

# MARYLAND TOGETHER: MARYLAND'S RECOVERY PLAN FOR CHILD CARE

COVID-19 RESPONSE AND THE PATH FORWARD



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## MESSAGE FROM THE STATE SUPERINTENDENT OF SCHOOLS

# Maryland Together: Maryland's Recovery Plan for Child Care

On behalf of Governor Hogan, I want to thank Maryland's child care providers, teachers and staff who agreed to deliver services for those essential persons and first responders on the front lines who are combatting the COVID-19 pandemic. I also want to thank the many child care providers who remained closed for the health and safety of their staff and families, while awaiting the opportunity to reopen once conditions were safer. Maryland's family and center-based child care providers are the foundation of our recovery efforts. Our child care providers are critical to the return of our state's thriving economy. That is true now, more than ever, and we are grateful to you.

In response to the pandemic emergency, the State's mitigation efforts of COVID-19 and the resulting Stay at Home Order, on March 27, 2020, I closed all child care programs in Maryland and invited providers to apply to reopen as Essential Personnel Child Care (EPCC) sites to serve essential persons, those on the front lines fighting this pandemic and supporting Marylanders during the crisis. On March 30, 2020, the EPCC and Essential Persons School Age (EPSA) programs began operating with the State providing payment directly to providers for these essential personnel child care services.

On May 2020, MSDE released Maryland Together: Maryland's Recovery Plan for Education, which provides guidance for school systems as they begin to consider how they will bring students and educators back into school buildings, once they are able to, in a safe way. It is critical that these efforts are done in collaboration with our child care system. Many elementary schools have child care programs that are co-located on the school site or operate as before or after school programs. As schools begin to reopen, they will depend upon child care services, as they always have. Local school systems will want to consider opening child care programs prior to opening schools to ensure school staff have adequate care for their children while they are at work. Child care programs will need to be well-resourced with cleaning and medical supplies and the ability to purchase food and paper goods in bulk.

Governor Hogan's Maryland Strong: Roadmap to Recovery outlines three major stages that would slowly and safely reopen the State. On May 14, 2020, Governor Hogan announced the start of Phase I of this recovery effort and expanded the businesses, organizations, establishments, and facilities that may open. In anticipation of this staged recovery, MSDE established a comprehensive stakeholder task force, including family and center-based providers, child care advocates, as well as Maryland Department of Health representatives, to provide recommendations for the reopening of child care. This input helped to inform the development of this recovery plan specific to child care - Maryland Together: Maryland's Recovery Plan for Child Care.

Maryland has nearly 7,800 family and center-based licensed child care programs. The providers, teachers, and staff demonstrated commitment and professionalism before COVID-19, and they have shown true leadership, strength and resilience during these chaotic times. Therefore, we have developed guidance that can be used by early childhood leaders as they continue to serve Maryland's children or contemplate the reopening of their programs that provide educational and developmentally appropriate environments that are conducive to learning and growth, while maintaining the health and safety for children, staff, and parents. Maryland is well-equipped to lead the nation in this all important endeavor.

We must all unite in our efforts to maintain equitable learning opportunities and safely transition to providing equitable access to high-quality child care for all families. I encourage child care providers to review the Recovery Plan and use it as a guide to meet the unique needs of families and children. We will continue to work with stakeholders to provide updates and additional resources as they become available.

The Maryland State Department of Education will continue to issue guidance and support to the child care community through our transition to full recovery. I know that the child care community is working hard to support families and children during these difficult times. As early childhood leaders, we must remain persistent in our determination to respond to evolving conditions with noteworthy empathy, flexibility, innovation, creativity and grace.

**Thank you for your tireless work on behalf of our families and children.**

Best Regards,



*Karen B. Salmon, Ph. D.*

**Karen B. Salmon, Ph. D.** | STATE SUPERINTENDENT OF SCHOOLS

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## INTRODUCTION

# Where We Are, Who We Are

Governor Hogan's Maryland Strong Roadmap to Recovery lays out a path to gradually and responsibly reopen Maryland's economy and details the "new normal" necessary to do so. It also recognizes that economic recovery and protecting public health are not opposing goals; they are the same goal and must work together hand-in-hand. The Roadmap begins with "Low Risk" activities and moves through "High Risk" activities. As the State moves to permit higher risk activities and businesses, the impacted industry will have to meet higher standards and benchmarks to show that Marylanders can participate in these activities and feel safe. These stages are broad in character and contemplate being multi-phased within each stage. These sub-phases will be announced when the Governor determines gating benchmarks for the safe rollout of additional openings exist. Changes will necessarily be made to the plan throughout the implementation, in a safe manner, as warranted by public health and economic conditions. The Roadmap contemplates offering some flexibility to health officers of county and municipal governments, and considering regional differences in COVID conditions, but within the parameters set forth by the Governor and his Administration for each stage and particular sub-phase.

The Maryland State Department of Education (MSDE) created the Essential Personnel Child Care (EPCC) and Essential Personnel School Age (EPSA), which were allowed to serve essential persons only as defined in the Governor's Executive Order number 20-03-25-01. Licensed child care programs were allowed to apply to reopen as approved EPCC sites. Non-profit organizations, such as YMCAs, Boys and Girls Clubs, recreational centers, and churches were allowed to apply to serve school-age students. All child care for essential persons at EPCC and EPSA sites is paid for by the State.

As Governor Hogan begins to allow for the resuming of businesses across the state, the reopening of child care programs will be crucial to helping parents and guardians return to work. State Superintendent Dr. Karen Salmon has closed schools for the academic year, adding to the need for school-age child care until the end of summer. Parents not defined as essential persons in the Governor's Executive Order and from businesses newly opened by the Governor, will begin to regain access to child care on a tuition basis. This is part of a thoughtful and gradual transition to full recovery as the Governor's Stay at Home order is replaced by a Safer at Home public health advisory, and many of Maryland's jurisdictions begin Stage One of the Maryland Strong: Roadmap to Recovery. It should be noted that some jurisdictions have decided to remain closed or partially closed.

While this transition is a welcome positive step by parents and child care providers alike, it does not mean that the crisis is over. Low risk does not mean no risk. At all times and everywhere, Marylanders should continue practicing physical distancing, staying six feet apart, and avoiding close gatherings of 10 people or more. All decisions about reopening child care programs should be made by state and local health officials working collaboratively with MSDE and the child care community in the best interests of the health and safety of children and child care staff. Child care programs must use the MSDE/MDH guidance, based on the CDC guidance, and ensure children and staff wash their hands often and that high-touch areas are frequently sanitized. Consideration should be given to the levels of COVID-19 community transmission, and providers should work closely with their local public health departments. The safest place for children is for them to remain at home.

