SIDEBAR

COVID-19 Devastates North Carolina's Child Care System and Threatens Health and Safety of Children, Families, and Early Educators

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The COVID-19 pandemic has devastated North Carolina's child care system and threatens the health and safety of children, families, and early educators in programs across the state.

When the COVID-19 pandemic began in North Carolina, child care was deemed essential by Governor Roy Cooper, and child care programs were allowed to remain open to provide services for essential workers employed in health care, law enforcement, grocery stores, transportation, and other essential industries.

Child care has always been considered essential for children's healthy development and early learning, for parents' ability to work, and for the state's economic prosperity. Yet the child care system has never been adequately funded as an essential service.

During the pandemic, child care teachers and staff are being asked to serve children of other essential workers without the appropriate pay, health care, and personal protective equipment (PPE) or recognition that should come with risking their lives. Many are older, low-income, and receive no health insurance or leave benefits and consequently have little financial or social support if they became ill or leave work to care for a family member who becomes ill.

Most child care programs lack both the technical health expertise and financial resources to meet the increased health and safety standards now required because of COVID-19. Across the state, child care health consultants (CCHC), who are often registered nurses, provide a one-time visit and consultation to all child care programs to support them in meeting these enhanced health and safety guidelines. But the supply of child care health consultants is completely inadequate—48 counties have no access these services, and all CCHCs have high caseloads to cover the state and meet the increased demand for services [1].

To assist child care programs in meeting the necessary health and safety standards, the North Carolina Division of Child Development and Early Education (DCDEE) produced the "Child Care Strong Public Health Toolkit" to guide all open licensed/regulated child care programs on best practices to minimize the risk of COVID-19 exposure to both staff and the children in their care [2]. In general, all child care programs are required to:

- Conduct a daily health screening of any person entering the building, including children, staff, family members, and other visitors to identify symptoms, diagnosis, or exposure to COVID-19.
- Post signage in key areas throughout the facility to maintain social distancing with 6 feet of distance whenever feasible, use face coverings, and wash hands.
- Follow North Carolina Department of Health and Human Services Environmental Health Section guidance for cleaning and disinfection recommendations [2].

Despite these protections, 384 COVID-19 child care clusters were reported in North Carolina as of October 3, 2020 [3].

These required health and safety practices are expensive. Thanks to the federal CARES Act, North Carolina received $118 million in federal funding for child care relief in April 2020 [4]. DCDEE quickly developed several initiatives aimed at stabilizing child care programs for a few months, including reimbursing child care programs for the full costs of child care subsidy and NC Pre-K whether programs were open or closed; financial assistance for essen-

tial workers; staff bonuses/hazard pay for teachers and staff; operating grants to help cover fixed operating costs; and a limited supply of personal protective equipment (PPE) and supplies [5]. These COVID-19 child care relief initiatives ended in August 2020 when the state expended these funds. However, in September the North Carolina General Assembly added $35 million for flexible operating grants and $6 million in PPE while the state waited to see if Congress would appropriate additional federal relief funding.

By the end of August, about 60% of all child care programs were open (internal data from NCDHHS, communicated in a September meeting), but continued to face the reality that they may not be able to remain open because they could not make their budgets work. On average, as of the fall all child care programs have only about half the enrollment that they had prior to COVID-19, which means there is not enough income to meet operating costs. Many parents can no longer afford to pay the cost of care or are reluctant to enroll their children because they're worried about the health risks. Decreased capacity and new pandemic-related costs mean operating losses. In a national survey, 45% of child care programs are certain that, without additional public assistance, they will close permanently [6].

In the short term, the solution to the COVID-19 child care crisis will require greater public investment to stabilize the child care industry until parents return to full employment again after the pandemic. In the meantime, parents want and need access to child care so that they can work. For many families, the cost of child care makes that impossible. Each month, there are thousands of low-income families on the child care subsidy wait list and most will not be able to return to work without affordable child care options. Without child care, families simply cannot return to work, and consequently, North Carolina's economic recovery and future prosperity are now at risk. In the long term, we must find a way to fully fund child care as an essential service and make it a part of the state's infrastructure, just like roads and public schools. NCMJ

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References

1. Child Care Health and Safety Resource Center. About CCHCs. Healthy Childcare website. https://healthychildcare.unc.edu/child-care-health-consultants/about-cchc/. Accessed October 27, 2020.
2. North Carolina Department of Health and Human Services. Child-CareStrongNC Public Health Toolkit Interim Guidance. Raleigh, NC: NCDHHS; 2020. https://files.nc.gov/covid/documents/childcare/NC-Interim-Guidance-for-Child-Care-Settings.pdf. Published March 23, 2020. Accessed October 8, 2020.
3. North Carolina Department of Health and Human Services. COVID-19 Response: Outbreaks and Clusters. NCDHHS website. https://covid19.ncdhhs.gov/dashboard/outbreaks-and-clusters. Accessed October 8, 2020.
4. U.S. Department of Health & Human Services, Administration for Children & Families, Office of Child Care. 2020 CARES Act CCDBG Supplemental Funding Allocations for States and Territories. Administration for Children & Families website. https://www.acf.hhs.gov/occ/resource/2020-cares-act-ccdbg-supplemental-funding-allocations-for-states-and-territories. Published April 15, 2020. Accessed October 27, 2020.
5. North Carolina Department of Health and Human Services. Updated COVID-19 Child Care Payments Policies. NCDHHS website. https://ncchildcare.ncdhhs.gov/Whats-New/Coronavirus-Information-for-Child-Care/updated-covid-19-child-care-payment-policies. Accessed October 8, 2020.
6. National Association for the Education of Young Children. A State-by-State Look: How Child Care Programs are Holding On Until Help Comes. Washington, DC: NAEYC; 2020. https://www.naeyc.org/sites/default/files/globally-shared/downloads/PDFs/our-work/public-policy-advocacy/naeyc_policy_crisis_coronavirus_survey3statebystatedata.pdf. Published July 29, 2020. Accessed October 8, 2020.

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