



Date: June 10, 2020  
 To: Chair Lyons and the Senate Health and Welfare Committee  
 From: Dr. Morgan Crossman, Executive Director, Building Bright Futures  
 Re: Child care transitions during the COVID-19 pandemic

My name is Dr. Morgan Crossman, the Executive Director of Building Bright Futures (BBF). Thank you for another opportunity to provide testimony to your committee with regard to our role in supporting the early childhood service system. As a reminder, BBF is Vermont’s foundational early childhood public-private partnership and neutral convener, charged under Act 104 to serve as the State Advisory Council on Early Childhood, the mechanism used to advise the Governor and legislature on the status of children birth-age eight and their families. **BBF’s mission is to improve the well-being of children and families in Vermont by using evidence to inform policy and bringing voices together across sectors and within regions to discuss critical challenges and problem-solve.** During the COVID-19 pandemic, we’ve continued to serve in this role and provide the most up-to-date, high quality information we can to decision-makers and to communities.

I would like to provide a brief overview of the themes we’ve heard through information gathering from families, providers and partners state wide through our robust infrastructure (e.g. regional councils, regional coordinators, parent ambassadors, Early Childhood Action Plan Committees, providers, educations, families, “ask a question” portal).

**Child Care Themes Overview ([full report in SHW Testimony 5/22/20](#))**

Families	Programs/Providers/Educators
1. Closures, financial, capacity & reduced slot concerns (including care for kids 0-12: child care, after school/out of school time summer camps, and PreK)	1. Financial/closure concerns
2. Child mental health needs & developmental needs during the transition	2. Reduced staffing capacity and therefore reduced slots
3. Parent decision-making & pressure	3. Health & mental health concerns for providers and children
4. Fear and uncertainty	4. Everyday logistics (during reopening & for potential closures)
5. Health and safety of their child	5. Supplies
6. Vulnerable children	6. Clear and consistent communication and guidelines
7. Clear communication from program and state around process, logistics and health and safety guidelines	7. Being included in the discussion



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## Additional Reflections Since Reopening

### Challenges

- Parents are unable to return to the workforce due to lack of child care
- Broad concern for the diminished child care capacity across the state
  - Some closures of high-quality child care programs
  - Reduced staff capacity within programs
  - Approximately 50% of programs seem to have reopened at this time
- Parents continue to express anxiety and fear of the unknown, safety and economic concerns
- Child Care providers also express challenges in the ambiguity of operating a business at this time and how to support their staff and build morale and resilience
- State Colleges are facing financial challenges and some have closed high-quality child care programs or have chosen not to open new ones, which has raised concerns in the field about the value higher education places on early childhood education
- The cost of childcare has increased; some programs have reduced hours of operation and/or increased their fees to families
- Providers express appreciation for the efforts to obtain and distribute supplies (e.g. PPE, cleaning supplies and thermometers), but continued challenge accessing necessary supplies
- Challenges with day-to-day logistics and some loss of flexibility due to health guidance
- Adjusting to mask-wearing and new routines for cleaning

### Successes

- State-wide recognition of the importance of child care for both families AND for a healthy economy
- Successful child care reopening and sharing of lessons learned among providers and communities
  - Children thrilled to be among peers
  - Resilience of children and families
  - Ability to spend time outside in open spaces
  - Positivity and support among providers
  - Creating check-ins with teams to discuss challenges faced
  - Building in breaks for children and providers/educators
- Challenging times has nurtured partnerships and creative thinking among families, providers, community based organizations and state partners
- This sudden pause in daily living has provided some unexpected togetherness for siblings, families and even for co-workers to learn more about each other and build a stronger, more resilient community



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## Child Care Policy and Support Considerations

1. **Stabilization & sustainability**: Continued cross agency and cross-sector collaboration to strategize child care stabilization and sustainability
2. **Capacity and Access**: Strategizing capacity of, and need for, access to child care and preK being mindful of our most vulnerable children and families
3. **Family stability** – continued support for the health, mental health and economic well-being of families and the broader economic and early childhood contexts surrounding child care (e.g. (un)employment, health insurance, 3SquaresVT and summer food programs) and being flexible to the needs of families
4. **Health and Safety** – continued partnership with VDH and Director of Maternal and Child Health to ensure appropriate procedures, updates to guidelines and dissemination of information to families and providers.
5. **Identifying lessons learned and sharing best practices** from programs and families who have engaged in reopening (what is working well and what is most challenging)
6. **Supplies**: Continued strategy around supply needs (PPE, cleaning supplies, thermometers, etc.)
7. **Coordinated early childhood response birth to age 12**: Recognition of the broader early childhood age range in the context of child care – early care and education is not a birth-to-five issue. Child care in the traditional sense in Vermont, pre-COVID-19, was focused on 0-5. However, the closure of school-based programming, summer camps, and diminished after school opportunities has impacted children and their families, birth to age 12 and older. A coordinated response for 0-12 is important given the challenges securing care for school-aged children alongside those birth-to-five.
8. **Social emotional development and mental health**: Supporting social emotional needs of children and the mental health needs of children, families, providers and educators
9. **Communication and guidance**: Clear and persistent communication/guidance as we reopen Vermont. Ensure translation and accessibility of guidance is critical.
10. **Technological infrastructure**: BFIS does not have the full and necessary ability to collect and monitor the data needed to inform decision-making. As a state, we need to recognize the limitations of our technological infrastructure and prioritize building a data system that will identify the needs, capacity and gaps in the early childhood service system.

It takes a lot of partnership to have moved as quickly as we did as a state, but also the recognition that it's not perfect and we can always do better. The BBF team is honored to serve as a resource to the legislature, families and early childhood partners. BBF is committed to providing the most up-to-date, high-quality information and data to inform decision-making at all times. In closing, I'd like to remind the committee and all of our partners that we are truly in an unprecedented time with uncharted waters. We're all doing our best and there is no right answer. We're learning more every day and adjusting



based on those lessons and we need to do our best to move through this period with passion, integrity, humility, and grace. Finally, we need to keep children and families at the center of our decision-making.

You can find more information about Building Bright Futures and Vermont's early childhood COVID-19 response on our [website](#).

Thank you very much for your consideration of these topics.

Sincerely,

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