Conversation about reopening child care

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As our organization, city, state and country prepare for phased re-opening, what are the implications for our child care centers?

Jeanne Lovy, May 1, 2020

“Recognize that the desire to get back to normal as quickly as possible is a common reaction in the catastrophic context, and it is an impulse worth restraining.”

Source: Public Health Principles for a Phased Reopening During COVID-19: Guidance for Governors, Johns Hopkins Bloomberg School of Public Health. April 2020. p22.

This is going to take awhile

Spring 2020 **Summer/Fall 2020** **Winter/Spring 2021**

Jeanne Lovy, May 1, 2020

Connection

We are in the middle of an extraordinary, once-in-a-lifetime event. Each of our businesses will be affected in different ways. We all have many, many questions.

One approach is to view everything in the context of one universal solution - **connectedness.**

Using the tools at hand

- We know we will have operational and logistical challenges. In what ways are our organizations uniquely situated to be responsive during this time?
- What is already available?
- What frameworks, lenses, guidelines, organizational imperatives, mission-statements guide our work?
- Flipping the switch from reactive to planful and proactive.

Our assumption is that even the re-opening of public schools will not signify a return to normal operations for child care. We envision a “new normal.”

First, a set of **operational guidelines that allow for change** on a daily or weekly basis – for example, able to flex quickly to changing needs, information, capabilities and challenges over the next several months and possibly, until a vaccine is readily available.

And, **a resilient new way of operating** that may look different from the way we operate today. In what way (if any) will we be forever changed?

Jeanne Lovy, May 1, 2020

Phased approach

- Based on up-to-date data and readiness
- Mitigates risk of resurgence
- Protects the most vulnerable
- Implementable
  - Within context of state or county regulation
  - With support and consultation of our child care professionals
  - Aligned with our own organization
- Hopkins' way of saying this is that re-opening plans must be **flexible, iterative and multi-faceted.**

Getting off the rollercoaster

flu·id·i·ty

/flo͞oˈidədē/

noun

the ability of a substance to flow easily.
"lead especially assists in the fluidity of the molten metal"

- smooth elegance or grace.
  "they moved with supreme skill and graceful fluidity"
- the state of being unsettled or unstable; changeability.
  "tactical considerations can change rapidly given the fluidity of the situation"

Towards a new normal for child care

- **Research-based and fully compliant.** Tied to local, state and federal guidelines.
- **Contextual and dynamic.** Phased, iterative. Openings, closings and re-openings may become standard operating procedure until a vaccine. Plan for fluidity.
- **For and about children and families.** Remains exquisitely sensitive to best practice for children.
- **Innovative.** Not business-as-usual. Modified, reasonable and clear payment, parent, staff policies. A new way of connecting with leadership to make quick, informed decisions. Revised, sober assessment of budget impacts of revised operations.
- **Contributive.** Child care is viewed as part of the solution for employers and others who need to work in order to keep health care and economy functioning. Child care as part of the fabric of what is essential to our organizations. Child care as necessary to emphasize wellbeing.
- **Forward-thinking.** In what ways might our practice change permanently post COVID? In what ways does the national crisis and response highlight ways in which our organization is ideally situated to help?

Getting Started

Guiderails: what do you know for sure?

- Create guiderails – large truths or realities that may guide decisions. I try not to re-hash these once decided. Rather, we use them to help everyone understand their role and what conversation to have next.
- **Just as in real-life, when I get near a guiderail it's a clear flag to use caution, ask questions, move in a new direction or call for help.**

- Areas for which you might have a guiderail:
  - Primary Objective (top priority)
  - Regulatory
  - Budget
  - Facilities or other fixed constraints
  - Etc.

Roadmap

- **Set the guiderails** what do you know for sure?
- **Clarify and create the coordinating team** for childcare decision making. Possible members: organizational leadership; child care professionals; health care advisors; facilities team; parents. Assign roles for discreet tasks within the group and agree on how and when to communicate.
- **Engage the stakeholders.** What questions do you want to ask each group? Create a communication strategy and plan for increased dialog and feedback. Build relationship with regulators. Understand leadership imperatives.
- **Identify gating for childcare decisions.** Does it differ from national plan? From state regulations? Where? For example, if your building opens, will child care automatically open? Why or why not?
- **Model budget** based on several scenarios.
- **Create the SOP with fluidity at the core.** Transition from "putting out fires" to normalizing the state of operating with new health cautions , new financial realities and possibly ongoing ~~rollercoaster-like~~ change.

Supports for the roadmap

- **Listen aggressively. Begin and continue parent/customer dialog.** What must we hear, even if it's difficult. And, how can we respond?
- **Agree on reference points.** State/local guidance, CDC, legal requirements of PPP or other employer laws; national organizations. To whom are you listening? And, who will influence your decisions?
- **Draft communication and prepare for troubleshooting**. Start to prepare for health and safety precautions needed to operate.
- **Involve educators and staff as well as leaders**. Complete some table scenarios.
- **Become educated on employer/employee guidelines** within PPP (or other relevant federal or state restrictions).
- **Plan for business continuity** – what if your director, assistant director and three teachers all get sick at the same time?
- **Look-up.** Allow time, when appropriate, to envision the post-COVID world.

Apollo13-ing it.

"We gave educators almost no notice. We asked them to completely redesign what school looks like and in about 24 hours local administrators and teachers 'Apollo 13-ed' the problem and fixed it. Kids learning, children being fed, needs being met in the midst of a global crisis."

"No state agency did this….the educators fixed it in hours... HOURS."