The Maryland Together: Maryland's Recovery Plan for Child Care contains a wealth of information and guidance that can be used by early childhood educators, parents, community leaders, and local jurisdictions. Through the collective endeavors of early childhood leaders and stakeholders throughout the state, the future educational, health and development needs of children will be fully addressed. The most important step will be to base important decisions on data, the uniqueness of individual communities and child care providers, financial resources, and the needs of children and families.



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## TIMELINE OF MAJOR COVID-19 RELATED EVENTS IN CHILD CARE

# Challenges, Opportunities, and Key Dates

Following the Governor's declaration of a state of emergency in Maryland on March 5, 2020, the Maryland State Department of Education (MSDE) has taken significant actions to protect the health, safety, and wellbeing of school communities and child care.

**MARCH 5, 2020:** Governor Hogan declared a State of Emergency and Existence of Catastrophic Health Emergency – COVID-19

**MARCH 13, 2020:** Governor Hogan issued an Executive Order to Expand Access to Child Care by giving authority to Dr. Salmon to suspend certain regulations and permit family and friend child care for up to five unrelated children in the provider's home.

**MARCH 25, 2020:** Governor Hogan issued an Executive Order defining essential person and authorized Dr. Salmon to close child care programs.

**MARCH 26, 2020:** Dr. Salmon announced the extension of school closures until April 24, and the indefinite closure of child care facilities not serving essential personnel.

**MARCH 30, 2020:** Registered child care providers and other partners began providing child care services only to the children of essential personnel. Child care tuition is paid for by the State.

**APRIL 17, 2020:** Dr. Salmon announced the extension of school closures until May 15, 2020.

**APRIL 24, 2020:** Dr. Salmon announced additional grant payments of \$2,000 to child care providers serving the children of essential personnel.

**MAY 13, 2020:** Governor Hogan issued an Executive Order opening additional businesses, organizations, establishments, and facilities, while keeping others closed.

**MAY 15, 2020:** Dr. Salmon announced beginning Saturday, May 16, 2020, approved EPCC and EPSA sites that have available space may begin accepting children of parents from businesses newly reopened by the Governor. Parents of these children would pay tuition directly to the provider.

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## EXECUTIVE SUMMARY

# Strategies for Moving Forward

The MSDE and MDH have worked with early childhood stakeholders across the state to listen to their concerns and suggestions. The Maryland Together: Maryland's Recovery Plan for Child Care reflects much of that input and the **ideas of parents, teachers, providers, and others in the early childhood community**. The result is a plan for transitioning from where we are to where we need to be. It is a guide for child care programs in Maryland as the State moves through Governor Hogan's three phases of recovery. This is not a finished document; it is a living, breathing guide that must evolve as new information becomes available.

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# I. RESEARCH

The COVID-19 pandemic changed the landscape of child care more dramatically than any other phenomenon in the history of our State. An event of this magnitude impacts the number of children we are able to serve and the way in which we are able to provide meaningful early learning and development services for our children and families. The new normal of child care operations may be measured in terms of before and after the pandemic. Today, daily child care operations include increased health and hygiene measures such as wearing masks, conducting temperature checks, frequent hand-washing, on-going sanitation, and practicing social distancing.

Reduced capacity for child care facilities will need to be in place with gradual transitions to maximum licensing capacity standards when safe. Group sizes must be kept small and isolated from others in the centers. Common areas should be avoided, and enhanced health and safety practices should be taken when children are dropped off and picked up, and during meal time. Residents in family child care homes must be counted when considering maximum group sizes, as well as the number of unique students and families. Thorough disinfecting and cleaning must occur between day and night shifts and weekends. Consideration must be made to meet the needs of children receiving early intervention and special education services. Trauma-informed practices should be implemented with resources provided for implementation. Self-care for staff should be prioritized. Considerations and adjustments in parental involvement will be needed, while still maintaining strong relationships.

Research suggests that pediatric coronavirus disease 2019 (COVID-19) cases might be less severe than cases in adults. In addition, children may experience symptoms unlike those seen in adults. Relatively few children with COVID-19 are hospitalized, and compared to adults, fewer children experience fever, cough, or shortness of breath. Severe outcomes have been reported in children, including three deaths. However, while pediatric COVID-19 patients may not exhibit a fever or cough, social distancing and other health and safety practices remain important to deploy for young children because patients with less serious illness and those without symptoms likely play an important role in disease transmission. Consideration should be given to child care staff who may be at risk of contracting the virus.

<sup>1</sup>Coronavirus Disease 2019 in Children — United States, February 12–April 2, 2020. MMWR Morb Mortal Wkly Rep 2020;69:422–426.

DOI: <http://dx.doi.org/10.15585/mmwr.mm6914e4>

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## II. REOPENING CHILD CARE PROGRAMS

The reopening of child care in Maryland must be gradual to avoid outbreaks and further spread of the virus. Opening too soon could result in the closure of programs. To date approximately 50 EPCC and EPSA sites have been closed from 5 to 14 days because of a staff member, parent, or child had symptoms of COVID-19 or tested positive. Therefore, the State will transition through phases, aligned with the Governor's plan. Like Maryland Strong: Roadmap to Recovery, there are sub-phases within each phase

### **PRE-RECOVERY: Child care restricted to children of essential workers through use of EPCC and EPSA sites.**

- EPCC and EPSA sites operating.
- The State pays the cost of child care for essential persons.
- MSDE announces that in Phase 1, EPCC programs will transition from invoicing MSDE for essential persons served to providers collecting tuition for children served.

### **PHASE 1: MSDE begins expanding the number of EPCC programs and the definition of essential persons to include parents working in businesses opened by the Governor.**

- EPCC sites remain open.
- Additional child care programs that want to reopen, may apply with their licensing specialist to be approved as EPCC sites and must follow MSDE/MDH guidance.
- EPCC sites may begin serving parents working in businesses newly-opened by the Governor and collecting tuition.
- EPCC sites transition from invoicing MSDE for essential persons served to collecting tuition.
- EPCC sites participating in Maryland EXCELS may accept children in the Child Care Scholarship program.
- Eligible parents may apply to the Child Care Scholarship program to help meet the cost of child care.
- EPSA sites may continue to operate and transition from invoicing MSDE for essential persons served to collecting tuition.
- New EPCC sites receive one-time grants for cleaning.

### **PHASE 2: MSDE continues expanding the number of EPCC programs as the State transitions through recovery.**

- EPCC sites continue to expand.
- EPSA sites close.

### **PHASE 3: MSDE allows all child care programs to be open for all children with recommended health and safety precautions and social distancing measures.**

- EPCC program ends.
- All child care programs allowed to resume normal operations or reopen and must follow guidelines set forth by the Office of Child Care.
- If local school systems operate on a modified calendar in the fall, eligible families may use the Child Care Scholarship program.

