



State Advocacy Calls to Action

Last Updated April 13, 2020

The following excerpts come from letters that state advocates sent to their elected and agency officials. They represent a summary of the calls to action for state policy change. The full text of these letters are linked in this document and available under the Letters from State Allies to Elected Officials at <http://earllysuccess.org/covid19-resources-by-topic>

Arkansas: [Arkansas Early Childhood Association](#)

Directed to: Governor Asa Hutchinson, Secretary Cindy Gillespie, Department of Human Services Secretary, Nathaniel Smith, MD, Department of Health Secretary, Michael Preston, Commerce, and AEDC Director, Charisse Childers, Division of Workforce Services

Recommendation 1: Close all licensed child care programs with the exception of those serving essential personnel as recommended by the National Association of the Education of Young Children (NAEYC).

As a public health imperative and in order to flatten the curve to save lives, AECA believes that if states and districts are closing schools, then they also must close the child care system. However, select currently licensed child care centers and family child care homes should be allowed to reopen or remain open on a limited basis in order to serve the children of emergency responders and other essential personnel for whom remote work is not an option.

- As the state coordinates child care of essential personnel, child care providers that are part of the Arkansas Better Beginnings Quality Rating Improvement System should be prioritized.
- Abide by the indoor social distancing directive per CDC and advised by the Governor, ADH, and the Arkansas Chapter, American Academy of Pediatrics (ARAAP) to stable groups of 10 or less (adults and children) in each classroom staying open to serve essential personnel.
- Ensure that child care centers serving the children of essential personnel have cleaning and health-related supplies to meet state directives. Add a representative of the child care industry to the Department of Emergency Management state/regional teams determining access to necessary supplies who can provide guidance on how best to respond to changing circumstances and environments.
- Implement a strong outreach and communications plan, utilizing the child care resource and referral system, child care licensing and subsidy staff at DHS, and human resource professionals within businesses and organizations employing essential personnel to ensure families are aware of their options. Communications should be provided in all relevant languages.

Recommendation 2: Maintain the human, programmatic, and financial infrastructure of the child care sector so it can meet the needs of families when the pandemic is over.

As the state faces weeks or months of uncertainty, the strain being placed on our child care providers, who are already operating on razor-thin margins, could force many of them out of business permanently. Child care is not like the K-12 system, where building expenses are being covered and educators compensated regardless of the duration of the closure. If we are to have a child care sector that can support all other sectors after the health crisis has ended, child care must be treated as the invaluable component of the infrastructure that supports the entire Arkansas economy that it is.

- Establish payment policies that will cover additional costs, such as meeting health and safety requirements as well as to meet classroom teacher to child ratios that are in line with maintaining stable groups of 10 or fewer people per the social distancing directive for indoor gatherings.
- Deem child care workers essential personnel during the pandemic so their children can access child care.
- Ensure all licensed child care centers and family child care homes are included in the state's eligibility definition so ALL employees and owners can access unemployment insurance, loans and grants provided through the CARES Act.

Colorado: [Coalition of Colorado Children's Organizations and Funders](#)

Directed to: Governor Polis and State Agency Leaders

For all early care and education providers:

1. Deploy strategies to compensate both subsidy and non-subsidy child care providers for loss of income and compensate staff during closure, across all care settings, just as the state is doing for the K-12 education system. Include in these relief funds, resources to cover fixed costs and staff wages during closures to ensure enough workforce and facilities when the emergency ends. Strategies could include grants or the creation of a fund to help offset lost tuition during the crisis as well as allow providers to hold slots for the children who were enrolled prior to the COVID-19 pandemic without placing the financial burden on families. Make sure these direct grants are available to licensed child care providers (including home-based, center-based, nonprofit, and for-profit) to help cover ongoing fixed costs (rents, utilities etc.), salaries and benefits for early childhood teachers and staff, the cost of providing paid sick and family leave, and the cost of lost business.
- Ensure that all funding programs are designed to support providers including specific recognition of the challenges facing family child care providers who often operate as self-employed small businesses and out of their own homes. Ensure these providers are included in any comprehensive solution and are not unintentionally excluded from relief efforts by eligibility criteria that leave them ineligible.
- As one example of supports for the provider community, North Carolina will:
 - Pay bonus payments to all full-time child care employees for April and May 2020.

- Pay providers \$300 per month for all teaching staff and \$200 per month for all nonteaching staff. Bonus payments are available for both child care centers and family child care homes.
- Child care programs must pay staff prorated amounts of the monthly bonus payment at regular employee pay periods.
- Several states (IN, VT, TN, KS, MN, ND, and more) are setting up relief funds for providers and Colorado could do the same.

2. Ensure early care and education providers have access to a variety of benefits to support their viability throughout and after the crisis. These include:

- Various cost relief efforts including mortgage forbearance, deferral of rents, and support for utilities and insurance for a minimum of three months and up to six months.
- Small business relief and access to Unemployment Insurance, including for self-employed and licensed family child care home providers.
- Paid Family Leave and Paid Sick Leave programs
- Small Business Loans
 - The state could create a new category for child care programs and/or prioritize any new Small Business Administration Disaster Grants and ensure that any grants would include eligibility for licensed child care providers (including home-based, center-based, non-profit, and for-profit). The state could also provide zero-interest or low-interest loans with access to capital to allow child care programs to cover the costs upfront to stay in business or start up again, with delayed schedules for paying the loan back until the program becomes reestablished. Any state level program designed to deliver small business loans should be forgivable if the business retains payroll levels, retains staff, and remains operational.
- Identification and payment for substitute teachers, should educators or a family member fall ill.
- Additional incentives should be in place that reward and support providers who agree to retain and continue to pay staff throughout the crisis.

3. Investing in teachers in early care and education settings. When the legislature reconvenes, funding Colorado's Early Childhood Educator Tax Credit (via HB 20-1043) will provide immediate financial support and incentives for educators to remain in the field and raise their credentials. Additional strategies that directly support the educators themselves and incentivize providers to retain and pay teachers will be vital to ensuring the workforce (which was already facing a crisis prior to this disruption) is supported in staying in the profession.

For providers participating in the Colorado Child Care Assistance Program:

1. Permanently shift the Colorado Child Care Assistance Program (CCCAP) to pay providers based on enrollment, not attendance. Attendance-based payment policies have never been a best practice in the child care subsidy program and the current crisis only further demonstrates the problems with the policy of paying based on attendance. During this time when parents are being encouraged to work from home, public health officials are discouraging large gatherings, and some K-12 schools are closing, attendance-based

policies do not make sense. In short, the most important shift that needs to happen today in the subsidy program is shifting payment to be based on enrollment and not attendance (or the functional equivalent which would be paying 31 absences per month if that is easier from a technology standpoint). While several counties have taken on this change individually, we support making this change happening statewide as the impact to the state of COVID-19 is growing to reach all corners and dramatically increase in the days and weeks ahead.

2. Waive copays for parents and pay them directly to providers to keep providers whole. Parents who receive subsidies are already identified as needing assistance to achieve self-sufficiency. But these same families are seeing significant disruptions to their livelihood. Using state and federal funds to cover copays will be vital to ensuring 1) parents can receive some financial relief during the crisis, 2) providers do not see an additional lost portion of revenue, and 3) parents will be able to access care when the crisis recedes. The state should cover the cost of those copays since we do not want to see providers see a loss in revenue from parent copayments in the subsidy program.

