

MEMORANDUM

Date: March 17, 2020

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

From: Todd Barnhouse, OCCRA and the Ohio Child Care Resource & Referral Agencies across the State; Dale Brunner, YMCA of Greater Dayton; Rebekah Dorman, Invest in Children Cuyahoga County; Patti Gleason, Learning Grove; Barb Haxton, Ohio Head Start Association; Margaret Hulbert, Early Learning Consultant; Shannon Jones, Groundwork Ohio; Katie Kelly, PRE4CLE; Karen Lampe, CWCC, Inc.; Robyn Lightcap, Learn to Earn Dayton & Preschool Promise, Inc.; Ron Rees, Corporation for Ohio Appalachian Development (COAD); Julie Thorner, Mini University, Inc.; Kimberly Tice, Ohio Association for the Education of Young Children (OAEYC); Berta Velilla, Miami Valley Child Development Centers; Ohio Association of Child Care Providers (OACCP); United Way of Greater Cincinnati; United Way of Greater Cleveland

Re: Creation of a “Critical Child Care” Network -
Recommendations from Early Childhood Leaders Across the State

Thank you for your continued leadership to identify ways to support child care in our State during this pandemic. A group of early childhood leaders around the State have discussed the recommendations below to assist with your planning at the State level. We understand closure of child care programs is imminent – either through a mandate from the Governor or as a result of child care providers choosing to close. We hear desperate pleas from employers to continue to provide “Critical Child Care” to essential workers, and **essential workers include not only hospital staff but also grocery, pharmacy, nursing homes, first responders, military, and child care staff themselves.** The updated recommendations below are focused on the support that would be needed to allow designated child care sites to remain operational during the pandemic and thoughts regarding how to support the closures to ensure our child care network remains strong when we get to the other side of this health crisis.

Recommendations:

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.

Here is a [link to important information from the National Association for the Education of Young Children](#). Thank you for your consideration as we all work together to keep our State healthy.