

We cannot thank you enough for your strong leadership during this time of stress and crisis. Under your leadership, Colorado is setting a standard for the response to COVID-19. As partners in the early care and education sector, we have been fortunate to work with you to ensure Colorado's children, families, and those that care for them are supported, healthy, and thriving. We all now need to continue to work together to respond to this unprecedented threat to our communities, including the viability of the early care and education sector.

Given the unique need that early care and education fills in supporting both children's healthy development and the ability of parents to work, times of crisis require special attention to the support for the work of this sector. It is not an understatement to say that the fragility of the ecosystem could mean a substantial loss of licensed early care and education providers as a result of the COVID-19 outbreak. This sector, that operates on such thin margins and is led by and employs mostly women, requires emergency support to survive. Most providers cannot survive a two-week shutdown in services and revenue, let alone an extended period of closure that we may need to see in response to the outbreak. As such, our requests below and the willingness of state leaders to invest resources to ensure the survival of early care and education in our state are made with the greatest urgency.

**We specifically and respectfully request the following policy changes and public investments to support the early care and education sector:**

- **Protect the health of children in care and the educators that work with them.** If a jurisdiction, either at the state, county, or municipality level, decides to close K-12 schools, then they should communicate and examine the impact to the child care system and consider changes in alignment with [CDPHE guidance](#) as well as provide increased support to ensure the safety and health of children remaining in care. Ensuring that certain licensed child care centers, family child care homes, and school-age child care providers can safely serve the children of health professionals, emergency responders, essential personnel, and those that support them (for whom remote work is not an option) during traditional and non-traditional hours should be part of a jurisdiction's response to the crisis.
- **Provide flexible, new funding to ensure care providers can stay afloat.** With the identification by leaders that child care is an essential service to ensure we can respond to the pandemic comes the obligation to provide significant, flexible, and additional funding (via our Child Care and Development Block Grant, TANF transfers, and other sources) to support the provision of care. These new investments must come with specific policy changes to support the provision of care as providers face significant disruptions in child enrollment and as local and state government looks to care providers and their essential services during a time of crisis. See below for specific flexibility that the state should consider to support providers with these funds.
- **Utilize the flexibility in CCDBG/CCCAP to focus on supply and demand pressures for child care.** Specific policies that should be changed immediately, statewide (not county-by-county) via an emergency executive action:
  - 1) Permanently shift 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 at least 22 absences per month if that is easier from a technology standpoint). There are CCDF funds approved in the federal budget that Colorado can utilize, likely underspending due to impact to the economy, and the fact that the budgets for the state and economy should already assume these families will be using care regularly. This change needs to happen statewide as the impact to the state of COVID-19 will be statewide and dramatically increase in the days and weeks ahead.

- 2) Waive copays for parents. 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. Eliminating copays for child care will be vital to ensure parents can still access care as their economic circumstances are negatively impacted during this time.
- 3) Expand eligibility for subsidies to any professional whose work is vital to the response to the outbreak. Flexibility in CCDBG allows for rethinking eligibility policies during emergencies. The health of our communities and those most susceptible to complications from COVID-19 relies on a host of professionals, including medical, first responders, health care, long-term care, and those who support them such as janitorial staff, and others, being able to work. We cannot let child care be an obstacle to their critical service to our communities and state.
- 4) Increase pay and other protections and benefits for those providing emergency care. Programs that remain open to serve those responding to the emergency should be supported with higher pay that is passed on to teachers in higher wages, guarantees for access to supplies and resources to keep environments safe and healthy, and assurances of paid family and sick leave if they have to take time off to maintain their own health or care for family members and to limit the spread of the virus.
- **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.
- **Intentionally include center and family child care in actions Colorado takes to soften the economic fallout of the pandemic.** Early care and education is essential to the viability of our state's economy. Supporting care providers across the mixed delivery system is vital to the future economic recovery of the state. Supports should include access to paid leave and unemployment compensation, mortgage forbearance, rent deferrals, utility and insurance payments, and other small business and nonprofit support strategies.
- **Adopt flexibility in timelines and expectations for state-managed programs including child care licensing, Colorado Shines, credentialing, and professional development.** Providers are worried about impacts to Colorado Shines ratings, coaching schedules, continuing education to meet credential requirements for licensing compliance, reduced coaching, child care health consultation compliance, and many other compliance requirements whose timelines will be disrupted by the pandemic. This flexibility in payment and coverage for the costs of food under