3. Institute flexibility in eligible activity timelines for parents of children in the child care subsidy program. Consider any parent's pause in an eligible activity, such as work or education, related to COVID-19 to be treated as temporary, even if it extends beyond the current time limits that require reporting during the crisis and that could jeopardize access to a subsidy. Ensure that these temporary changes in parents' work, education, or training status does not affect a child's ongoing eligibility for child care services as the parents try to return to work once physical distancing requirements are loosened. The state should also suspend any redetermination of a family's eligibility until the crisis has subsided.

Supporting providers responding to the emergency:

1. Responding to requests from providers who remain open throughout the emergency to respond to the needs of our essential workforce. Programs that remain open to serve those responding to the emergency should be supported with resources to keep environments safe and healthy, and support for the staff to access health care should any issues arise. Providers will need access to mental health supports to help them manage their stress and anxiety throughout and immediately after the pandemic, as well as to help address concerns and trauma experienced by the children and families they serve. Early Childhood Councils and other intermediary organizations provide some of the vital connection to these supports at the local level and may need additional investment to sustain their engagement.

2. Ensure the health and safety of children as demand for care increases throughout the crisis. Any emergency child care that is created, expanded, or repurposed to meet the needs of children and families responding to the crisis must continue to protect the health and safety of children. Furthermore, for those providing care, there need to be additional commitments to the environmental safety and thoughtful policies to support hygiene, social distancing, and other strategies that support the health and well-being of children.

3. Supplies for providers who remain open. Deploy strategies to provide necessary food, supplies and other equipment to child care programs for all staff working in emergency child care center sites.

4. Provide incentives to programs to serve children in need of care during evenings, overnights, and weekends. Many of the essential workers, including emergency health care workers, work shift schedules, meaning they need care outside of the typical weekday work period of 8am-6pm. Providing increased payments may incentivize more programs to provide care during the nonstandard hours of the typical work week.

Lay the groundwork for long-term structural shifts to stabilize the ECE sector for the future. This crisis has revealed deep flaws in how we conceptualize the provision of early care and education. Our current model leaves too many providers in a state of fragility, classroom educators who are inadequately compensated (including often a lack of access to health benefits that are so critical right now), and unable to weather even modest disruptions, let alone this global pandemic. If we do not make various structure shifts that 1) substantially increase sustained public investment in early care and education and 2) reconceptualize the model of delivery in early care and education, then we will emerge from this crisis with all of the same challenges, and more. Specifically, policymakers should direct relevant state leaders, agencies, the Early Childhood Leadership Commission, counties, school districts, providers, non-profits, and philanthropic leaders to take the lessons of this crisis and develop structural reforms to the sector. These should include an analysis of:

1. Public investment: Strategies to move away from a model that leaves families and providers to solve the intractable financial challenges of providing and paying for early care and education on their own.
2. Cost modeling for service delivery: The current approach of designing payment mechanisms in a way tied to what the market can bear, rather than what it costs to provide early care and education in an efficient, quality way has revealed the deep instability this creates in providers' financial models. It has also disincentivized the provision of care outside of typical weekday work hours, limiting the availability of licensed child care to parents who work evenings, nights, and weekends. We must move toward paying for the costs of early care and education and away from the prices parents can afford. Boosting teacher wages and benefits and ensuring that maximum resources are allocated to classrooms is essential. To reach that goal we must better understand how to scale administration for efficiency, ensure sufficient resources are allocated to teacher wages even when ratios are low, and then plan to slowly ramp up supply as demand increases.
3. Shared services and automation: Individual homes and centers managing the back-end systems management, blending and braiding funding, child tracking, licensing and quality rating compliance creates inequities and substantial inefficiencies. Strategies that improve the efficiency of the sector on these fronts would allow for a more speedy recovery of the sector.
4. Administrative scale: The logistical challenges of individual providers and homes figuring out how to apply for recovery grants and loans is already being revealed. A future structural shift in the sector should trust our program leaders as educators and child development experts, but not also require they be finance

experts. The recovery and a reimagined sector needs to contemplate different models of administration.

5. Efficiency of management: We have seen the challenges providers face in managing the rigors of licensing, quality ratings, credentialing, blending and braiding funds at every single site level rather than opening the door to more creative models of program delivery such as staffed networks or microcenter models. Reevaluating the regulatory barriers to more efficient service delivery that separates the functions of administration from the functions of care and education is a necessary step toward a more resilient sector.

Florida: [Children's Movement of Florida](#)

Directed to: AHCA and HealthyKids

Keep children insured:

- Do not disenroll any children from KidCare during this crisis. Postpone any renewal deadlines and re-eligibility determinations until 90 days after the end of the emergency declaration.

Ensure children have health care coverage when they need it:

- Eliminate waiting periods for children to enroll in KidCare. Enroll uninsured children today.

Focus on providing health care services

- Low-income families are the hardest hit by the economic downturn during this crisis. Waive premiums and cost-sharing to make sure they can afford the health care they need for their children.

Florida: [Florida Children's Forum](#)

Directed to: The general public but mentions Department of Education, Department of Health, and Department of Children & Families (DCF)

Issue clear public health and emergency support guidance to child care providers: Many child care providers are closing at least temporarily to curb the spread of COVID-19, while others are remaining open to serve the children of those who cannot work from home. The latest health and safety protocols and policy updates should be shared with all providers via regular webinars/conference calls, with consistent messaging across agencies.

Pay providers a premium to expand child care for essential personnel:

Center-based and home-based providers that remain open to serve families do so at increased risk to their staff and are required to maintain lower ratios to meet CDC guidelines. Specific funds should be allocated to Early Learning Coalitions to offer incentives for providers to stay open and financial assistance to procure supplies for sanitation and additional health screenings.

Support families seeking care and providers offering services:

The statewide Child Care Resource & Referral lines should be used to match families' needs with open providers. Early Learning Coalitions can collaborate with local municipalities

and emergency operations to anticipate potential shortages and offer incentives to providers who help meet these needs. All providers should receive notice of the opportunity to serve families; family child care homes may be very well placed to offer care in the small groups recommended by the CDC.

Expedite background checks to help providers cover staffing shortages:

DCF should provide expedited background checks so child care centers can hire temporary employees as needed during this emergency. Required health and safety trainings and CPR certification should be offered online.

Ensure continuity of payments for providers:

State funding for children in Voluntary Prekindergarten and School Readiness should continue based on enrollment on March 1—plus additional capacity added by those who remain open—so providers are not penalized if parents choose to keep their children at home, or if a provider determines he or she must close temporarily.

Protect subsidy eligibility for families:

Parents who choose to keep their children home and parents who lose their jobs during this emergency should not lose their eligibility for School Readiness. Eligibility redetermination deadlines should be amended accordingly, and family copays waived for continuity of care, if needed.

Clarify the implications of cancelled assessments:

The Department of Education has canceled all remaining assessments for this year. For School Readiness and Voluntary Prekindergarten, these screenings and assessments are used to determine tiered payments and program quality. Providers should be advised that payments will continue at current levels, and those on probation will continue in their current status for 2020-2021 to allow time for their improvement plans to show results.

Share information on small business loans directly with all providers:

Unlike public schools, child care providers do not know whether they can continue paying their staff and keep the lights on if they need to close during this emergency. State agencies should communicate directly with all providers about the application process for Florida Small Business Emergency Bridge Loans and other financial assistance that may be available and offer assistance to directors for completing any documentation required.

Georgia: [GEEARS on Behalf of a Coalition of Children's Organizations](#)

Directed to: Governor Kemp

We urge you to provide emergency funding to support child care providers in serving children of essential personnel. Specifically, we are requesting \$5 million to serve the children of essential workers across the state. We believe these emergency funds will serve approximately 3,000 children for 3 months.