Each phase of reopening for child care facilities must be consistent with each Stage and Sub-Phase identified by the Governor. In all Phases, --

- MSDE must continue communication with local and State health departments to determine current status of virus in communities.
- Child care providers must protect and support staff, children, and their family members who are at higher risk for severe illness.
- Businesses should provide staff from higher transmission areas telework and other options as feasible to eliminate travel to childcare programs in lower transmission areas and vice versa.
- The state should continue to assist child care programs in obtaining cleaning, disinfecting, and Personal Protective Equipment (PPE) supplies and access to bulk purchasing of food staples.
- Child care providers should follow MSDE/DHS guidance, based on CDC guidance.

**Table 1: Alignment of Child Care Phases with the Governor’s [Maryland Strong Roadmap to Recovery](#)**

| MARYLAND STRONG ROADMAP TO RECOVERY | Child Care       | Program      | Eligible Parents   | Payment  | Health & Safety  | Capacity   |
|-------------------------------------|------------------|--------------|--|--|--|--|
| <b>CURRENT RESPONSE</b>             | Current Response | EPCC<br>EPSA | Essential persons as defined by the Governor’s Executive Order number 20-03-25-01                      | Tuition is paid by the State   | Enhanced health and safety precautions as described in MSDE/MDH guidance | Limited to 10 persons: 9 students and 1 teacher  |
| <b>LOW RISK STAGE</b>               | Phase 1          | EPCC<br>EPSA | Expanded definition of essential persons in businesses opened by the Governor through Executive Orders | State-paid child care is phased out.<br><br>Parents pay tuition/ eligible families use child care scholarships | Enhanced health and safety precautions as described in MSDE/MDH guidance | Limited to 10 persons: 9 students and 1 teacher<br><br>Room partitions or modifications considered |

|                          |         |                     |  |  |  |   |
|--------------------------|---------|---------------------|--|--|--|---|
| <b>MEDIUM RISK STAGE</b> | Phase 2 | EPCC<br>EPSA        | Expanded definition of essential persons in businesses opened by the Governor through Executive Orders | Parents pay tuition/ eligible families use child care scholarships | Enhanced health and safety precautions as described in MSDE/MDH guidance   | Capacity to exceed 10 may be considered |
| <b>HIGH RISK STAGE</b>   | Phase 3 | Licensed Child Care | All persons  | Parents pay tuition/ eligible families use child care scholarships | Health and safety per COMAR, but attention to many health and safety precautions as described in MSDE/MDH guidance | Capacity is per COMAR                   |

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## III. GUIDANCE FOR OPERATING CHILD CARE PROGRAMS (adapted from the CDC’s Interim Guidance for Child Care Programs<sup>2</sup>)

### SAFETY ACTIONS

#### Promote healthy hygiene practices

- Teach and reinforce washing hands and covering coughs and sneezes among children and staff.
- Teach and reinforce use of cloth face coverings among all staff and children when feasible as described in the MSDE/MDH guidance, based on CDC guidance. Face coverings are most essential at times when social distancing is not possible. Staff should be frequently reminded not to touch the face covering and to wash their hands frequently. Information should be provided to all staff on proper use, removal, and washing of cloth face coverings.
- Have adequate supplies to support healthy hygiene behaviors, including soap, hand sanitizer with at least 60 percent alcohol (for staff and older children who can safely use hand sanitizer), and tissues.
- Post signs on how to stop the spread of COVID-19, properly wash hands, promote everyday protective measures, and properly wear a face covering.

#### Intensify cleaning, disinfection, and ventilation

- Clean, sanitize, and disinfect frequently touched surfaces (for example, playground equipment, door handles, sink handles, drinking fountains) multiple times per day and shared objects between use.
- Avoid use of items (for example, soft or plush toys, electronic devices, toys, books, other games, and learning aids) that are not easily cleaned and sanitized or disinfected.
- Ensure safe and correct application of disinfectants and keep products away from children.
- Ensure that ventilation systems operate properly and increase circulation of outdoor air as much as possible by opening windows and doors, using fans, and other methods. Do not open windows and doors if doing so poses a safety or health risk (for example, allowing pollens in or exacerbating asthma symptoms) to children using the facility.
- Take steps to ensure that all water systems and features (for example, drinking fountains, decorative fountains) are safe to use after a prolonged facility shutdown to minimize the risk of Legionnaires’ disease and other diseases associated with water.

#### Ensure social distancing

- Ensure that classes include the same group of children each day, and that the same child care providers remain with the same group each day and from week to week.
- Prohibit mixing between groups.
- Eliminate field trips, inter-group events, and extracurricular activities
- Restrict nonessential visitors, volunteers, and activities involving multiple groups at the same time.
- Space out seating and bedding (head-to-toe positioning) to six feet apart if possible.
- Close communal use spaces, such as common break rooms for staff, multi-purpose rooms, game rooms or

<sup>2</sup> Interim Guidance for Child Care Programs <https://www.documentcloud.org/documents/6883734-CDC-Business-Plans.html>

dining halls, if possible; if this is not possible, stagger use and implement enhanced cleaning and disinfecting in between uses.

- If a cafeteria or group dining room is typically used, serve meals in classrooms instead. Put each child's meal on a plate, to limit the use of shared serving utensils.
- Stagger arrival and drop-off times or put in place other protocols to limit direct contact with parents as much as possible. Do not permit parents into the facility.

### **Limit sharing**

- Keep each child's belongings separated and in individually labeled storage containers, cubbies, or areas or taken home each day and cleaned.
- Ensure adequate supplies to minimize sharing of high touch materials to the extent possible (art supplies, equipment etc. assigned to a single camper) or limit use of supplies and equipment by one group of children at a time and clean and disinfect between use.
- Avoid sharing electronic devices, toys, books, other games, and learning aids if unable to clean and sanitize/disinfect.
- Prevent risk of transmitting COVID-19 by avoiding close, prolonged contact (such as shaking or holding hands, hugging, or kissing)

### **Train all staff**

- Train all staff in the above safety actions. Consider conducting the training virtually, or, if in-person, ensure social distancing is maintained.
- Provide on-going training for new information, as well as refresher courses.
- Required training should be taken for programs to remain in compliance with licensing regulations so programs do not fall behind in the annual requirements.
- Provide on-going training for new information, as well as refresher courses.

