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New York City Council  
Committee on Women and Gender Equity - Jointly with the Committee on Education  
"The Impact of COVID-19 on Childcare in NYC"  
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My name is Lisa Caswell and I am the Day Care Council of New York's Senior Policy Analyst. For more than 70 years, we have successfully served the needs of non-profit organizations sponsoring early childhood education programs across the five boroughs of New York City. Our 93 members currently operate more than 216 programs, most of which are under contract with the Department of Education.

In June of this year, the Day Care Council released a report entitled "Child Care in a Pandemic: What We Learned from Emergency Child Care Programs and How We Can Safely Reopen Our Early Education System." The following is the Executive Summary, Key Findings and Recommendations.

#### EXECUTIVE SUMMARY

In late March, soon after the COVID-19 pandemic shut down New York City's 1,800 schools, including the City's Pre-K for All programs, 93 regional enrichment centers (RECs) opened to serve the child care needs of first responders and essential workers. Soon after the city also opened emergency child care programs (ECCs) located in community-based organizations (CBOs) and family child care (FCC) provider programs, which include both nonprofit and for-profit private providers. These ECCs, which unlike the RECs, opened quietly and with almost no media attention, are dedicated to solely serving children under the age of 5, including infants and toddlers. Currently there are 46 ECCs located in CBOs and 72 FCC providers contracted by the NYC Department of Education (DOE) to serve essential workers.

These community-based and home-based ECCs provide a unique window into what has worked and has not worked for child care programs operating during the pandemic. As the City looks towards reopening public schools and child care centers in September, it is critical to gather lessons learned and other information on how ECCs are able to operate in this pandemic in order to inform the conversation on how to reopen safely while still meeting the education needs of young children.

In June, the Day Care Council of New York (DCCNY) examined a sample of 13 ECCs to determine how they are operating during this pandemic. DCCNY interviewed a total of nine center-based providers and four family child care providers to determine current and best health, safety, and instructional practices in an emergency setting and to develop a set of recommendations based on the findings of the interviews.

Interviews revealed that providers serving the children of frontline workers all felt a sense of pride and purpose in being able to serve essential workers during this time of crisis, but there was also considerable anxiety. The two primary concerns were seemingly conflicting: public health requirements and economic viability. Providers noted that taking the very measures needed to protect the health of their staff and families—for instance, reducing the number of children served—threatened their financial viability.

As the city prepares to reopen its early education system, efforts to ensure the health and safety of families and staff must come with financial assistance to providers, both center-based and home-based. If not, privately operated home-based and community-based programs may be forced to close, and New York City could lose significant child care capacity for its youngest children. This would have immediate and serious implications for parents' ability to stay employed, especially for working women and families who are unable to afford private care in their own homes.

#### SELECTED KEY FINDINGS

1. Deep cleanings and the sanitizing of the centers and FCC programs have become routine for providers and not a burden. Most providers did not complain about the CDC requirements on the increased frequency of cleanings. Instead these cleaning procedures are a part of the new normal of operating under pandemic conditions.
2. Providers are concerned about the supply of personal protective equipment (PPE) in the long term.
3. FCC providers recommend that other programs that are considering reopening take a survey of their families to determine what policies would make the parents feel safe about returning to the program.
4. Nurses, provided to center-based ECCs by the Department of Education, are critical to the safe operation and morale of the staff.
5. Social distancing and mask wearing are difficult for young children. Many providers do not feel it is developmentally appropriate to force them to wear them.
6. Across 13 ECCs, including both center-based and home-based providers, no children or staff report having become sick with COVID-19.
7. Family child care providers are worried that complying with CDC guidelines regarding the limited number of children they can serve will result in them not being able to pay their own rent.
8. Centers serving primarily private pay families may be hardest hit financially as, unlike publicly-contracted centers, which are still receiving funding for enrolled children, most private pay centers are steadily losing tuition as families shelter-in-place.
9. There is widespread uncertainty about the summer and future. While there have been discussions among public policy experts about how public schools will reopen in September, it is still unclear to families and providers whether child care programs will reopen then. Providers say that many families did not even realize that family child care has been operating during the pandemic.
10. Centers and family child care providers will likely lose parents both in the short and long term due to families moving from New York City, families keeping children home because they are now unemployed, or because of health concerns.
11. Both center-based ECCs and FCCs are deeply concerned about the mental health and well-being of the young children in their care. Providers report that they are seeing clear signs of distress in their children, who have not been able to socialize and express affection in developmentally-appropriate ways.