Additional supports, including funding, are needed to ensure that child care challenges do not impede essential workers from continuing their work without disruption. As such, we

are reaching out today to strongly recommend the creation of a “Critical Child Care Network” to serve frontline staff, such as hospital workers and emergency responders.

Recommendations for the Creation of a “Critical Child Care Network:

1. Focus on existing licensed child care sites (those that wish to remain open) as the primary way to provide child care for essential workers with young children (ages 0-5), particularly infants and toddlers. Existing programs already have the equipment and physical structures, as well as trained staff, to provide the safest care to young children given their unique needs. Child care staff are already trained on many best practices related to health and safety, which are even more critical during this pandemic.

2. Create a definition for “essential workers” in order to better identify who is eligible to receive this Critical Child Care. This may include: healthcare workers, grocery and pharmacy employees, nursing home employees, first responders, military, and mail/delivery personnel, and child care workers themselves. Allow the designated Critical Child Care sites to determine eligibility for the recipients instantly, onsite. Where possible, align this definition to other programs and services the state is implementing in response to this pandemic.

3. Require all child care programs to utilize KOALA (the online “hub” for Georgia’s child care providers managed by the Georgia Department of Early Care and Learning) to report the following in a reasonable, but quick period of time (e.g., 48 hours):

- Partial or full closures
- Open seats by age group
 - Child care providers remaining open are asked to efficiently survey existing families to determine how many seats would be available

This information is critical to helping essential workers find child care quickly and accurately, and helping DECAL and state advocates identify and address gaps in child care for essential workers across the state.

4. Leverage the existing Child Care Resource & Referral (CCR&R) network across the state to: (a) reach out to programs as appropriate for participation in the “Critical Child Care Network;” (b) provide additional training and supports to assist child care providers in complying with additional health and safety guidance; and (c) assist programs in meeting staffing needs by connecting child care staff from closed programs to other child care locations in their region as desired by the staff member and as needed due to capacity. CCR&R agencies cover every county in the state through six regional networks and already have relationships with existing child care providers to effectively support this initiative.

5. Support DECAL’s and Quality Care for Children (QCC)’s efforts to utilize QCC’s statewide child care referral service, 1-877-ALL GA KIDS, to implement enhanced child care referrals to essential workers linking them to programs in the “Critical Child Care Network” with age-appropriate vacancies. Enhanced referrals may assist parents in securing child care by coordinating with child care programs to check status and vacancies and support the registration process.

6. Ensure Family Child Care Learning Homes (FCCLHs) can continue operations, as desired, across the state, and encourage such providers to participate in the “Critical Child Care Network.” FCCLHs play an essential role in responding to this pandemic given lower enrollment numbers (up to six children are allowed in FCCLHs in Georgia), ability to serve multiple ages, and higher likelihood of providing care during nontraditional hours.

7. Distribute clear and consistent health and safety guidance to child care providers that remain open, particularly those in this “Critical Child Care Network.” Such guidance should include best practices and protocols specific to child care settings (e.g., greeting parents at front door) and reflect current public health guidelines.

8. Ensure that “Critical Child Care Network” programs participate in the Child and Adult Care Food Program and explore using that program as a vehicle to ensure that families have meals at home.

9. Ensure Adequate Funding for this “Critical Child Care Network” Georgia should use state and/or federal emergency funding to support child care providers in serving children of essential personnel. Adequate funding to program operations and staff is essential to ensure that these programs can remain open, particularly during a period of lower enrollment. Although DECAL may be able to leverage some existing funds for this network (the CCDF guidance in response to COVID-19 states that “lead agencies may use CCDF quality dollars to provide temporary grants or assistance to impacted providers to retain the child care supply during periods of closure

Hawaii: [Coalition of State Child Care Advocates](#)

Directed to: Governor Ige

Recommended: Ensuring child care for essential workers (including first responders and emergency-related employees, health care, telecom, and grocery workers) is solidified IMMEDIATELY and the state, counties, and the departments work collaboratively to ensure all existing child care facilities can sustain their operations over the next few months.

Child Care Development Block Grant:

- Extend all contracts funded through CCDF without review or reapplication for the next 6 months to ensure programs and services can maintain uninterrupted
- Temporarily waive requirements that would disqualify a family for subsidy due to number of absences
- Continue to provide subsidy even if a child does not continue to attend due to COVID-19 or if the facility closes due to COVID-19
- Waive all parent co-pay requirements for families that are impacted by COVID-19 emergency
- Use quality dollars to provide assistance to families needing care regardless of eligibility for subsidy, prioritizing essential workers (health care, first responders, others deemed by city and county etc.)

Grant program:

Create a grant program that would provide direct funding based on enrollment to licensed and registered child care facilities impacted by COVID-19 to ensure they can maintain operations over the next 6 months prioritizing those that are in rural/high need areas)

Licensing Waivers:

Allow temporary waivers for licensing capacity for licensed or registered child care providers for only those that are providing care to essential individuals (not allowing more than 10 children in FCC homes or 15 children in Group child care homes).

Health and Safety:

Ensure providers can maintain their operations safely during this time, including necessary sanitation equipment, supplies, and services.

State/local Level:

Allocate funds specifically for child care providers impacted by COVID-19

Idaho: [Idaho Voices for Children](#)

Directed to: Governor Little

Health Care Policy Recommendations:

1. Idaho should take quick action to educate the public and stop the spread of COVID-19.
 - Distribute protective supplies across Idaho: Idaho should increase the availability and distribution of protective supplies. Distribution should target a variety of populations, including Idahoans with disabilities and their families, Idahoans who are elderly, rural Idahoans, Latinx communities and refugee populations.
 - Increase COVID-19 testing: Idaho should increase testing and ensure testing access across the state to diverse populations. A priority should be placed on homeless shelters, food pantries and senior centers to ensure vulnerable populations are tested, treated and cared for if sick.
 - Educate on social distancing: Idaho should increase and amplify outreach and education about the importance of social distancing, including messaging in multiple languages.
2. Idaho should maximize Medicaid's flexibility to address the public health crisis.
 - Leverage additional federal funds to increase public awareness about Medicaid: The federal Families First Coronavirus Response Act² includes a temporary 6.2 percentage point increase in states' federal matching assistance percentages (FMAPs). These additional funds can be used to expand public awareness, outreach and enrollment assistance to maximize Medicaid's reach, ensure people can immediately obtain the care they need and help people know they can enroll in Medicaid any time.
 - Ensure Medicaid access for all high-risk populations: Idaho should consider submitting a Medicaid State Plan Amendment³ to (1) increase eligibility for adults and children under age 65 with incomes above 138 percent of the poverty line at the state's regular FMAP; (2) increase eligibility for other coverage groups including

pregnant women, people with disabilities, and seniors at Idaho's regular FMAP; and (3) eliminate or decrease asset tests for seniors and people with disabilities.

- Maximize Idaho's use of presumptive eligibility: Idaho can adopt presumptive eligibility for all eligible Medicaid populations, including children and pregnant women, through expansion of qualified entities, including the state agency, community health centers and other community sites. Idaho can maximize the use of automated ex parte renewals to reduce workload, minimize burden on beneficiaries and keep people covered.

Housing Policy Recommendations:

3. Idaho should enact rental and utility protections for low-income, high-risk populations.
 - Enact a moratorium on evictions and utility shut-offs: In an effort to prevent the coronavirus crisis and Idaho's current housing uncertainty from being further compounded, Governor Little should work with other state and private entities to enact a statewide moratorium on eviction proceedings and freeze utility shut-offs for failure to pay. These policies would ensure Idahoans facing housing and income instability are able to stay in their homes and remain healthy during this tumultuous time.