CACFP will also help providers. Even moving a number of these to online (i.e., requiring keeping with current timelines for continuing education for professional credential via online PDIS and licensing requirements or complying with consultation visits) is not an answer if it doesn't also come with timeline flexibility. Many educators do not have reliable internet access and with care providers closing doors on the heels of the cancellation of the Rocky Mountain Early Childhood Conference (the largest source of professional development training), timelines and expectations need to be flexible.

- **Communicate frequently and directly on the array of questions care providers are asking.** Other states (see Massachusetts for an example [here](#)) are putting forward comprehensive Q&A's to respond to provider concerns. We continue to face conflicting pressures between the goal of providing care and the messages sent by school district closures and need clear communication on why this guidance is different for early care and education providers that fall within closed school districts' catchment areas. This and other questions related to access to sanitation supplies for those who remain open, flexibility and waivers available in these environments for licensing/professional development/credentials/Colorado Shines/consultation, best practices for home based and center based providers with staff who fall into the at-risk populations, and others are contributing to uncertainty at a time of already greater uncertainty.

According to preliminary data from an NAEYC's survey in the past several days, "many child care centers and homes are not going to be able to survive a closure; up to a third in some states indicate they won't survive a closure of any period—another third won't survive a closure of more than two weeks. **In other words, a temporary closure is, for many, a permanent one.**"<sup>1</sup>

Given the level of concern and crisis already facing this sector prior to this outbreak, your choices in the days and weeks ahead on the above topics will create "make or break" scenarios for many providers. We ask you to work quickly and thoughtfully and with the voices of providers and those that support them at the table to adopt the above changes as soon as possible.

Sincerely,

Bent County Early Learning Center  
Bell Policy Center  
Bright by Text  
Charlotte M. Brantley  
Colorado Association for the Education of Young Children  
Colorado Center on Law and Policy  
Colorado Children's Campaign  
Colorado Succeeds  
Colorado Teen Parent Collaborative  
Constellation Philanthropy  
David and Laura Merage Foundation  
Denver's Early Childhood Council  
Denver Preschool Program  
Early Childhood Council of Larimer County  
Early Childhood Councils Leadership Alliance (ECCLA)  
Early Learning Ventures  
The ECHO and Family Center Early Childhood Council

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<sup>1</sup> [https://drive.google.com/file/d/1VzAZI4UvbAYG8nsiO\\_DJGU3Rp41F1k0y/view](https://drive.google.com/file/d/1VzAZI4UvbAYG8nsiO_DJGU3Rp41F1k0y/view)

Executives Partnering to Invest in Children (EPIC)  
Healthy Child Care Colorado  
Invest in Kids  
Mile High Early Learning  
National Wildlife Federation: Early Childhood Health Outdoors  
Parent Possible  
Save the Children Action Network  
The Early Childhood Council of Boulder County  
The Women's Foundation of Colorado  
Westminster Public Schools

### **Appendix of Specific Policy Changes to CCDBG/CCCAP**

Specific policies Colorado's Department of Human Services and county departments of human and social services should adopt during the outbreak:

