, even before COVID-19.
- Child care and early care and education jobs are close-contact, high-touch jobs that [expose caregivers to many infectious diseases, even before COVID-19](#).
- Most child care and early learning programs do not have dedicated staff or access to professional contractors to clean and disinfect materials and the environment. [Many child care programs struggle with infection control](#).
- Child care centers often have staff working in shifts to cover the 10-12+ hour day that many working families need, rotate aides and "floating staff" into rooms to cover staff lunch and bathroom breaks, and mix different ages and groups of children at the beginnings and ends of the day – so children are often exposed to more adults and children than those in their assigned group.

- Many child care programs allow families to enroll on a part-time schedule or allow for drop-in care which means it is difficult to have a stable group of children each day.
- Many child care centers experience high rates of staff turnover and high staff absenteeism.

Recommendations for Reopening and Rebuilding

We suggest a plan to reopen and rebuild Rhode Island's early care and education system in stages that allow the state to push the forward and the rewind button to lift and then re-impose restrictions. Both in-the-child's-home care and contracted group-based care are needed in all stages to provide a safer option for families who need it.

Stage A - Public School Buildings and Group Child Care Sites Are Closed

- Group child care sites should be closed to the general public when public schools are closed to prevent the spread of the virus. Rhode Island should provide support to programs to maintain facilities/home child care sites and some administrative staff while many early educators have been laid off and are collecting Unemployment Insurance.
- Pre-K, Head Start, Early Head Start, public schools, Early Intervention, and Family Home Visiting programs should provide remote family support and early childhood distance learning opportunities, including dropping off resources for enrolled children and families. Services are paid for through state and federal contracts or local public school funding with no funding collected from families to cover services.
- The state (and employers) should help families find and subsidize the cost of a consistent, healthy adult to come into their home to care for children. The [National Institute for Early Education Research](#) offers recommendations to states to establish systems to support a strong in-home child care system, including suggesting that existing child care programs have state contracts to re-deploy staff to provide in-home child care while providing support, supervision, compensation, and benefits.

Note: In-the-child's-home care is more expensive than group care but adds only one person to a family's social contacts and allows children to remain at home to reduce the cross-contamination that occurs when people from different households are mixed together. In-home child care is usually more responsive and flexible to meet the scheduling needs of families and can also facilitate distance learning opportunities available through Head Start, RI Pre-K and public school. Low-wage and middle-wage workers have great difficulty affording this type of child care, but it is commonplace in high-wage families. Low-wage and medium-wage workers can access this kind of care if it is provided free or at a substantial discount from a close family member, friend or neighbor – but that is not easy to get.

Stage B – Public Schools are Closed/Some Group Child Care Sites are Open for Essential Workers Only

- Group child care settings continue to be closed to the general public to limit the spread of the virus as long as public schools are closed.
- The state should carefully select and contract with well-managed child care centers and develop and contract with staffed family child care networks to provide care to essential workers. All group care settings that operate during the pandemic should have a state contract guaranteeing sufficient income to meet stricter health and safety standards from the CDC and pay wages that are at or above twice the minimum wage with wage supplements for low-wage such as were [recently announced for the Congregate Care Workforce Stabilization Fund](#).
- Contracted providers must ensure that staff are working voluntarily so that those with underlying health conditions that make them more likely to have serious complications or die from the virus are able to go on Unemployment Insurance.
- Contracted providers must have an adequate (state guaranteed) supply of PPE, cleaning supplies, and professional cleaning services. Child-sized masks must be provided by the state as long as the CDC recommends that children over age 2 wear masks. Child care programs should have laundry services or on-site, staffed laundry facilities to meet the CDC guidelines.
- Contracted providers, including centers and staffed family child care networks, should have at least one dedicated staff member trained by the Department of Health or a state-provided public health worker available at all times who is responsible for public health precautions (temperature taking, screening staff, children, and

families, and managing isolation and contact tracing for any children, families, educators and staff who have been exposed to COVID-19).