Family Financial Security Policy Recommendations:

4. Idaho should enact temporary waivers on eligibility and work requirements for programs that provide nutrition, food and other basic assistance.
 - Suspend family eligibility redetermination on essential public benefits: Idaho should adopt a temporary suspension of family eligibility redetermination, as well as family fees and copays, for critical services to ensure that temporary changes in family employment, earnings or other factors due to COVID-19 do not impact family eligibility. These services include child care subsidies; the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); the Supplemental Nutrition Assistance Program (SNAP); Medicaid; and Temporary Assistance to Needy Families (TANF).
 - Waive work requirements on food assistance: Idaho should temporarily waive work requirements on SNAP and TANF for good cause and to ensure that families are able to put food on the table during this public health crisis.
 - Implement a public/private plan to deliver food and medicine: Government and the private sector should collaborate to create a plan to deliver food, medicine and sanitation supplies to those who are quarantined or isolated.
5. Idaho should expand paid sick days for workers to prevent the spread of disease.
 - Establish a temporary paid sick day program: To protect the state's workers in the short term, Idaho should create a temporary paid sick day program to slow community spread of the coronavirus. Employers in food service, hospitality, home health, community living facilities, education and child care should be required to provide paid sick leave for workers with flu-like symptoms to allow time to be tested for COVID-19. Governor Little should encourage all other private employers

to extend paid sick days and family leave to encourage people to stay home if sick and as long as needed to recover.

6. Idaho should provide emergency support to child care programs.

- Offer flexible funding for child care: Because child care is essential to the state's ability to effectively respond to the COVID-19 pandemic, Idaho must support the continued existence of child care, including programs that support families with child care subsidies and those that do not. Idaho should provide additional funding to child care and allow financing flexibility, waive copays and move everyone permanently from attendance-based payment policies to enrollment-based policies.
- Provide child care for children of essential personnel: If the state's districts and charters close schools, then Idaho should consider closing the child care system. Simultaneously, select licensed child care centers and family child care homes should be allowed to remain open on a limited basis in order to serve the children of emergency responders and other essential personnel for whom remote work is not an option.
- Ensure unemployment benefits for programs closed due to COVID-19: Alongside actions taken by the federal government to increase access to paid leave and unemployment insurance, Idaho must ensure that all child care system closures are accompanied by funding that allows for access to unemployment compensation for staff who work in center-based child care or are owners/staff of family child care homes.

Missouri: [Kids Win Missouri and a Coalition of Children's Organizations](#)

Directed to: Governor Parson

During this time of crisis, it is important to ensure families can access critical public health services. The following actions will help achieve this goal:

- Temporarily suspend redetermination of family eligibility for child care services, WIC, SNAP, Medicaid, and TANF to ensure that temporary changes in family workforce participation, earnings, or other factors due to COVID-19 do not impact family eligibility.
- Implement "express lane eligibility" for Medicaid, CHIP, SNAP, and other programs, based on information from CCDBG eligibility to support families during this period.

In regard to child care, it is our understanding that there is federal guidance available for situations like these, such as the 2017 IM Flexibility in Spending CCDF Funds in Response to Federal or State Declared Emergency Situations. In addition to the options provided in the guidance, we ask that you consider the following policy options:

- Encourage local governments to evaluate whether to close child care facilities in their communities when closing K-12 systems, while ensuring that select providers can flexibly operate in order to serve the children of emergency responders and

other essential personnel for whom remote work is not an option. Focus on existing child care sites, which already have the trained staff, facilities, and equipment, as the primary way to provide child care for essential workers. Provide “hazard pay” and the public health training appropriate to the pandemic so early childhood educators can meet the demand of providing services responsive to essential personnel.

- Allow personnel impacted by child care system closures to obtain unemployment compensation.
- Enroll child care programs, both home-based and centers, in mortgage forbearance, provide rent deferrals, and ensure support for utility and insurance payments for a three to six-month period.
- Reimburse providers accepting subsidy payments more frequently than one month in arrears.
- Adjust subsidized child care assistance payment policies to increase eligibility, waive co-pays, and pay facilities based on enrollment of children rather than actual attendance. This will help provide financial security for families and child care facilities during these difficult times. Consider the use of CCDF quality, state dollars or transferred TANF dollars to help providers cover the costs of maintaining their operations safely during this time, including necessary sanitation equipment, supplies and services, substitute caregivers, paid leave for affected staff, copayments for coronavirus tests, grants to cover operational costs in the event of closure and other expenses providers and educators will occur as the result of coronavirus spread. Please note that this is not to suggest that TANF dollars be used at the expense of meeting families’ need for cash assistance.
- Ensure that licensing staff are well-trained on best practices for safety and hygiene and can help providers meet public safety requirements.
- 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.
- Incorporate the perspective of child care providers in advisory groups for emergency management agencies to help inform the state on its response to changing circumstances.

Nebraska: [Nebraska Early Childhood Organizations and Funders](#)

Directed to: Ms. Dannette R. Smith Chief Executive Officer Nebraska Department of Health and Human Services, Dr. Matthew Blomstedt Commissioner of Education Nebraska Department of Education, and Mr. John H. Albin Commissioner of Labor Nebraska Department of Labor

Use emergency federal and/or state funds to support child care providers who remain open to provide services for the children of health care professionals, frontline responders and other essential personnel.

Extend and ensure the availability of temporary unemployment insurance to all child care business owners and employees who have suspended services due to the public health emergency, as well as working parents. In addition, consider making paid sick and family leave supports available to the child care workforce and working parents.

Temporarily suspend redetermination of family eligibility for support services such as WIC, SNAP, Medicaid, TANF and child care subsidy to ensure continuity of benefits during the public health emergency.

Utilize the TANF rainy day fund to pay for any unexpected child care costs.

Maximize federal flexibility in the Child and Adult Care Food Program (CACFP) to provide critical resources (food, formula, etc.) through delivery rather than community site distribution.

For those providers remaining open to support health care workers and emergency responders, adopt temporary flexibility in federal and state operations related to regulation of the child care industry, while ensuring the safety, health and well-being of children in care.

Increase access to and flexibility of loan, grant and financial incentive/support programs to help child care businesses resume service when the public health environment has stabilized.

Introduce policies to base child care reimbursement payments on enrollment levels rather than current attendance to help stabilize funding and ensure child care programs remain financially viable.

Allow providers to waive co-pays for families dealing with income interruptions and fluctuations.

To the extent practical, explore temporary opportunities for the use of teachers and educational professionals who meet background check requirements to be utilized in support of the early childhood system.

Ensure health and mental health resources are available to child care and early learning providers, as well as to children and their families, and are paid by federal funds to the greatest extent possible.

Designate funding for community access to trauma-based services.

Nevada: [Children's Advocacy Alliance](#)

Directed to: Governor Sisolak

1. A plan for all essential service personnel (including grocery, emergency, and health) to access emergency child care. This should include an outreach strategy and increased financial support to all existing child care providers (including home-based, family friend and neighbor, and center-based) who choose to stay open to serve our community.
2. Provide guaranteed unemployment compensation and paid sick leave to all small business employees affected by COVID-19. Since businesses in Nevada with less than 50 employees are not required to provide paid sick leave, this leaves many of our child care providers without an ability to care for themselves, their families, or their communities in this time of need (Nevada Labor Commission)
3. Ensure that child care licensing can financially help child care providers meet increased health and safety needs.
4. Develop a long-term plan to restore the economic stability of our child care workforce.