## **MONITORING AND PREPARING**

### **Screen for signs and symptoms**

- Screen children upon arrival, if possible. Establish routine, daily symptom screening and temperature checks on arrival, for both staff and children. Information on daily health check screenings for children are provided in the MSDE/MDH guidance, based on CDC guidance.
- Implement temperature checks and symptom screening safely, and respectfully, and with measures in place to ensure confidentiality as well as in accordance with any applicable privacy laws or regulations. Keep a log of results. Confidentiality should be maintained.
- Employers and child care directors should use examples of screening methods in the MSDE/MDH guidance, based on CDC guidance.
- Encourage staff to stay home if they are sick (even mildly) and encourage parents to keep sick children home.

### **Plan for when a staff member, child, or visitor becomes sick**

- Identify an area to separate anyone who exhibits COVID-like symptoms during hours of operation, and ensure that children are not left without adult supervision.

# Resources

Alliance for Early Success: Coronavirus

<http://www.earlysuccess.org/resources/coronavirus>

American Academy of Pediatrics Resources Related to 2019 Novel Coronavirus (COVID-19)

<https://www.healthychildren.org/English/health-issues/conditions/chest-lungs/Pages/2019-Novel-Coronavirus.aspx>

Center for Disease Control (CDC) guidance for administrators of K-12 Schools and Childcare Programs

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-schools.html>

Center for Disease Control (CDC) Frequently Asked Questions on Childcare programs

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools-faq.html>

Child Care Aware: Coronavirus (COVID-19)

<https://www.childcareaware.org/coronavirus-landing-page/>

Early Childhood Development Action Network: Early Childhood Focused COVID-19 Resources

<https://mailchi.mp/ecdan/covid19>

Early Childhood Technical Assistance Center Resources for Part C and Part B, Section 619 Programs Coronavirus Disease (COVID-19)

<https://ectacenter.org/topics/disaster/coronavirus.asp>

Governor Hogan COVID-19 Pandemic: Orders and Guidance

<https://governor.maryland.gov/covid-19-pandemic-orders-and-guidance/>

The Hunt Institute COVID-19 Resources & Policy Considerations

<http://www.hunt-institute.org/covid-19-resources/state-child-care-actions-covid-19/>

Maryland Department Health (MDH) related to COVID-19

<https://coronavirus.maryland.gov/>

Maryland Department of Health (MDH) Resources for Schools and Child Care

<https://coronavirus.maryland.gov/pages/school-resources>

Maryland State Department of Education (MSDE) Division of Early Childhood website

<https://earlychildhood.marylandpublicschools.org/>

Maryland State Department of Education (MSDE) Division of Early Childhood FAQs and Guidance for Child Care Providers during COVID-19 <https://earlychildhood.marylandpublicschools.org/covid-faqs>

Maryland State Department of Education (MSDE) Division of Early Childhood Maryland Child

<https://marylandchild.org/>



Maryland State Department of Education (MSDE) Division of Early Childhood Maryland Families Engage website  
<https://marylandfamiliesengage.org/>

Maryland Strong Roadmap to Recovery  
[https://governor.maryland.gov/wp-content/uploads/2020/04/MD\\_Strong.pdf](https://governor.maryland.gov/wp-content/uploads/2020/04/MD_Strong.pdf)

Maryland Together: Maryland's Recovery Plan for Education  
<http://marylandpublicschools.org/newsroom/Documents/MSDERecoveryPlan.pdf>

National Association for the Education of Young Children (NAEYC) Child Care is Essential and Needs Emergency Support to Survive  
[http://nieer.org/wp-content/uploads/2020/04/naeyc\\_covid-19\\_closures\\_and\\_child\\_care.pdf](http://nieer.org/wp-content/uploads/2020/04/naeyc_covid-19_closures_and_child_care.pdf)

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# APPENDIX A: ROAD TO RECOVERY FOR MARYLAND'S CHILDREN WORKGROUP PARTICIPANTS

## Early Childhood Stakeholders

### Chris Peusch

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MARYLAND STATE CHILD CARE ASSOCIATION

### Erin Moxley

FAMILY CHILD CARE ALLIANCE

### Jacqueline Grant

FAMILY CHILD CARE ALLIANCE

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SENIOR VICE PRESIDENT, YOUTH DEVELOPMENT  
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MARYLAND FAMILY NETWORK R & R MONTGOMERY  
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### Tarun Patel

OWNER, GODDARD SCHOOL OF OWINGS MILLS

### David O'Brien

OWNER, GODDARD SCHOOLS OF WHITE MARSH

### Tracy Jost

OWNER KIDS CAMPUS OWNER

### Nancy Panselm

MONTESSORI SCHOOLS OF MARYLAND

### Beth Myers

PRESIDENT SEIU

### Christina Lopez

PRESIDENT, MDAEYC

### Diane Mellott

CEO / COO PLAY CENTERS, INC. / PLAY AND LEARN

### Rebecca Hancock

FAMILY CHILD CARE PROVIDER

### Arbt Khan

FAMILY CHILD CARE PROVIDER  
OWNER, PRIMEROSE SCHOOL

### Charo Torres

PROGRAM DIRECTOR ,  
LATINO CHILD CARE ASSOCIATION OF MARYLAND, INC.

### Michelle Giove

EXECUTIVE DIRECTOR OF OPERATIONS ,  
THE YOUNG SCHOOL

### Sharon Holloway-Gentemann

PACT: HELPING CHILDREN W/SPECIAL NEEDS

### Glenice Shabazz

SMART STEPS INC., OWNER / CO-PRESIDENT, BALTIMORE CITY  
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# APPENDIX B: CDC DECISION TREE FOR REOPENING CHILD CARE PROGRAMS DURING THE COVID-19 PANDEMIC

## CHILD CARE PROGRAMS DURING THE COVID-19 PANDEMIC



The purpose of this tool is to assist directors and administrators in making (re)opening decisions regarding child care programs during the COVID-19 pandemic. It is important to check with state and local health officials and other partners to determine the most appropriate actions while adjusting to meet the unique needs and circumstances of the local community.

### Should you consider opening?

- ✓ Will reopening be consistent with applicable state and local orders?
- ✓ Are you ready to protect children and employees at higher risk for severe illness?
- ✓ Are you able to screen children and employees upon arrival for symptoms and history of exposure?

ANY  
NO



ALL  
YES

### Are recommended health and safety actions in place?

- ✓ Promote healthy hygiene practices such as hand washing and employees wearing a cloth face covering, as feasible
- ✓ Intensify cleaning, sanitization, disinfection, and ventilation
- ✓ Encourage social distancing through increased spacing, small groups and limited mixing between groups, if feasible. For family child care, monitor distance between children not playing together and maintain distance between children during nap time
- ✓ Adjust activities and procedures to limit sharing of items such as toys, belongings, supplies, and equipment
- ✓ Train all employees on health and safety protocols

ANY  
NO



ALL  
YES

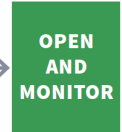
### Is ongoing monitoring in place?

