

States' Approaches to Providing Emergency Child Care to Essential Workers

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In major disasters, states often designate workers in certain industries as essential to the health and safety of the populace. During the COVID-19 pandemic, many states have recognized that without child care, these essential workers cannot perform their duties and service. In response, state policymakers have developed emergency child care programs for this workforce. This brief discusses the following decision points that state leaders have to make and the varying approaches taken thus far:

- Healthy and Safety Provisions
- Defining the Essential Workforce
- Access for Families
- Eligibility Criteria to Provide Child Care
- Payments for Providers
- Health Care for Providers

Please note that this is not an exhaustive account of all states' actions. Please contact Albert Wat, Senior Policy Director, at awat@earlysuccess.org, with any additions or corrections.

Health and Safety Provisions

Clearly, during a pandemic, the health and safety of the children, their families, and the child care providers are of the utmost importance. National organizations like the [Center for Disease Control](#) have released guidance for child care programs to inform state policies. [ZERO TO THREE](#) also produced guidance specific for the care of infants and toddlers. State guidance and policies vary in their specificity and comprehensiveness. Those that provide more thorough information generally include policies related to the following:

- Group size (Policies can vary by age group or setting. Most limit group size to 10, which in some cases include the adults.)
- Use of common space
- Daily screening and health check
- Drop off/pick up procedures
- Meal preparation and service
- Hygienic practices
- Cleaning practices

For examples of such policies, see guidance from [Colorado](#), [Delaware](#), [Illinois](#), [Maryland](#), [Mississippi](#), [Montana](#), [Nevada](#), [North Dakota](#), [Oregon](#), [Virginia](#), and [Vermont](#). [California](#) provides guidance based on the community's exposure to COVID-19 – from no exposure, to contraction by children (or their family members) or staff at the child care setting.

While some states have articulated specific policies that prevent the contraction and spread of the virus, others have also relaxed or waived some licensing standards and regulations to ensure an adequate supply of child care during the pandemic, such as group size, adult-child ratio, staff qualifications, physical environment, and backgrounds checks. For examples, see policies from [California](#), [Michigan](#), and [New Jersey](#). [The National Association for the Education of Young Children](#) (NAEYC) has released a position statement against waiving or relaxing licensing standards.

States have had to balance the need to maximize the ability of the “essential workforce” to work while minimizing risk to children, their families, and child care staff. While most states have set up some kind of emergency child care, some, like the [Center for the Study of Child Care Employment](#), have questioned the wisdom of doing so at all, given the feasibility of enacting the common precautions (e.g., social distancing, using masks, sanitary and hygienic practices) when caring for groups of young children. **Rhode Island** stands out as one state that has closed its licensed child care programs, but has decided thus far not to provide group-based emergency care. Instead, the state has developed an arrangement with care.com to help identify individual caretakers who can go into the homes of essential workers who need child care.

Defining the Essential Workforce

Typically, states have broad definitions of which workers are essential, well beyond health care workers and first responders. In many cases, child care workers themselves are included in this category. [California](#) has further prioritized children of certain professionals (e.g., health care, public health, emergency service workers) among the “essential” workforce to receive emergency child care. (See the [Alliance COVID-19 resource page](#) for examples of such designations.)

Access for Families (eligibility, payment)

Many states that have created emergency child care programs make essential workers categorically eligible for the service, although often, families are asked to only request emergency care if they have no other options. Some, such as Kansas, North Carolina, Oregon, and Virginia, have limited eligibility to essential workers at certain incomes levels. See below for details.

- [KS](#): “Eligibility is limited to families who have countable income at or below 250% of federal poverty guidelines, or a monthly income of up to \$5,458 for a family of four.”
- [NC](#): “Families must meet the following criteria in order for NC DHHS to cover the cost of care: Gross income must be below 300 percent of the poverty line. Must be a critical

worker responding to the COVID-19 crisis or protecting the health and safety of communities. Must have no other child care options available.”

- [OR](#): “Currently, working parents may enroll in ERDC if their income is below 185% of the federal poverty level. Parents whose income increases remain eligible up to the exit limit of 250% federal poverty level or 85% of the state median income (whichever is higher). DHS is increasing the initial income limit to allow more working parents to enroll their children in safe child care facilities.”
- [VA](#): “Eligibility criteria [for the Subsidy Program] remain in place.”

Another factor that impacts access to emergency care, especially for low-income workers, is whether the program requires payment from the families. Some states are not requiring parents to pay, while in others, some families may have to pay. See below for details.