- Adjust payment policies so they are based on enrollment of children rather than actual attendance, as allowed under Section 98.45(l)(2) of the final rule. This will allow sick children and parents to stay home without disrupting revenue for providers who already experience precarious operating budgets. This will mean that providers can also operate to provide care to medical professionals required to work during the outbreak.
  - At its option, CDHS may pay providers based on a child's enrollment rather than attendance (45 CFR 98.45(l)(2)(i)). The statutory requirement at section 658E(c)(2)(S)(ii) of the Child Care and Development Block Grant (CCDBG) Act requires Lead Agencies to support the fixed costs of providing child care services by delinking provider payment rates from an eligible child's occasional absences due to holidays or unforeseen circumstances such as illness, to the extent practicable.<sup>[1]</sup>
- Use of CCDF quality funds, 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. Note that we are not suggesting TANF dollars be used at the expense of meeting families' need for cash assistance, but is an available transfer/reserve. **Note that CCDF quality dollars can support the supply of child care during a crisis and therefore do not require specific eligibility determinations for families utilizing this care.**
  - CDHS 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. These funds can also be prioritized to the providers willing to open their doors to medical professionals requiring care during the outbreak and ensure that these programs remain viable after the outbreak has cut their revenue dramatically.<sup>[2]</sup>
  - CDHS can use quality dollars to provide immediate assistance to impacted families/providers, even if they are not on CCDF. Such an expenditure could be viewed as a necessary to retain the child care supply during the State's shutdown. This does not

require a waiver, but could require a Plan amendment.<sup>[3]</sup> As a secondary option, CDHS may apply for a waiver to use CCDF funds to provide direct services to families who do not meet CCDF eligibility requirements and/or providers who do not meet CCDF health and safety requirements.

- CDHS can broaden its definition of protective services to permit emergency eligibility. A child in a family that is receiving, or needs to receive, protective intervention is eligible for child care subsidies even if the parent is not working or in education or training. Furthermore, CDHS has the option to waive the income eligibility requirements for children who receive or need to receive protective services, if determined to be necessary, on a case-by-case basis. In emergency situations, CDHS has the option of deeming impacted children to be in need of protective services and therefore, the eligibility requirements (e.g., income threshold, work/training requirement) could be waived. This does not require a waiver but could require a Plan amendment.
- Waive any state policies that terminate child eligibility based on a specific number of absent days, within their 12-month eligibility policy. This will allow parents to make the important decision to keep sick or exposed children home, curtailing the spread of the virus without jeopardizing their eligibility for child care assistance and also allow parents of medical professionals facing variable schedules and the potential to need to quarantine themselves should they be exposed to rejoin the work force as needed.
- Temporarily suspend redetermination of family eligibility for child care services, and work with partner agencies to do the so for 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.

### **Actions in other states**

- Subsidy policy changes: waive co-pays; increase eligibility to 85% of SMI, payments during closure and based on enrollment, not attendance if providers remain open (PA, OR, others).
- Tracking child care closures: asking providers to contact 211 and their licensing specialists, so information is as up to date as it can be for families.
- Emergency temporary rules, re: licensing requirements: here's what's under consideration in Oregon -- modest changes to group size/ratios (not for infants), preliminary background checks and other flexibility for providers regarding staff quals so they can hire subs.
- Emergency temporary rules on emergency child care for first responders, so we can have some safeguards in place
- Communication w/ state funded Head Start/Early Head Start and state prek that we will pay during closure, and waive service hour requirements
- [Social distancing guidance](#) required for ECE programs to stop training that isn't online, parent meetings, other activities, etc.
- Most Head Starts seem to have closed – some states are surveying them to see which Head Starts are available to provide child care for first responders w/ young children – either facility or staff. States will need supplemental funding for this.
- Planning for emergency child care for 1<sup>st</sup> responders in closed public schools (OR). As has been stated, critical to work with health care and long term care providers to estimate demand by location, age, etc.

- Getting child care providers critical cleaning supplies/food, etc.
- Governors contacting and coordinating w/ congressional delegations, re: funding to cover their expenses during a closure (especially those that are not publicly funded), unemployment insurance for child care providers, etc.

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[1] <https://docs.google.com/document/d/1z4mQ9SkGYuh2Ocji6QKuSN4JKs0IFGdp4QuxilYvA4E/edit>

[2] <https://docs.google.com/document/d/1z4mQ9SkGYuh2Ocji6QKuSN4JKs0IFGdp4QuxilYvA4E/edit>

[3] <https://docs.google.com/document/d/1z4mQ9SkGYuh2Ocji6QKuSN4JKs0IFGdp4QuxilYvA4E/edit>