- ✓ Develop and implement procedures to check for signs and symptoms of children and employees daily upon arrival, as feasible
- ✓ If feasible, implement enhanced screening for children and employees who have recently been present in areas of high transmission, including temperature checks and symptom monitoring
- ✓ Encourage anyone who is sick to stay home
- ✓ Plan for if children or employees get sick
- ✓ Regularly communicate and monitor developments with local authorities, employees, and families regarding cases, exposures, and updates to policies and procedures.
- ✓ Monitor child and employee absences and have a pool of trained substitutes and flexible leave policies and practices. For family child care, if feasible, have a plan for a substitute caregiver if provider or a family member in the home gets sick
- ✓ Be ready to consult with the local health authorities if there are cases in the facility or an increase in cases in the local area

ANY  
NO



ALL  
YES



[cdc.gov/coronavirus](https://cdc.gov/coronavirus)

[View/Download the CDC Decision Tree for reopening Child Care Programs during the Covid-19 Pandemic](#)

APPENDIX C: CHILD CARE RELIEF.ORG - MARYLAND: CHILD CARE IS ESSENTIAL TO AMERICA'S ECONOMIC RECOVERY

# Maryland

## Child Care Is Essential to America's Economic Recovery

### Child Care and COVID-19 Across the U.S.

- Child care is an essential workforce support for parents, as highlighted by [the Chamber of Commerce](#), and critical to ensuring parents can return to work and the economy can begin to recover.
- [64% of surveyed](#) child care providers say they wouldn't survive a closure of more than one month without significant public investment. At the same time, a majority of providers have been forced to close to protect public health and in response to plummeting enrollment.
- Currently, across all provider types, [60% of programs](#) are fully closed and not providing care to any children.
- As a result, a recent [Bipartisan Policy Center survey](#) showed two-thirds of parents who still need child care are having difficulty finding it. Further, about half of parents are concerned their provider would no longer be open when they are able to return to work.
- Nearly half of all child care capacity, [4.5 million child care slots](#), is at risk of permanently disappearing without significant public investment — before this crisis, about 12 million children under the age of five were in child care.
- As our country moves through the various phases of recovery and reopening the economy, no industry will be able to restart if the child care industry collapses and a big portion of the labor force no longer has access to reliable, high-quality child care they depend on to be able to go to work.

Substantial, direct, and targeted support to child care is critical - and supported by [87% of voters](#), who are in favor of providing enough federal assistance during this crisis to ensure child care providers are able to make payroll and cover other expenses like rent and utilities. Strong support for funding is bipartisan — 82% of Republicans and 94% of Democrats say they are in support.

A coalition of the nation's leading early learning and care organizations recently released [updated recommendations](#) ahead of the next emergency relief package on the need to provide substantial relief specific to child care.

## Child Care and COVID-19 in [Maryland](#)

- According to the Center for American Progress, 78,375 licensed child care slots are at risk of [disappearing](#), which represents 53% of licensed child care slots
- In March, 315 child care providers in [Maryland](#) responded to a [NAEYC survey](#) reporting that 33% would not survive closing for more than two weeks without significant public investment and support that would allow them to compensate and retain staff, pay rent, and cover other fixed costs.
- A [second survey in April](#) with 118 child care providers responding in Maryland indicated that 41% of child care programs were completely closed, with another 48% open only for children of essential workers.
- Of providers who are still open, 59% are operating at less than 25% capacity.
- 32% of respondents reported needing to either lay off or furlough employees, or reported being laid off or furloughed themselves. Another 76% anticipated such actions occurring in the next 1-4 weeks.
- 41% of respondents said they have applied for an SBA Loan. 86% were either worried about being able to pay back a loan or did not want to take out new loans.
- Maryland received \$45.8 million in supplemental funds in the CARES Act to serve the children of front-line and essential workers and support providers yet, we know this is not enough to cover the impacts COVID-19 has had on the child care market and ensure providers will be there when the economy begins to open up. To read more about how your state has allocated its supplemental funding, click [here](#).