No payment required

- [CO](#): “Please note providers may not charge any additional fees or co-pays beyond the reimbursements made by the Collaborative.”
- [MD](#): “Child care programs established by the State are at no cost to designated essential personnel only when: 1. The child care program has received prior approval for this service; and 2. The parent has completed an application for such services and submitted it to the program they will use with documentation of their essential status (photo ID, etc.)”
- [MA](#): “Will I be required to pay to enroll my child in an emergency program? No. The Commonwealth will temporarily fund the operation of these programs.”
- [NC](#): “Child care programs may not charge families enrolled in the Critical Worker Emergency Child Care Subsidy program parent copayments.”
- [OR](#): “Eligible families will have no copay amount for the duration of the state of emergency.”

Some/all payment possible or needed

- [FL](#): In most cases, child care providers may charge some additional fees for services.
- [MI](#): “At this time, families will be charged for disaster relief child care.”
- [MN](#): “Providers may charge fees for children of essential workers attending their program during the peacetime emergency.”
- [ND](#): “Providers who accept the grant must agree to prioritize children of health/safety/lifeline worker households and will cap at \$50/month.”
- [TX](#): “To qualify for assistance, your family income must be under 150% of the state’s median income, you must work in an essential job, and you must require child care in order to work.”
- [VA](#): “If you are eligible and are approved for services, the Subsidy Program can pay a portion of your child care costs directly to the child care provider.”

Eligibility Criteria to Provide Child Care

Some states are leveraging their existing capacity of licensed child care providers when setting up emergency care programs. These centers or homes have experienced staff, and since many programs have closed or have low attendance, they have capacity to serve children of essential

workers. States that are prioritizing licensed programs as emergency child care providers, or mandating these providers to be licensed, include [Connecticut](#), [Massachusetts](#), [Minnesota](#), [North Carolina](#), [Tennessee](#), and [Vermont](#)

Other states, like [California](#), [Mississippi](#), and [Ohio](#), allow previously unlicensed providers to participate. NAEYC's [statement](#) also cautions permitting “new, untested, and unmonitored child care programs” to serve children during the pandemic.

Payments for Providers

Some states are providing child care programs additional payments or an increased rate for serving essential workers during the pandemic. [North Carolina](#) stands out as one state that has mandated programs use part of that payment to increase their staff's wages. See below for details.

- [CA](#): “Of the funding, \$50 million will go to the California Department of Education to be used to pay for up to 20,000 limited-term additional state-subsidized slots for child care. The other \$50 million will go to the Department to ensure child care centers, facilities and family provider homes are safe and clean for the children and families they are serving by reimbursing them for the purchase of gloves, face coverings, cleaning supplies, and other labor related to cleaning in accordance with federal and state public health and safety guidelines.”
- [CT](#): Additional payment ranges from \$200 per week to \$825 per week depending on setting and group size.
- [IL](#): “All licensed Emergency Child Care Centers, license-exempt centers, and licensed homes providing care as license-exempt during the emergency are eligible to receive a stipend to offset some of the additional costs providers may incur during the emergency.”
- [MI](#): “If you are open and serving essential workers, bill for the time you are serving a subsidy-eligible child in your care and bill for all subsidy eligible children who would have normally been in your care.”
- [NJ](#): “Increased Rates for Open Providers. Increase rates for child care providers who remain open during this critical time to support working parents, and emergency and essential personnel. The state will pay a differential of \$100 per child per month above the state reimbursed rate for children enrolled in the child care subsidy program.”
- [NM](#): Is the \$250 differential for all children or only CYFD children? At this time, the differential only applies to children enrolled in the child care assistance program in a licensed facility that remains open during the health emergency declaration . . . The \$250 differential is not earmarked for specific expenses. We encourage all licensed facilities to prioritize the health and well-being of its employees. Additionally we encourage all employees who feel they are being taken advantage of by an employer to call the child care complaint hotline. All complaints will be investigated.”
- [NC](#): “Rates were established using the state average for 75th percentile of the 2018 market rates for each [age] group and adding an additional \$200 per child per age group . . . Bonus payments are available for both child care centers and family child care homes and to both teaching and non-teaching staff, full and part-time, working on-site at the child care facility.”

- [VA](#): “Incentive grants are available to child care providers who remain open to serve children of essential employees.”
- [WV](#): “Childcare providers caring for the child(ren) of an essential worker will be paid Tier III rates. The CCR&R agency shall notify the Division of Early Care and Education once it is notified that a provider is caring for the child of an essential worker. This enhanced rate will be paid as long as funding is available. Childcare providers who are granted Tier III status during this crisis will revert to their original Tier status once the crisis has passed.”

Health Care for Providers

Among states that have created emergency child care systems, very few have specific policies regarding the health care of the child care workers. There are exceptions. [Massachusetts](#), [Minnesota](#), and [Oregon](#) are prioritizing emergency child care workers for COVID-19 testing. [New Mexico](#) will cover the cost of treatment for uninsured child care staff who contract the virus – regardless of their income or immigration status. This also extends to their immediate household members.