## RECOMMENDATIONS:

1. Provide transparency over when child care centers can reopen so parents and providers can plan for reopening.
2. Ensure families know their options when determining whether they want a center or family child care provider. It is important to support the sustainability of home-based businesses as well as center-based child care providers. Both provide safe and educational spaces for children.
3. Provide all community-based organizations with the same access to nurses, weekly professional cleanings, and training around new cleaning and health protocols as public schools.
4. Do not adopt a blended model of half-days, where one cohort of children attends in the morning and a second cohort attends in the afternoon. Most of the ECC providers endorsed a model where different cohorts of children attend for a full day on alternating schedules, either every other day or every other week. Half-days mean more people move through the center or a home in one day, which would require more cleanings and a complex schedule of staggered arrival and pick-up times.
5. Family child care providers' financial concerns must be addressed to preserve child care for the very youngest and most vulnerable children, especially for infants and toddlers, as there is already a limited supply of slots for them.
6. Any subsidy provided to offset CDC recommendations for smaller classroom sizes must not be based on current attendance and/or enrollment. Instead implement a new system that provides a subsidy that covers a percentage of the number of children who are not able to attend in-person, or subsidize the fixed costs of running a center, such as the rent.
7. To sustain the city's child care capacity, it is critical to support even the private-pay tuition slots. If families do not return and CDC guidelines have to be implemented, these centers will be forced to close, which includes their Pre-K for All classrooms. This could threaten the Pre-K for All program, given that community child care centers provide almost half of the Pre-K for All slots.
8. Provide mental health consultants and trainings to both center-based and home-based providers so they can better support the mental health and well-being of the children they care for and the families they serve.

Of the eight recommendations, we acknowledge that the first has been done, but the other seven are either in various stages of implementation, or are facing funding limitations. For example, the third recommendation focuses on PPE supplies and the consistent presence of a nurse. The fourth recommendation has been implemented by the DOE, but is not in place system-wide. Since the time that we issued the report, DCCNY members have reported several immediate COVID-19 related needs:

- regular shipments of PPE
- increased funding for ongoing deep cleaning
- staff training on deep cleaning
- help with scheduling of mental health provider visits
- ongoing trauma support training for new staff

We are actively working with the DOE Division of Early Childhood Education (DECE) and the Department of Health and Mental Hygiene (DOHMH) to address the above concerns, as well as the critical issues below:

Available center-based seats remain empty for as long as three/four months due to ongoing delays in the processing of child care applications. This is also true for family day care settings. While there are many factors involved, the first step in resolving this issue would be to fully staff the applications, requiring an exception to the City's current hiring freeze. This should not be a problem given child care's continuing status as an essential service.

Providers continue to face the same three/four month delay in the processing of background clearances for new staff. While new staff can be hired and cleared to work as long as they are supervised by qualified staff, our members are struggling to maintain the necessary supervision which is complicated by remote learning and the availability of qualified staff to do the supervision. While we have seen some recent improvement in waiting time, it is not consistent across the five boroughs.

Additionally, the recent DOE RFP awards are raising major concerns. A hallmark of our system has been its capacity to provide full day, full year service to children ages two through four from income eligible families. With this recent RFP, many of our members lost their two year old slots and were given 3K and Pre-K seats on a school day, school year schedule. We understand that the DOE had 300 fewer two year seats to award. We also understand that they are making good on their commitment to City-wide 3K, but we have a problem.

Providers in gentrifying neighborhoods are facing the possible closure of centers in NYCHA buildings. While we support the DOE's increased investment in family day care for infants and toddlers, we must make sure that the non-profit center based sector retains its long-standing capacity. Hopefully with a new federal administration we will see a significant increase in child care funding. If not, we may need to examine new sources of revenue.

Finally, if the school system is moving to mandatory staff testing for the COVID-19 virus, we are not clear why this is not being done in the early childhood education sector, particularly given our status as essential workers. Whether or not the testing of children remains optional, we would like to see testing done on-site, as is being planned for the DOE school system.

Thank you for your time. We greatly appreciate your long-standing support of the City's early childhood education system and welcome all opportunities for continuing collaboration.