New Hampshire: [Coalition of Public and Private Children's Organizations, including Funders](#)

Directed to: Governor Sununu

We must ensure childcare providers that are closed have access to funding that will allow them to pay staff and cover fixed costs. We should immediately look to expand eligibility and reimbursement rates in our state's Child Care & Development Block Grant (CCDBG) program

Second, we need to make sure that providers that are staying open during the crisis can operate safely and support the families they serve.

Third, we must provide assistance to childcare – just like any other small business receiving relief – to sustain the market today and into the future.

- Support for Centers that Stay Open:
- Childcare Subsidy
- Immediate Investment in Statewide Coordination of Childcare for Frontline and Essential Workers
- Waive Cost Share for Parents:
- Support Operational Expenses:
- Engage Stakeholders in All Actions Suspending Licensing Rules or Creating Emergency Childcare Hubs:
- Ensure Programs have Access Public Funds for Paid Family and Sick Leave

New Jersey: [ACNJ and a Coalition of Early Childhood Associations](#)

Directed to: Governor Murphy and his administration

Mandate child care programs to close immediately, consistent with the mandatory closure of schools, with specific provisions to address the child care needs of first responders and essential workers.

Continue to make child care subsidy payments to all providers, either open or closed. Base payment on each program's March 1, 2020 enrollment numbers, not attendance, and continue payment through April 30, 2020. Provide full payment to cover parent co-payments. Assess future action, depending on the status of the pandemic at that time.

Ensure access to unemployment insurance for family child care homes and center-based providers who do not accept subsidies.

[Rescind the March 16th suspension of DCF licensing standards](#) for minimum play space requirements and group size, so that children who need child care, will stay as safe as possible.

Develop emergency plans to ensure that health personnel, emergency responders and other essential services have access to child care if needed. Such plans must provide a clear definition of the essential personnel and establish guidelines for the safe provision of care. Raise the child care subsidy rate by an additional \$100 per month per child to support the added costs of those centers that remain open to provide child care to essential personnel.

New York: [Winning Beginning New York Empire State Campaign for Child Care](#)

Directed to: Honorable Andrew M. Cuomo Governor of New York State, Senator Andrea Stewart-Cousins, Senate Majority Leader, and Assembly member Carl E. Heastie Speaker of the Assembly

1. Issue a mandatory order that child care programs may only provide care for the children of first responders and essential workers, children experiencing homelessness, and families involved in the child welfare system. Providers with children in these categories enrolled in their programs should be urged to remain open, and supported in doing so, to provide stability for these families in this uncertain time, but not required to do so. Families who do not fall within these categories will not be able to access care during this period. This conforms with the public health directive that New Yorkers engage in social distancing during this period of emergency. This would also help to ensure that limited resources – cleaning supplies, masks, thermometers, hand sanitizer – are directed to the providers who must serve essential workers. Implementing this order should be led and coordinated by OCFS with regional CCR&Rs.

2. Provide clear guidance – updated regularly – on how to provide care in the safest manner possible during the COVID-19 public health emergency, for those child care providers that choose to remain open to care for the children of essential workers, children experiencing homelessness, and families involved in the child welfare system (hereinafter, “emergency child care providers,” or “ECCPs”). Ensure ECCPs are given priority access to essential cleaning supplies, masks, thermometers and other protective gear, and are supplied with diapers, wipes, fresh milk and other healthy food. Ensure that ECCPs are provided a direct contact with a health care provider and/or county Department of Health worker who is available to answer questions or concerns, and who will help them to determine whether they need to bar a child from care, or an employee from work, due to possible COVID-19 illness or exposure, or need to close their facility or take other action to

comply with the most current public health guidance. This contact should also ensure that should a provider fall ill, she is provided necessary health care and support.

3. Encourage and resource ECCPs to provide extended care – before and after normal business hours – to accommodate the extended hours many essential workers are being required to work to address the public health emergency. Encourage ECCPs with available space to provide care to families of essential workers, families experiencing homelessness and families involved in the child welfare system who are not currently enrolled in their program for the duration of the public health emergency.

4. Provide premium pay and access to comprehensive health care, including mental health coverage, to all ECCPs, their staff and the staff of agencies that directly support providers. Educators and agency staff who perform the essential public service of caring for young children during this health emergency are placing themselves at great risk of becoming ill. And we are asking this of educators and staff who are often paid near poverty wages, with few, if any, receiving comprehensive health coverage or other benefits. Indeed, many must rely on public supports to make ends meet. Accordingly, all full-time staff, including owner/providers, should be paid at least an additional \$1,000 per month, or a pro-rata share if they are part-time. These funds should be paid directly from the Emergency COVID-19 Child Care Fund. All educators should also be provided access to comprehensive health care.

5. Direct local department of social services (DSSs)/Administration for Children's Services in New York City (ACS) in New York City to pay all providers participating in the child care subsidy program for March and April 2020 based on the number of children enrolled as of March 1, regardless of attendance. Payments should occur for March and April even if a provider chooses to temporarily close during these months. If the State determines that strict social distancing rules must continue after April, this rule should apply for May, and then be reevaluated. DSSs/ACS shall also pay all parent shares during this period. The State should provide DSSs/ACS with additional funds to cover the costs of the parent shares. These payments should be made regardless of whether the provider remains open or closed during the period of emergency. We recognize and appreciate that New York has already given counties the option to continue to pay subsidies, regardless of attendance, and to cover parent share of tuition costs. However, with counties' funds extremely limited due to the pandemic, and staff stretched thin, it is essential that New York adopt a uniform rule, statewide, and provide additional funds to enable counties to cover any additional costs.

6. Enable providers to apply for grants to cover the costs of private pay tuition from families unable or unwilling to pay during this period of emergency – to be paid out from the COVID-19 Child Care Emergency Fund. This is essential to ensure that providers who 4 serve private pay families – which is the case for most providers – remain financially viable and ready to reopen after this period of emergency. This is an approach being taken by at least one other state (Vermont).

7. Direct and resource all providers – whether they provide care during the period of emergency to undertake reasonable efforts to engage in virtual home visits or other check

ins with the families in their programs. This is a strategy Head Start programs have employed in the wake of other disasters, and could provide critical social and emotional support for families and children during this period of stress, isolation and fear. OCFS and CCR&Rs should be directed to support these efforts, and ensure providers have basic information to refer families to community resources, like food pantries and diaper banks, and to provide activities to ease isolation, and entertain and engage children stuck at home. Providers should be given clear guidance about appropriate steps to take if they are concerned that a child is not safe in the home.

8. Allow afterschool programs with state-funded afterschool contracts, specifically Advantage After School Program, Empire State After-School Program, and Extended School Day, and federally-funded 21st Century Community Learning Centers Programs to pay their staff with contracted funds during school and program closures. New York will not be able to get back to work after this crisis if our after school programs are not adequately resourced during this crisis.

North Carolina: [North Carolina Early Childhood Coalition](#)

Directed to: General public letter but also directed to Governor Cooper and the NC General Assembly

First, make sure that child care programs who are choosing to remain open during the crisis have the financial, programmatic, and health care support necessary to do so and that the children attending their programs – particularly children of first responders, health care providers, and other essential personnel – are receiving priority child care assistance.

Second, ensure child care providers who are closed will continue to receive funding that will allow them to pay staff - when existing federal or state programs fall short or exclude them - and cover fixed costs, through business interruption grants and low-interest or forgivable loans.

