March, 2020

Saving Child Care and Protecting Children in this Pandemic-Depression Emergency Workers on the Front Line of the COVID-19 Outbreak

“Our program is closed as of tomorrow. We didn’t have any reserves left. I am heartbroken. We are in the fight for our lives. But... we are needed now more than ever. However, the state can no longer leverage our passion; now they have to pony up the money and recognize our worth.”

— Rixa Evershed, Early Education Director, Nature Nurtures Farm School

Since February 1, approximately 658 child care programs, with 33,000 kids in their care, have closed down in our state. That is about 14 percent of programs and 19 percent of licensed capacity for caring for kids. That includes neither the steady decline in family home providers and child care centers over the past four years, nor the avalanche of closures about to happen.

A national survey has found that 63 percent of child care centers and family homes would not survive a closure of more than one month without significant public investment and support that would allow them to compensate and retain staff, and pay rent or mortgages.

Governor Jay Inslee has included as essential workers those “supporting public and private child care establishments, licensed pre-K establishments, or child care for the children of essential workers across all sectors and for uniquely vulnerable children.” At his press conference on March 26, Inslee said, “Our child care workers are a crucial support system in this struggle. ... They go to work at great risk to their health.”

King County Executive Dow Constantine said on March 24, “Child care and early learning providers are among the heroes of this crisis. We must support this essential workforce with assistance and guidance, and do whatever we can for providers who want to remain open, and keep safe their staff and children in their care.”

Those are good words, but right now child care workers are expected to continue to care for our children while enduring our state’s decades-long regime of poverty-level compensation and following guidelines from the Department of Children, Youth, and Families (DCYF). The state has failed to deliver supplies and personal protective equipment. There is no testing protocol or test kits for family home providers or child care centers. Providers don’t have the necessary thermometers for taking temperatures of caregivers, teachers, children and parents.

Directions from DCYF suggest that if a child care center worker is COVID-19 positive, then the center can be closed without jeopardizing their state subsidies. But if a worker lives with a family member who is COVID-19 positive, then closure is optional and subsidies may be withheld. These directions contradict medical advice for stopping the pandemic.

1 Discussion with Ryan Pricco, Child Care Aware of Washington
4 Governor Inslee Press Conference, March 26, 2020
This is an awful position for essential workers, endangering them and the children for whom they care and the parents of these children. It doesn’t have to be this way, and it shouldn’t. Here is what our state could do:

1. Pay all child care workers and providers hazard pay equal to half the minimum wage. If they are essential workers, don’t force them further into poverty. The median wage for child care workers in 2018 in our state was $13.53. A hazard pay increase would bring these wages up to $20 an hour. The monthly cost to the state would be about $25 million.

2. Continue subsidy payments currently in place through the end of the emergency period, regardless of operation or closure of the center. This is what New Mexico and Mississippi are doing. The money for this has already been allocated in the 2019-2021 state budget.

3. Increase subsidy rates to providers that remain open by 25 percent per subsidized child. New Mexico is paying a differential of $250 per child for all children enrolled in child care assistance. The monthly cost would be about $5 million.

4. Enable all center employees, family home providers, and laid off employees and providers immediate access to Apple Health for their health coverage, or coverage in the SEIU 925 health care pool, or through the Health Benefit Exchange with no premium cost for participants. The monthly cost for this would be between $3 and $5 million a month.

5. Make COVID-19 testing available for staff in sites that remain open. At a minimum, staff, children and family members should have the thermometers, provided by the state, to take temperatures before entering a child care or family home.

6. Provide protective masks and gloves for all operating childcare centers and family home providers.

This is only a start for what our state needs to do to live up to the public responsibilities for early learning and child care, in this pandemic and for the future wellbeing of our young children and the teachers, caregivers, and workers who care for them.