

April 8, 2020

To: The Honorable Members of the Senate Committee on Health and Welfare; Sen. Ginny Lyons, Chair, Sen. Richard Westman, Vice Chair, Sen. Ann Cummings, Sen. Dick McCormack, Sen. Debbie Ingram, Clerk

From: Sarah Adams-Kollitz, Director, Burlington Children's Space and the Burlington Children's Space Board of Directors

Dear Committee Members,

Thank you for considering the child care needs of Essential Workers (EW's). This is an issue of critical importance for everyone in the community, especially licensed programs like the Burlington Children's Space, which serves over 20 EW's who are struggling to find and pay for care while they are at work.

As you know, on March 18, Governor Scott required all licensed child care programs to close in response to COVID 19 and the need to stay at home. At this time, he also asked licensed programs to consider reopening to meet the child care needs of EW's. Programs were given discretion on how many children they served, with group size not to exceed 10 teachers and children. At the time, funding for care to EW's was not announced, since then it has been set at \$125 per week per child in addition to existing subsidy or tuition.

We applaud CDD's first steps toward addressing the sustainability of child care programs by committing to paying child care subsidies for children regardless of attendance, and providing Stability Funds to supplement tuition payments for families not willing or able to pay full tuition during this period. We also understand the challenges of creating new policy under rapidly changing conditions with little or no road map.

We urge you to consider whether the current plan put forward by CDD is meeting the child care needs of essential workers and protecting the safety of the community. The current guidance and funding recommendations have raised many unanswered questions that we urge you to keep in mind as you consider this issue.

Should children of EW's, whose parents are regularly exposed to COVID-19, be cared for in group settings?

Can EW parents count on reliable care in group settings that will have to close if a child or provider in the group becomes ill with COVID-19?

What choices are we offering EW's who do not feel safe having their children in group care, due to their risk of becoming ill or infecting others?

What is the impact on the community if EW's cannot be at work due to child care issues?

What equity issues are raised for low wage EW's who cannot afford private care but do not feel safe having their children in group care?

What are the health risks to child care providers who agree to work with up to 8 infants and toddlers where social distancing cannot be observed and PPE cannot be used?

Why is the community promoting health measures such as social distancing and the wearing of cloth masks for all citizens and creating a lower standard for a vulnerable segment of the population (children and providers)?

How are we as a community advocating for the needs of some of our most vulnerable citizens, including EWs, children of EWs and child care providers?

While these questions pose difficult problems to solve, in the first days after Governor Scott ordered schools to close, the Burlington Children's Space and the Burlington School District developed an action plan which is now being referred to as the One to One Hybrid model. The Burlington School District began implementing the plan with AOE funds on March 25, 2020, serving over 25 families of EW's. The Burlington Children's Space and other licensed programs have not been able to move forward with the One to one Hybrid model without permission and funding from CDD.

In Burlington and across the country we have witnessed the virus transmission between initially healthy providers/care givers and vulnerable individuals in group care situations like nursing homes. The key elements of the plan described here were developed to limit contact between child care providers and children. This is especially important as emerging research shows that up to 25% of infected patients are asymptomatic and that young children are vulnerable to infection.

- Care is provided in a ratio of one provider to one qualified family of an EW.
- The model limits the providers' exposure to just one family, decreasing risk of exposure to illness and increasing their chances of staying healthy enough to provide care.
- Care can be provided by offering funding to the EW, who pays for private care, or at a child care site that meets the developmental needs of the child, reducing the need for on-site care.
- Existing school and child care staff can be utilized and are often known by children and families.
- The model limits the providers' exposure to just one family, decreasing risk of exposure to illness and increasing their chances of staying healthy enough to provide care.

What is needed to make the One to One Hybrid model feasible?

- Waive 100% of tuition for EW's and compensate the "home program" * with Stabilization Funds.
- Make additional funding available to full time EW's whose care costs more than the tuition they were paying to their "home" program.
- Make equivalent funds available to low income EW's who qualify for a child care subsidy while continuing to pay subsidy dollars to the "home" program.
- Fund programs offering group care at appropriate levels that include one to one ratios and hazard pay. Current rates of \$125 per child per week are not enough to compensate providers for the inherent risks or to provide hazard pay.

* "Home Program" in this case refers to the licensed program where the child has been enrolled.

Why is the One on One Hybrid model a smart community investment?

- The model equitably targets the needs of essential workers for the hours they are working, including both low and high income EWs.
- The criteria to qualify for care are very strict, prioritizing the needs of 2 EW families or EW's who are single parents and limiting costs.
- Existing staff are being paid, so the on-site cost is limited to hazard pay and minimal overhead.
- The One to One Hybrid can be used by licensed child care programs throughout the state and is especially efficient if offered in collaboration with the local school district.

Can the One to One Hybrid model work?

The Burlington School district is currently implementing this model. They serve 1992 children pre-k through 5th grade. Of that total, 65 families were eligible for care due to their EW status; 30 of those families have a current need for care; 18 requested funding for home care and 6 families need on site care (for a total of 12 children).

BCS is currently serving 42 families, a population that is representative of the larger Burlington community. Out of the total, 40% receive a child care subsidy and 60% of families pay tuition, some on a sliding scale. Out of that total, there are 23 essential workers. All of the families of essential workers have said they currently have care at home, but some are requesting funds to cover care or will need additional support as their hours increase or more categories of worker are declared essential. Under the One to One Hybrid model, priority would be given to the 7 families with 2 EW's or where the EW is the sole provider. Only 3 of these families have children under age 3 who cannot be served through the Burlington School District.

We are optimistic about the community's ability to support EW's with young children, but we cannot do so without thinking creatively and working together. Please feel free to contact me if you have questions or would like more information. I have attached the One to One Hybrid Brief if you would like more details about the plan. Thank you for your time and consideration.

Sincerely,

Sarah Adams-Kollitz, Director

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