Third, put in place policies that will sustain the child care industry today by providing financial assistance to child care as a critically needed small business through all available emergency or Coronavirus financial aid recovery programs and position the system to deliver affordable, accessible child care to young children and their families in the long-term.

Support for the Existing Child Care Industry: The following must be created by the state and should prioritize the needs of the child care sector:

- Emergency Funding: Establish an Emergency Child Care Fund and ensure that any emergency federal or state funds include designation for child care programs as a distinct category and provide access for funding to address immediate needs such as emergency staffing, lost parent and/or child care subsidy fees, fixed operating costs, costs associated with cleaning and sanitizing facilities, and special preparedness training and support to staff.
- Direct Grants: Make direct grants available to licensed child care providers (including home-based, center-based, non-profit, and for-profit) to help cover

ongoing fixed costs (rents, utilities etc.), salaries and benefits for early childhood teachers and staff, the cost of providing paid sick and family leave, and the cost of lost business.

- Small Business Loans: Create a new category for child care programs and/or prioritize any new Small Business Administration Disaster Grants and ensure that any grants would include eligibility for licensed child care providers (including home-based, center-based, non-profit, and for-profit). Provide zero-interest or low-interest loans with access to capital to allow child care programs to cover the costs upfront to stay in business or start up again, with delayed schedules for paying the loan back until the program becomes reestablished. Any state level program designed to deliver small business loans should be forgivable if the business retains payroll levels and remains operational.
- Child Care Subsidy: The current child care subsidy market rate system should not be used as the basis for reimbursement for child care programs designated as emergency child care sites because it is not adequate or equitable across age groups, counties or star rating. The state should establish a standard rate that is 25%-50% above the state market rate average or their county's own market rate for all child care programs designated as emergency child care sites.

Support the Early Childhood Workforce:

- Provide child care programs with emergency funding to pay staff through June 30th who may be out on leave because they have been diagnosed with the coronavirus or who are caring for family members diagnosed with the virus, or to stay open as necessary to support parents who need child care. North Carolina Early Education Coalition P.O. Box 4292, Chapel Hill, NC 27514 (919) 442-2000
www.nearlyeducationcoalition.org
- Allow the WAGE\$ and Infant Toddler AWARD\$ programs to continue to provide salary supplements to early childhood teachers in these programs for 90 days, through June 30th, without redetermination of their employment.
- Pay time and half or hazard pay to all child care staff serving essential workforce employees because of the increased risks to their own families' health.
- Create a new emergency fund for the early childhood workforce to access if they have lost their jobs, are awaiting unemployment, and find themselves with emergency expenses such as rent or mortgage payments.
- Ensure that the child care workforce have access to health care insurance, paid family and medical leave, and pandemic and state unemployment insurance during the crisis.
- Provide necessary supplies and other personal protective equipment to child care programs for all staff working in emergency child care center sites.

- Include all child care staff in the definition of “essential workers” so that they also have first priority access to emergency child care services and the same payment options afforded to all other parents deemed to be essential workers.

Support, Fund, and Establish a Designated System of Emergency Child Care Centers for Essential Workers:

- Create a plan and special fund to establish emergency child care centers for essential workers in licensed child care programs and public schools operating child care programs. Child care for children ages 0 -12 should be handled in already-operating licensed child care programs and not allowed to operate as emergency or temporary sites.
- Create a new category of licensed child care for 3-, 4- and- 5-star programs to be designated as “Emergency Child Care Centers,” and set appropriate operating health and safety and licensing standards.
- Provide additional funding to child care programs that expand to operate programs for shift care, 24-hour care, or other forms of non-traditional hours services.
- Waive the child care co-payments for all parents attending these emergency child care programs, and/or pay the full cost of child care for all essential workers.
- Continue to pay NC Pre-K programs and Child Care Subsidy assistance through June 30, 2020 at enhanced rates for these programs who continue to operate as designated emergency child care sites.
- Pay child care teachers and staff in these programs an enhanced rate (such as time and half, bonus pay, hazard pay, etc.).
- Provide additional guidance and funding to these programs to maintain required health and safety protocols as new guidelines come forward from the CDC. Ensure that child care programs have the Include funding to support the costs of additional cleaning and sanitizing supplies and provide protective equipment for all staff working in child care programs, and the technical assistance and support to implement these new guidelines effectively.
- Continue to provide support and funding for the new 800 number for essential workers to find child care programs through the Child Care Resource and Referral System.

North Carolina: [North Carolina Early Childhood Coalition](#)

Directed to: Governor Roy Cooper and the North Carolina Department of Health and Human Services

We call on Governor Roy Cooper and the North Carolina Department of Health and Human Services to adopt the following policies:

Mandate child care programs to close immediately, consistent with the mandatory closure of schools and restaurants.

Create and fund an emergency child care system for first responders and essential workers that includes immediate funding assistance for child care programs that are able to stay open and serve as essential child care sites. Financial support must include: incentive funding to establish and maintain these programs, bonus pay for teaching staff, free parent fees for all low- and middle-income families, and funding for fixed operating costs and additional health and sanitation costs. To participate, child care programs must meet at least 3-star licensing requirements during operations and take part in additional training and technical assistance on health care practices.

Establish an Emergency Child Care Assistance Fund to sustain the child care industry now, during and after the COVID-19 crisis.

Ohio: [Coalition of State Early Childhood Organizations](#)

Directed to: LeeAnne Cornyn, Director of Children’s Initiatives, Governor’s Office, and Kara Bertke-Wente, Assistant Director, ODJFS

1. Focus on existing child care sites as the primary way to provide child care for essential workers. Existing programs already have the equipment and physical structures, as well as trained staff, to provide the safest care to young children. Allow designated sites to remain open to care for the children. If temporary sites such as the YMCA are used for school-age children, ensure that existing child care sites are supported to care for infants, toddlers and preschoolers. Ensure family child care can continue operations as well since this network is important for young children and there are smaller group sizes.
2. Designate child care sites that will provide for essential workers by region based on population or some other measure. We could potentially use the 12 existing SDA regions (since that is a known organizational system in the State for early childhood).
3. Allow temporary licensure of alternative facilities as needed to supplement the existing child care sites (with a focus on school-age children), such as using Rec Centers, Libraries or YMCA facilities to provide care for school-age children.
4. Create a definition for essential workers to receive this Critical Child Care to include: healthcare workers, grocery and pharmacy employees, nursing home employees, first responders, military, and mail/delivery personnel, child care workers themselves, etc., and allow the designated Critical Child Care sites to determine eligibility for the recipients instantly, onsite. Any person who meets the definition of an essential worker would automatically qualify for free child care, paid for by the State CCDF funds. Guidance in the CCDF FAQs in Response to COVID-19 document states the Lead Agency can, “Broaden the definition of protective services to permit emergency eligibility ... and have the option to waive the income eligibility requirements for children who receive or need to receive protective services. ...”

5. Ensure adequate payment for Critical Child Care sites where the State will guarantee payment for a minimum number of slots (e.g. 50 per site) for a minimum of 4 weeks to ensure the center can provide the care, regardless of the number of children attending. Child care staff should be paid a minimum of time and a half — a 50% increase in pay. This funding is required to acknowledge the role we are asking teachers and staff to shoulder during the pandemic. Consider an increase to the 5-Star reimbursement rate and funding each slot around \$400 per slot per week to ensure stable funding throughout the crisis. CCDF guidance states in the FAQs in Response to COVID-19, “Lead agencies may also use CCDF quality dollars to provide temporary grants or assistance to impacted providers to retain the child care supply during periods of closures.” There also is language that says the Lead Agency can “use quality dollars to provide immediate assistance to impacted families/providers, even if they are not on CCDF.”