"In fact, existing state and federal policies actually created multiple roadblocks. Local schools figured out how to get around those too. No complaining and no hand-wringing. Just solutions and amazingly clever plans."

-Excerpt from a FB post by Ken Buck

Supporting Documents

Budget assumptions – for example

Best case

- Reduced capacity July – December with uptick to full operation by April
- Assume full capacity for infants and toddlers; cap at 10 for preschool.
- Assume four closed weeks due to shut-down or positive testing.

Likely case

- Reduced capacity July – December with slow uptick in Q3,4.
- Assume full infants; toddlers minus one per room; cap at 10 for preschool
- Vacancy rate of 25% of the reduced capacity until April; then 15% vacancy
- Assume six closed weeks.

Worst case

- Reduced capacity all year.
- Assume overall enrollment at 50%.
- Assume eight closed weeks

What would be the impact on your school/organization if these were the revenue projections for FY21?

	Jul 2020	Aug	Sep	Oct	Nov	Dec	Jan 2021	Feb	Mar	Apr	May	Jun
% full budget revenue	24%	24%	24%	50%	50%	50%	70%	70%	70%	80%	80%	85%
% full budget expense	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Health care practices in childcare

How will you be ready?

Guidance	Operational Impact
Social Distancing	No use of staff room; no use of common areas; no classes sharing playground; teachers have proximity only to their own class grouping; staff and parent meetings via zoom/phone; parents drop off at entry/curb. Reduced group sizes.
Temperature checks	All children and staff checked each day before entering school. How? Where?
Testing, isolating and contact tracing	Currently no plan for expedited testing for child care. Contact tracing is usually handled by dept. of public health.
Sanitation/Disinfection	Enhanced cleaning and deep cleaning post-exposure. Need to teachers to wipe down surfaces more frequently. Playground may need wiping between each age group. Increased risk for diapering.
Masks, PPE	Masks worn by all teachers. Will children 2+ wear masks? How will this be handled?
Isolation of Exposed and Vulnerable Individuals	Financial/Policy impact: is tuition collected? Are slots held pending vaccine? Is staff paid at same rate if they are isolating due to illness vs. vulnerable status?

Discussion

What are your enrollment assumptions?

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Possible table scenarios

- Staff does not want to work because of concern about exposure
- Enrollment does not match your projection
- More staff want to work than you have space for because of low enrollment
- A parent / board member who is a physician disagrees with or disputes regulatory guidance
- Your center has to close for the third time due to a Covid exposure
- Your director and assistant director both have to stay home due to illness or quarantine
- Teachers are exhibiting stress because of the isolation of working during this time (no staff meetings/no congregating at break time, etc.)
- Teachers expressing concern that all the precautions (e.g. masks, temperature-taking) are not child-centered or are unprofessional.
- Public health department guidance contradicts licensing guidelines.

Children

- What do we know about child mental health and stress levels during this period?
- What is best practice to support children in and outside of child care settings?
- Do our staff need support and training to implement?
- Who are our key advisors on child mental health during this time?
- Can we have a role in child wellbeing even if our centers remain closed?
- What from our current approach seems “just right” for now? (e.g. physical fitness, social stories, etc.)

Parents and enrollment

- Do parents want to return? What conditions would deter or encourage?
- What do parents need that perhaps we haven't thought of? How are they doing now?
- Are parents scared? What would reassure them? What in the news frightens them?
- Do we hold slots for parents who prefer to stay home? Do they lose their priority status?
- Do we return deposits?
- Do essential workers pay a different rate? Are all parents permitted to return? Do we screen parents for essential status?
- Do we give back tuition for Covid-related closure? If a parent / child needs to isolate for Covid?
- Will our wait list parents remain? Do we suspend wait list and fees?
- Who will be the main communicator? What support does that person need?
- How will our values be represented in our communications?

Educators/staff

- Salary policy for staff who choose to isolate due to vulnerable status
- Sick time policy for staff who must isolate due to exposure, or who become ill – do we allow them to run out of sick time?
- Policy for staff who must remain home to care for [healthy] children
- Furlough or layoffs for staff who are not needed due to lower enrollment/group sizes during Covid
- Training on health-care precautions for staff
- When we have to make or communicate difficult decisions, what values do we want to convey?
- Is emotional support and counseling available ? What conditions would encourage staff to utilize it. How are staff feeling? Do we have a role in supporting staff who have concerns at home?
- What are opportunities for professional development (both Covid and non-Covid related?)

Financial assistance

- Will parents able to afford / willing to pay market-rate tuition?
- Should we address increased need by lowering tuition , increasing assistance or both?
- Will the need for tuition assistance rise? Is our current tuition assistance program able to flex?
- Are we okay with parents leaving us for financial reasons? Or, are we trying to build a bridge for those who work part time, are laid off, unemployed or worried?
- How will federal tax-free disaster relieve affect child care?

Policies & Procedures

- Do you need to change your handbook?
- What are the opportunities to use technology or online forms in a way you haven't before?
- Is there a different way to onboard families?
- Are your health care practices, training and materials able to accommodate new realities?
- Are there new ways in which you will be evaluating staff performance? (And, do you know or understand the ways in which your own expectations have changed?)

Health Care Practices

- Viewing CDC, and local guidance what do you know about what will be required?
- What don't you know? What questions do you have?
- How will you achieve social distancing in each part of you rebuilding? For different age groups?
- Think through staffing pattern carefully – will you be able to achieve no (or less) mixing of staff? How will subs be handled? Pick up and drop off?
- What materials and supplies will be required? Do you have supply chain? Back ups?
  - E.g. do you have the right batteries for your thermometers?