- Group sizes should be limited and match or be more restrictive than limits on public gatherings. Classroom educators and regular household members in family child care should count in the group size. There should be separate rooms with floor-to-ceiling walls/dividers between each group in a center or a large family child care home.
- Child care programs should be open no more than 8 hours per day, 5 days per week to eliminate the need for shifts of educators for the same group of children. Programs should be paid based on enrollment and not attendance of children. Care for part-time children should be paid at the full-time rate so children are not slotted into open spaces disrupting the stability of the group. Siblings/children from the same household should be in the same room whenever possible to limit contagion to households.
- Programs must provide higher, hazard-pay wages to attract and ensure consistent, stable staffing so that groups can be stable and people in the group have the opportunity to develop nurturing relationships with each other over time. Staff should be able to bring their own children to the program and these children should be in the same group as their parent whenever possible to limit spread of the virus across households.
- Arrangements should be made to continue distance learning for young children and school-age children and families who may be in a care setting with other children enrolled in various distance learning programs.

Stage C – Early Care & Education/Public Schools Allowed to Open to General Public with Precautions and Restrictions for COVID-19

- The state should provide significant operating funds and other support to programs to meet health and safety precautions and social distancing requirements, including limits on group size recommended by the CDC and the American Academy of Pediatrics. Teachers and all adults in the setting should count in the group size (e.g. the teacher counts as one of the 10 since 10 children and 1 teacher is a group of 11). PPE and public health support should be provided to all open sites as long as this is recommended.
- Child care employers must ensure that staff are working voluntarily so that those with underlying health conditions that make them more likely to have serious complications or die from the virus are able to go on Unemployment Insurance.
- Funding must be provided to ensure adequate compensation for all early educators to meet their basic needs and compensation that is comparable with K-12 salaries to recognize and promote college coursework and degrees and effective teaching practices. [The state should provide wage supplements and/or stipends to early educators working at open programs statewide](#) because the general public cannot afford the significantly higher tuition that would enable programs to pay better wages.
- All staff of child care and early learning programs should have at least 10 days of paid sick time and comprehensive health insurance.
- The state and early care and education employers should ensure all older staff and staff with underlying health conditions have the option of remaining at home while getting paid or with wage replacement.

Stage D – Public Schools are Back to Normal with No More Social Distancing

- Families should pay no more than 7% of their income for child care/early learning so public funding must be provided to enable families to afford child care so they can return to work.
- Funding must be provided to ensure adequate compensation for all early educators to meet their basic needs and compensation that is comparable with K-12 salaries to recognize and promote college coursework and degrees and effective teaching practices. [Wage supplements and/or stipends should be provided statewide](#) because the general public cannot afford the significantly higher tuition that would enable programs to pay better wages.
- All staff of child care and early learning programs should have at least 10 days of paid sick time and comprehensive health insurance.

- Access to early learning should not be tied to employment of parents since it will probably take a long time for our economy to recover to previous employment levels. The state and federal government should expand Early Head Start, Head Start, RI Pre-K, and family home visiting to serve more children and families who may be unemployed or who are employed during non-traditional hours.

A Note on School-Age Child Care, Day Camps, & Out-of-School Time Learning:

- It will be very challenging to have school-age children (ages 5-12) practice social distancing and keep them occupied in developmentally appropriate activities that do not involve touching the same materials (balls, art supplies, etc.) and staying 6 feet away from each other at all times.
- [Many summer day camp and learning programs are exempt from licensing](#) in Rhode Island and other states. It will be difficult to provide oversight and support to summer day camps during the pandemic.
- The state should coordinate decisions about school-age child care with the RI Department of Education's decision about the safe operation of 21st Century Community Learning Centers which provide afterschool and summer learning programs to thousands of Rhode Island children. Several programs receive both 21st Century CLC funding and Child Care Assistance Program funding to serve children.

We appreciate your hard work and we offer our willingness to help think through scenarios and questions that arise.

Leanne Barrett, Rhode Island KIDS COUNT
Marcela Betancur, Latino Policy Institute
Susan Dickstein, Rhode Island Association for Infant Mental Health
Rachel Flum, Economic Progress Institute
Khadija Lewis Khan, Beautiful Beginnings
Mary Varr, Woonsocket Head Start Child Development Association