# Road to Recovery for Child Care in MD

Monday, May 04, 2020

Powered by  SurveyMonkey

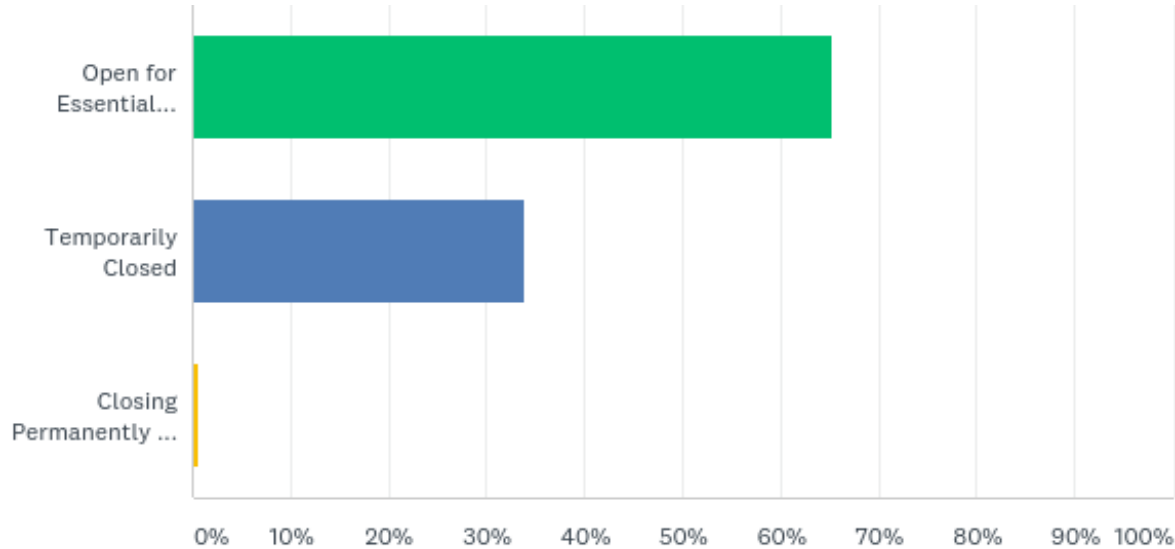
# 310

Total Responses

Date Created: Thursday, April 30, 2020

Complete Responses: 309

# Q1: What is your current operating status?

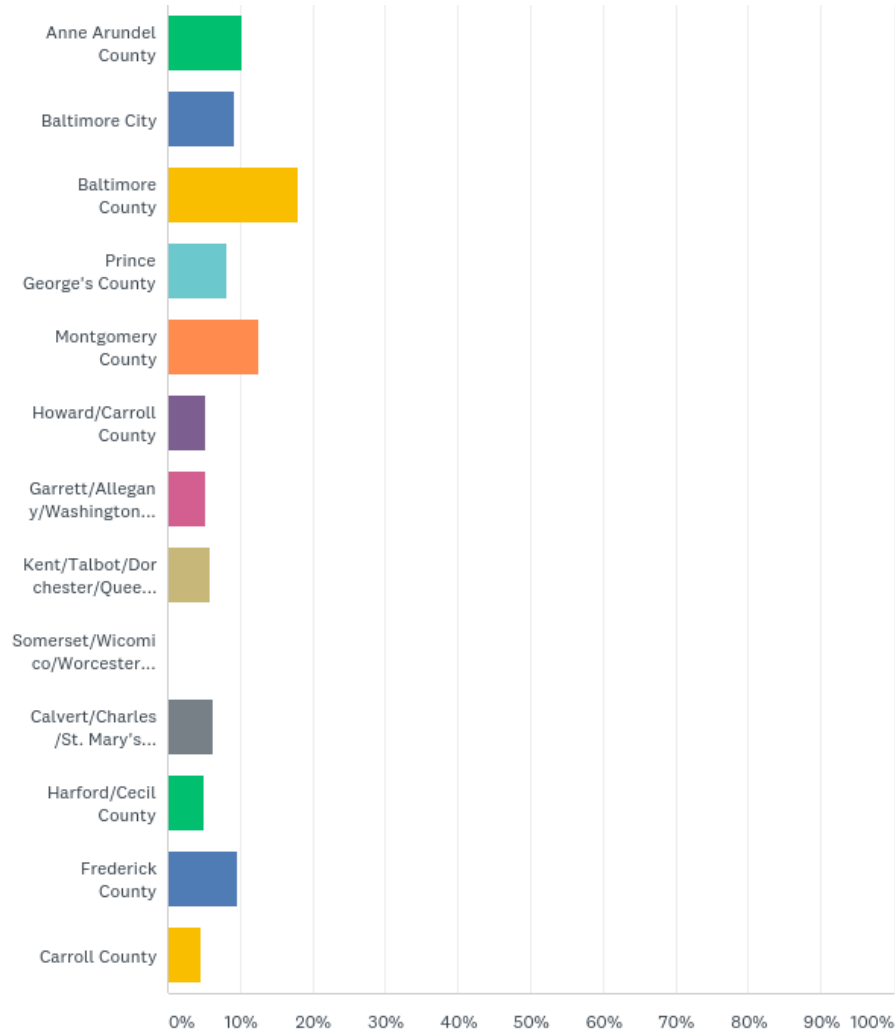


| ANSWER CHOICES                                    | RESPONSES  |
|---|------------|
| Open for Essential Personnel                      | 65.37% 202 |
| Temporarily Closed                                | 33.98% 105 |
| Closing Permanently as a result of current crisis | 0.65% 2    |
| <b>TOTAL</b>                                      | <b>309</b> |

Two programs have reported closing permanently because of Covid-19 loss of income. Both are centers located in Region 8, the Upper Shore region. One center had a licensing capacity of 98 and the other had a licensing capacity of 48.

Answered: 304 Skipped: 5

## Q2: What region or county are you in?



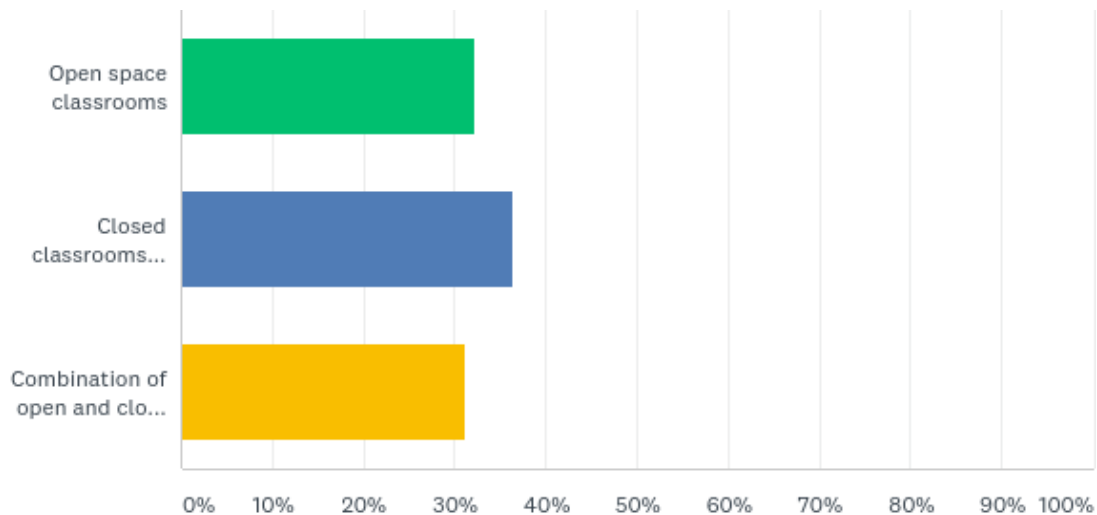
## Q2: What region or county are you in?

Answered: 304 Skipped: 5

| ANSWER CHOICES                                      | RESPONSES |            |
|---|-----------|------------|
| Anne Arundel County                                 | 10.20%    | 31         |
| Baltimore City                                      | 9.21%     | 28         |
| Baltimore County                                    | 18.09%    | 55         |
| Prince George's County                              | 8.22%     | 25         |
| Montgomery County                                   | 12.50%    | 38         |
| Howard/Carroll County                               | 5.26%     | 16         |
| Garrett/Allegany/Washington County                  | 5.26%     | 16         |
| Kent/Talbot/Dorchester/Queen Anne's/Caroline County | 5.92%     | 18         |
| Somerset/Wicomico/Worcester County                  | 0.00%     | 0          |
| Calvert/Charles/St. Mary's County                   | 6.25%     | 19         |
| Harford/Cecil County                                | 4.93%     | 15         |
| Frederick County                                    | 9.54%     | 29         |
| Carroll County                                      | 4.61%     | 14         |
| <b>TOTAL</b>  |           | <b>304</b> |

### Q3: Please describe your program space configuration

Answered: 307 Skipped: 2



| ANSWER CHOICES                                   | RESPONSES |            |
|--|-----------|------------|
| Open space classrooms                            | 32.25%    | 99         |
| Closed classrooms spaces with 4 walls and a door | 36.48%    | 112        |
| Combination of open and closed spaces            | 31.27%    | 96         |
| <b>TOTAL</b>                                     |           | <b>307</b> |

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**Q4: What is your licensed capacity?**