Allow employers of essential workers, such as hospitals, to assist with funding, but ensure payment from the State as a guarantee upfront.

6. Leverage the Resource & Referral network across the State to distribute information to families about where and how they can take children for Critical Child Care services.

7. Provide a dedicated supply chain to the Critical Child Care sites to ensure adequate supplies such as protective gear, cleaning supplies, toilet paper, food. Leverage hospital supply chains to do this.

8. Allow child care staff to be re-deployed from other centers that are closed, to provide care and support (even across agencies/organizations).

9. Consider a way for college students and other younger, lower-risk people to be employed to work in the designated Critical Child Care sites even if they do not have the normally required paperwork and background checks. We propose prioritizing college education majors because they likely will have had background checks and other health tests on record, and they also are likely to have classroom experience. We would ask the State to apply for the necessary waiver now in case it is needed. CCDF guidance in the FAQs states, “Specifically, providers serving children who receive CCDF services would need to meet requirements for health and safety standards, training, inspections, and background checks. However, Lead Agencies may apply for temporary waivers for extraordinary circumstances in response to emergency situations in accordance with 45 CFR 98.19. If approved, these waivers may temporarily exempt Lead Agencies from meeting health and background checks requirements.”

Additional Considerations:

1. Allow leveraging of unemployment: For child care programs that have closed or significantly reduced hours, allow child care employers to pay their staff whatever they can afford in addition to the employee receiving unemployment, to try to keep them whole. Average wages for child care teachers are only \$11 an hour, well below poverty levels, and unemployment will not be sufficient for them to meet even their basic needs. Allow employers to pay benefits if offered as well. We need to ensure that child care teachers around the State are still standing strong on the other side of this crisis so we can re-open programs.

2. Provide sufficient notification before mandated closure: Allow adequate preparation time for child care programs to close — as was done with K-12 schools, preferably at least 48-72 hours to allow families to come up with a Plan B.

3. Family child care providers should be exempted from mandatory closure if they choose to remain open on a limited basis to provide the Critical Child Care.

4. Support child care sites distributing food: Allow sites to stay open to distribute food, even if a closing is mandated, similar to how K-12 schools are distributing food, to ensure our low-income families with young children have access to food. Consider leveraging Head Start networks for food – ensure CACFP will continue to pay for food during closure.

5. Eliminate co-pays for Publicly Funded Child Care during the months of March and April and beyond as needed.

Oregon: [Coalition of Public and Private Children’s Organizations, including Funders](#)

Directed to: Governor Kate Brown, Oregon’s Joint Special Committee on Coronavirus Response, and Oregon’s Congressional Delegation

First, include child care in your planning and use an equity lens in your process:

1. Ensure an equity lens is applied to all investments so they reach all providers with targeted support for BIPOC providers. Child care information and directives should be available in a variety of languages and accessible for this very diverse workforce^[4] and population served.

2. Include child care providers in emergency planning. At least two child care providers should be included in advisory groups for emergency management agencies in order to provide input on how best to respond to changing circumstances and environments. Ensure BIPOC provider representation.

Second, establish an emergency child care system utilizing all provider types:

3. Provide “Hazard Pay” to child care providers to cover the increased cost of care for essential workers due to COVID-19. Funds will ensure they are able to increase staff wages, pay substitutes, provide 24-hour coverage, and get access to supplies and resources needed to keep the environment safe and healthy. Provide immediate support for child care and education providers to meet the child care need for essential workers in a way that is safe and nurturing through this public health emergency. [Estimated at \$4.7 million, 30 days for 5,000 kids]

4. Cover child care expenses for “essential workers” who need child care. Many “essential workers” are using new providers and face costs that they would not typically incur due to increased hours and school closures. For “essential workers” eligible for federal child care subsidy (below 85 percent State Median Income), cover all child care costs without any parent co-pay. For “essential workers” who are not eligible for child care subsidy (above 85 percent State Median Income), cover all COVID-19 related child care costs (i.e. child care

costs for school age children, extended hours/days, more expensive care for smaller groups and higher pay for providers, costs above typical pre-COVID-19 child care costs).

5. Retain critical licensing standards for the health and safety of children and providers. Explore whether to increase standards to ensure safety for children and providers such as reduced child/staff ratios, group size, and sanitation. Ensure “red tape” doesn’t inhibit availability of care. Provide flexibility on timelines for standards such as trainings, in-person licensure visits, and food program monitoring visits.

Third, provide specific support for child care and education providers that close so they remain ready to re-open when the immediate crisis ends to support parents’ return to work and ongoing child development:

6. Pay all subsidy child care providers the tuition and public subsidy (i.e. ERDC) they would receive if they were open. This would fund fixed costs and help retain staff. Support licensed and regulated providers with sustained relief throughout the COVID-19 crisis period.

7. Pay non-subsidy child care providers for loss of income and compensate staff during closure, across all care settings, just as the state is doing for the K–12 education system. Pay for fixed costs and staff wages during closures to ensure enough workforce and facilities when the emergency ends. Create a fund to help offset lost tuition. [\$85 million for 60 days]

8. Enroll all child care providers in fixed cost relief efforts. This includes mortgage forbearance, deferral of rents, and support for utilities and insurance for a minimum of three months and up to six months.

9. Ensure early care and education providers have access to variety of benefits. These include:

- Small business relief
- Unemployment Insurance, including self-employed providers
- Paid Family Leave and Paid Sick Leave

Texas: [Texans Care for Children and Coalition of State Early Childhood Organizations](#)

Directed to: Sarah Hicks, Director of Policy and Budget, Office of the Governor

1. Direct the Governor’s Office of State-Federal Relations to expedite temporary adjustments to the following federal regulations:

- a. Work with the Office of Special Education Programs (OSEP) to allow for alternative methods of parental consent for ECI services. The current rule at 34 CFR §303.7(b) requires written consent before ECI services, including telehealth and audio-only services, are provided to a child. Providers are struggling to access e-

signature technology that is affordable and easy for families to access. Without written or consent via e-signature technology, ECI providers are required to delay services, meaning children are not receiving the speech or occupational therapy they need, and providers are losing money because they are not able to provide and bill for services. TEA has issued guidance to Local Education Agencies (LEA) that says, "LEAs may wish to create a template document that assists school staff in documenting decisions made, why timelines were exceeded, and documentation of participation and consent through temporary alternate methods, such as email or notes." If this exception has been made by TEA for IDEA Part B, we ask that the Governor's office allow HHSC to make the same exception for IDEA Part C (ECI) to temporarily allow for alternative methods of consent.

In the meantime, we urge the Governor to consider making disaster and emergency recovery grant funding available through the Office of the Governor to ECI providers so they can access the e-signature technology and virtual tools needed to provide telehealth, including services delivered via audio-only technology. Providers have been forced to purchase software platforms, electronic signature systems, video equipment for providers, video equipment for families without technology, order new testing material for modified eligibility over telehealth, and more. All of these expenses were unexpected and were required during a time when they are not able to provide billable services. Swift action is needed so families do not have to wait any longer for ECI services.

b. Work with OSEP to temporarily allow more than one Service Coordinator for each family. The current rule at 34 CFR §303.34 (and TAC - Rule §108.1104) states that each infant or toddler with a disability and the child's family must be provided with one Service Coordinator. Families have many pressing needs at this time and may need support and guidance quickly. Imagine a Speech Therapist is having a telehealth session with a family in which the family shares they are not getting their SNAP benefits. The Speech Therapist knows where to direct them to resolve this problem, but if they provide the case management -- a service typically performed by the Service Coordinator -- the ECI provider will not be able to bill for the case management service under current rule. The Speech Therapist would need to alert the Service Coordinator to contact the family at a later date in order to provide service coordination and/or case management in a manner that is billable. This is inefficient. Families cannot wait to get the information needed to meet their needs and providers should not have to provide service coordination as non-billable services simply because the resources and information are not provided by a single Service Coordinator in times of crisis.

