

Testimony provided to the Vermont House of Representatives Human Services Committee

By Floyd Nease

March 31, 2020

First of all, thanks are due to the Committee for its attention to these issues. Your concern about child care for the children of essential personnel is well taken. With the COVID-19 emergency, the critical role that child care plays in the lives of Vermont families has come center stage. As such, child care providers have been asked to provide congregate care for the children of essential personnel. It needs to be stated from the beginning that asking anyone to take care of anyone else in a congregate setting is in direct conflict with the “stay home – stay safe” admonition from the Governor’s office that was reinforced strongly again in yesterday’s press conference. Caring for children in a congregate setting raises a host of questions and concerns that cannot be overcome by good intentions alone or merely by “stepping up”. Here are just a few:

- How do you maintain social distancing among active children in a congregate setting? Among toddlers? With infants who need to be held, fed and changed?
- What is the safest bathing /clothing protocol that parents (some of whom are caring for COVID-19 positive patients or are otherwise being exposed) should follow prior to dropping or picking up their child at the congregate setting in order to protect staff and other children?
- What activities do you do with children for 8 – 12 hours a day that both engages them and keeps them six feet apart?

Some PCCs have child care facilities, but because our teaching staff have legitimate reasons to not be available (underlying conditions, homeschooling their own children, etc.), there is no one to staff them, even for the children of essential personnel. Some have been asked to open their facilities nonetheless, which would apparently be staffed by volunteers, teaching staff from local schools or some other caregiver arrangement.

As you can imagine, this raises a number of additional questions which, unanswered, are barriers to providing access to our facilities. The PCC Network itself does not want to be perceived as a barrier to providing care in these challenging times, but our Boards, legal counsel and insurers want assurance that we have conducted thorough due diligence before opening the doors. Some of the questions:

- If a facility is able to provide childcare space but does not have any employees to staff the program, who is the employer of the caregivers?
- Who is responsible for vetting, supervising and paying the caregivers?
- If the PCC is to be the employer, it requires onboarding, orientation, enrollment in payroll and possible eligibility for benefits. Onboarding requires a background check. Fingerprinting is not available, though VCIC is. We assume that the requirement for fingerprints would be waived temporarily, but it is our understanding that liability (related to the children) can’t be waived. In fact, one attorney advised that the act of lifting or waiving any requirements that are generally agreed to be best practices actually increases the agency’s liability.
- Alternatively, if they were employed as temporary independent contractors, it would involve contracts that would require approval by legal counsel, insurers and, possibly the PCC’s Board of Directors.
- If they are employed by another organization, it would require an MOU between the PCC and the other organization that somehow transferred facility-related liabilities to the other organization.

- If caregivers are all volunteers, they would still need vetting, background checks, et. al. As one who has managed volunteers, it's a big job. Volunteers sometimes don't show up. They are volunteers, after all. And whether staffed by volunteers or employees, a system of substitutes would have to be put in place.
- If a caregiver – employee of the organization or otherwise – contracts COVID-19 does that qualify as a Workers Compensation claim? Would that, in effect, close the facility? For how long?
- If all employees of the host facility are unavailable and working from home, who will be required to be on-site managing the day to day operations and supervising the volunteers?
- The operation of a child care center is carefully planned and choreographed. Do we really want the children of essential persons being cared for by well-intended but untrained and essentially unknown caregivers?
- How will supplies be paid for, and by whom?
- Thorough daily disinfection and cleaning would be required for the duration. Who contracts with and pays the cleaning company?

Speaking for myself now, and not for the PCC Network, I believe that caring for these children in congregate settings puts them and their caregivers at great risk. It would be less risky to care for them in their own homes, with relatives, neighbors or friends.

If as a last resort volunteers are used in children's homes, it would make sense for them to have an off-site infrastructure that they could call on for support, a hotline that they could reach out to with questions or if an unanticipated challenge came up.

Finally, this emergency has brought into sharp focus the fact that the person cashing us out at the grocery store is as critical to our daily lives as the doctors and nurses caring for those who are ill. They should not have to put their children at risk while they themselves are at risk where they work. Schools are closed for a reason. School districts across Vermont have largely been unable to fulfill this directive, for many of the same reasons. It is an unsustainable and unsafe model with serious liabilities should anything go wrong. Closing congregate child care settings for all but the children of essential personnel means that the only children being put at risk in that way are those children. We have to find an alternative.

Respectfully submitted,

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