**Q5: What is your capacity under limited group sizes of 10 in a room?**

Capacities ranged from 8 for Family and Small Center Providers to 278 for large Center Providers—Averaged 32% loss in capacity

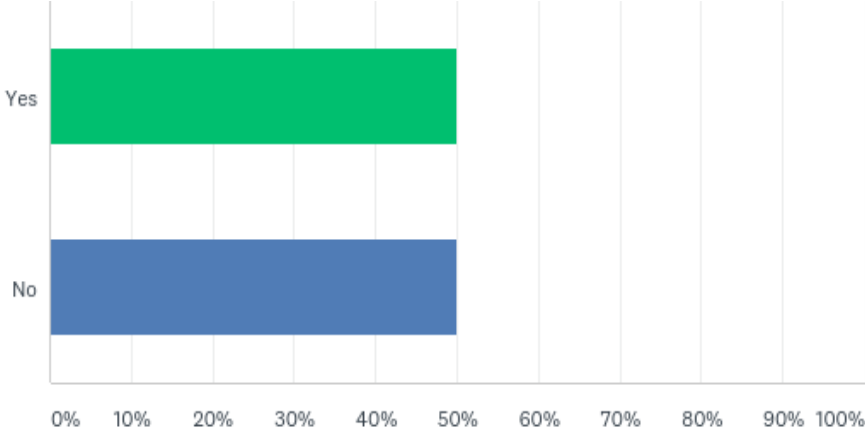
The capacity loss was less significant for providers with up to 10 children in their care—family and small center providers with up to 10 children lost 12% of their total capacity with new Covid-19 group restrictions.

Providers with more than 10 children in their care lost 46% of their total capacity with new Covid-19 group restrictions.



# Q6: Have you polled your parents to find out how many families plan to return to your childcare program after Covid-19?

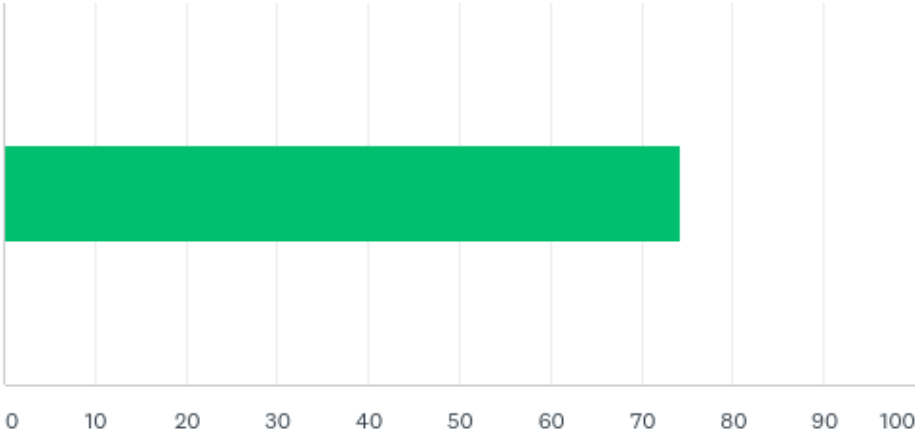
Answered: 308 Skipped: 1



| ANSWER CHOICES | RESPONSES |     |
|----------------|-----------|-----|
| Yes            | 50.00%    | 154 |
| No             | 50.00%    | 154 |
| TOTAL          |           | 308 |

# Q7: What percentage of families do you expect to return when your program reopens?

Answered: 306 Skipped: 3



| ANSWER CHOICES         | AVERAGE NUMBER | TOTAL NUMBER | RESPONSES |
|------------------------|----------------|--------------|-----------|
|                        | 74             | 22,718       | 306       |
| Total Respondents: 306 |                |              |           |

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## **Q8: How many families have withdrawn from your program since the beginning of the Covid-19 crisis ?**

Programs surveyed reported a total 1,503 families who had withdrawn from their program since the beginning of the Covid-19 crisis.

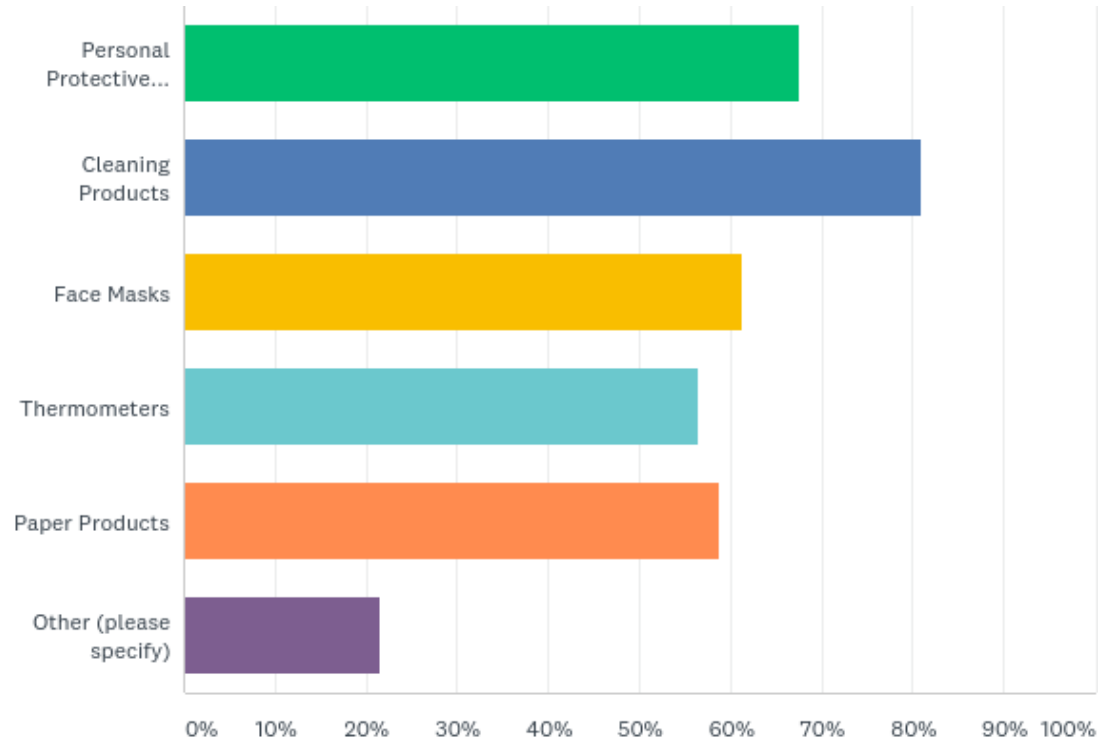
This number represents 13% of the total capacity of the programs surveyed.