2. Create an exception to TAC - Rule §108.823 (Continuing Eligibility Criteria) to allow for temporary continuation of existing Individual Family Service Plans (IFSP) when a state of emergency is in effect. During normal circumstances, ECI providers complete annual IFSPs with families within the required timeframe, but the required timeframe is now difficult to meet. We appreciate the state's recent approval to provide assessments via telehealth, however telehealth is new to many ECI providers and fully converting all services to telehealth takes time and money. Allowing continuation of IFSPs for current families would

enable providers to prioritize completing initial assessments via telehealth for new referrals and continuing services to children and families with existing IFSPs via telehealth, including services delivered via audio-only technology. The Governor and HHSC have temporarily waived annual renewals for Medicaid and SNAP during the COVID-19 crisis; similarly, we request flexibility to temporarily extend IFSPs to prevent children from losing ECI services during a time where their families may face additional financial and emotional challenges due to COVID-19.

3. Ensure Medicaid reimbursement is available for the full array of ECI services provided via telehealth, including audio-only services during the emergency. Medicaid and CHIP health plans have flexibility to cover teleservices, including in a member's home, with no additional enrollment required to provide telehealth services. We appreciate that HHSC has encouraged health plans to take advantage of these options when responding to COVID-19.^{iv} HHSC has clarified Medicaid billing codes and guidance for telephone (audio-only) services for behavioral health providers, including psychiatric diagnostic evaluations, psychotherapy, peer specialist services, mental health rehabilitation service and more for services delivered on March 20, 2020 through April 30, 2020.^v We urge HHSC to similarly clarify Medicaid billing codes and provide guidance to ECI providers on how to receive reimbursement for teleservices, including telehealth and audio-only services during the emergency, so ECI providers can continue to provide services and maintain the financial stability of their programs.

4. Direct Texas Department of Licensing and Regulation (TDLR) to allow Speech-Language Pathologists in their Clinical Fellowship Year to bill for telehealth services, including audio-only services. The American Speech-Language-Hearing Association (ASHA) released guidance allowing these trained providers to offer services via telehealth. Texas should follow suit so that these individuals can continue to provide services to the children and families who need them. TDLR has already received approval of a waiver allowing for these providers to be supervised via telehealth, but in order to make the most use of the limited workforce, a waiver should also be granted to allow Speech-Language Pathologist in their Clinical Fellowship Year to bill for services provided via telehealth, including audio-only services.

5. Require HHSC, ECI, and TEA to collaboratively issue guidance to ECI providers and school districts on transition services to children aging out of the ECI program who must be evaluated for early childhood special education services. Providers have reported that numerous school districts have cancelled all transition conferences and subsequent evaluations for children who are turning three and will age out of ECI services. TEA has issued guidance stating that districts should "use distance technology to the extent possible to provide child find, hold initial and annual ARD committee meetings, and/or evaluation/eligibility meetings." Additional guidance was provided by TEA stating that, "All required members of the ARD committee must be present virtually (during times of social distancing) unless a parent has given written permission for an excusal in accordance with IDEA's excusal requirements 34 CFR 300.321(e)." Districts and ECI providers need clear guidance from the state on the requirement to continue transition services for children aging out of ECI services.

6. Identify federal emergency financial assistance provided to the state of Texas that can be made available to ECI providers, and give clear written guidance on how ECI providers can potentially access the financial assistance. We recognize that ECI is a complicated program and state leadership and staff are working extremely hard to meet the needs of Texans. ECI programs were already stretched thin before this crisis began. Without taking strong steps to support our ECI providers throughout the pandemic and beyond, children with disabilities and delays will go without services that are vital for healthy development. The state will incur the long-term financial cost through academic and behavioral challenges and increased need for special education services, but ultimately, babies and toddlers with delays or disabilities will be hurt the most. If ECI is not included now in these financial discussions it is likely to miss out on the federal financial support Texas needs to keep programs operating.

Virginia: [Virginia Early Childhood Foundation](#)

Directed to: Early Childhood Stakeholders

1. First, the Governor and Health Commissioner should appoint Jenna Conway, Chief School Readiness Officer, to coordinate across multiple relevant agencies Virginia's thoughtful and comprehensive response related to early childhood services.

2. Next, and aligned with recommendations from the National Association for the Education of Young Children, Virginia should call for and strongly encourage child care centers to consider closure for the next several weeks, similar to the mandate for K-12 schools, out of deference for the health and safety of early childhood teachers and staff. At the same time, the agencies should work to ensure and communicate economic protections for these small businesses and individuals (e.g., continuation of payments, access to disaster relief, zero- or low-cost loans, unemployment, etc.).

For parents impacted by these closures, employers and public programs should do all possible to help these parents stay home without loss of income or benefits. Employers who need parents at work to sustain essential operations should work with state and local agency, community leaders, and providers to identify child care solutions that limit risk.

3. Virginia should quickly and thoughtfully develop a plan for child care for essential workers including first responders. For those child care programs and staff who are counted on to provide this service, essentially first responders themselves, there must be increased "hazard" compensation (to recognize the critical services they are providing at personal risk) and additional guidance and supports for on-site practices that could reduce the risk of infection and protect both the adults and children who interact in these settings.

Virginia: [Virginia Voices for Children](#)

Directed to: State government officials

The Commonwealth of Virginia should:

1. Issue a statement clarifying what is expected of child care providers. The [National Association for the Education of Young Children has issued a statement](#) that all child care

programs should close to curb the spread of COVID-19 unless in they are authorized to serve categories of “essential personnel”.

2. Change payment practices so that providers receiving state and federal payments on behalf of disadvantaged families can continue to have a source of income. This would mean to change practice to ensure providers are paid while children are absent and allow families to maintain eligibility while programs are closed.

3. Provide guidance and assistance to families seeking care and serving as “essential personnel”. This can be advice for families on how to navigate the landscape to find providers who are trained to meet appropriate health and safety standards to curb the spread of disease. As well as guidance to assess the most appropriate providers to meet their needs in both center-based care and family day homes.

Wisconsin: [Wisconsin Early Childhood Association](#)

Directed to: The Wisconsin State Senate and Assembly

1. A not less than \$250/week “essential child care worker payment”, or hazard payment, over and above regular pay to serve as an incentive to recruit providers and support their valuable service.

2. Health care coverage for early childhood educators and child care providers who, often without adequate health insurance, are putting their own well-being in jeopardy in order to continue to care for children. Keep in mind that NO young child abides by physical distancing, and young children are NOT immune to the virus. While symptoms in children generally seem to be milder, they spread the virus in the same way adults do. And unfortunately, the first infant death due to COVID-19 was just reported on Sunday, March 29.

3. A temporary “license-exempt” status for an early childhood educator going into an essential worker’s home to care for their children in the event that the essential worker qualifies for Wisconsin Shares as a financial support for child care payment.

4. Grants to child care programs, based on March 1, 2020 enrollment, to make up for lost revenue and increased expenses as they ensure continued care for essential worker families and/or have temporarily closed due to COVID19.