Programs serving smaller groups of up to 10 children saw a significantly higher rate of withdrawal, with 19% of their total capacity leaving the program.

Programs serving more than 10 children lost 9% of their total capacity to student withdrawals.

## Q9: What supplies do you need now to continue operation?

Answered: 289 Skipped: 21



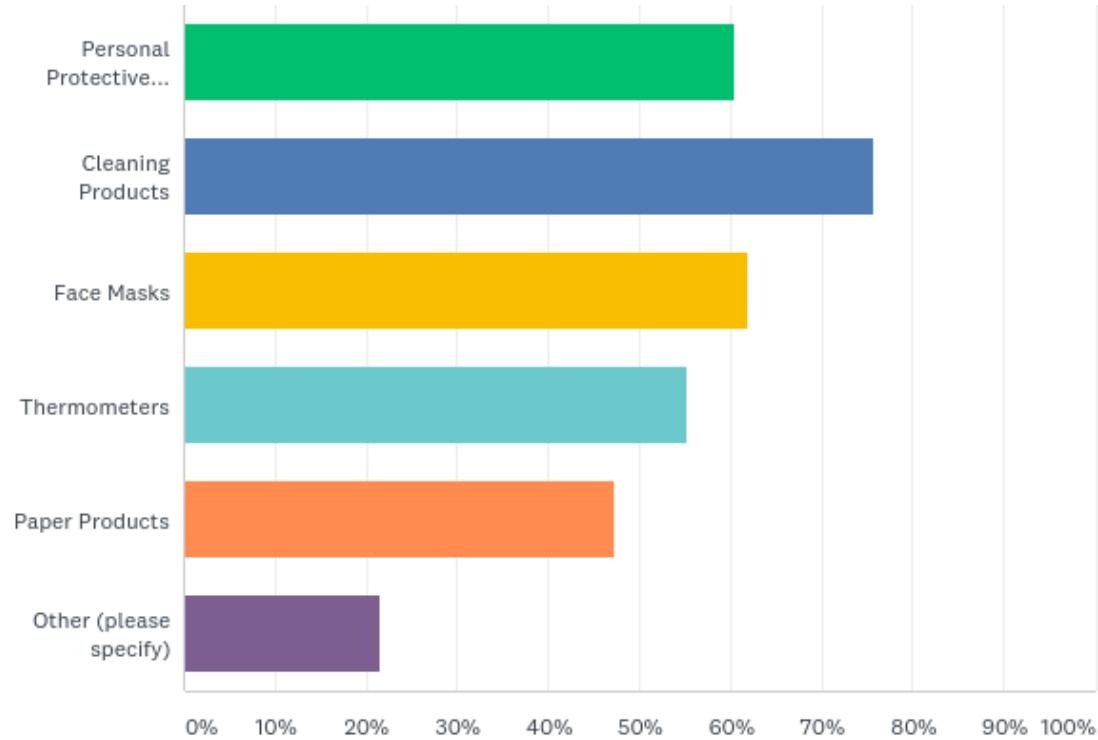
## Q9: What supplies do you need now to continue operation?

Answered: 289 Skipped: 21

| ANSWER CHOICES                        | RESPONSES |     |
|---------------------------------------|-----------|-----|
| Personal Protective Equipment--Gloves | 67.47%    | 195 |
| Cleaning Products                     | 80.97%    | 234 |
| Face Masks                            | 61.25%    | 177 |
| Thermometers                          | 56.40%    | 163 |
| Paper Products                        | 58.82%    | 170 |
| Other (please specify)                | 21.45%    | 62  |
| Total Respondents: 289                |           |     |

## Q10: What supplies would you need help acquiring in order to reopen?

Answered: 284 Skipped: 26



## Q10: What supplies would you need help acquiring in order to reopen?

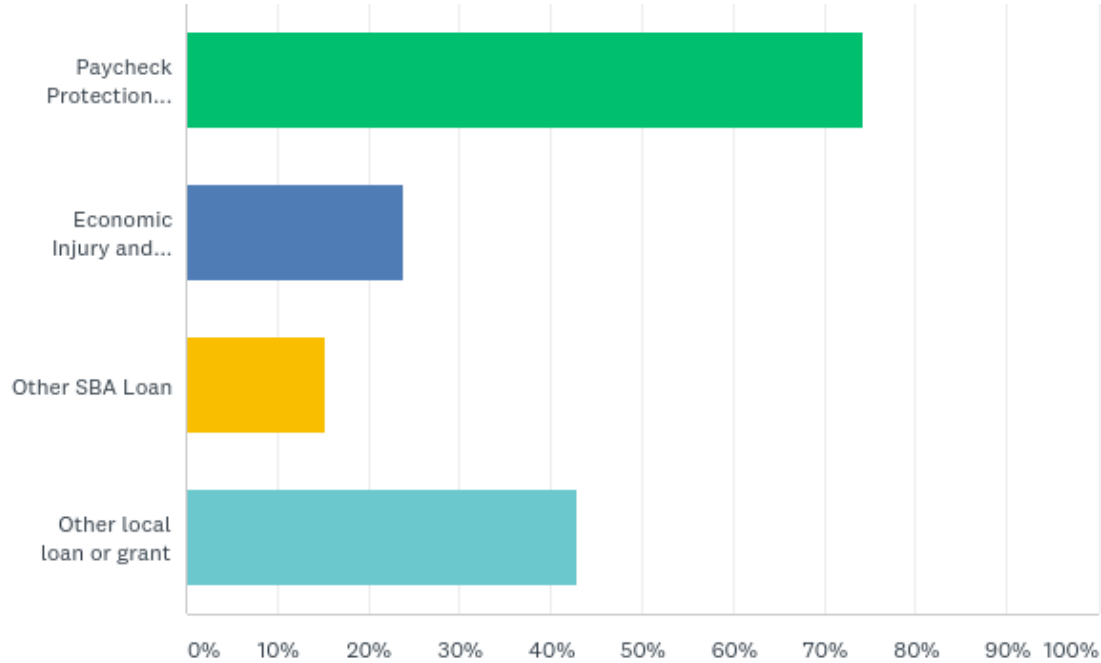
Answered: 284 Skipped: 26

| ANSWER CHOICES                        | RESPONSES |     |
|---------------------------------------|-----------|-----|
| Personal Protective Equipment--Gloves | 60.56%    | 172 |
| Cleaning Products                     | 75.70%    | 215 |
| Face Masks                            | 61.97%    | 176 |
| Thermometers                          | 55.28%    | 157 |
| Paper Products                        | 47.18%    | 134 |
| Other (please specify)                | 21.48%    | 61  |
| Total Respondents: 284                |           |     |



# Q11: Please check any financial assistance your program has applied for:

Answered: 210 Skipped: 100



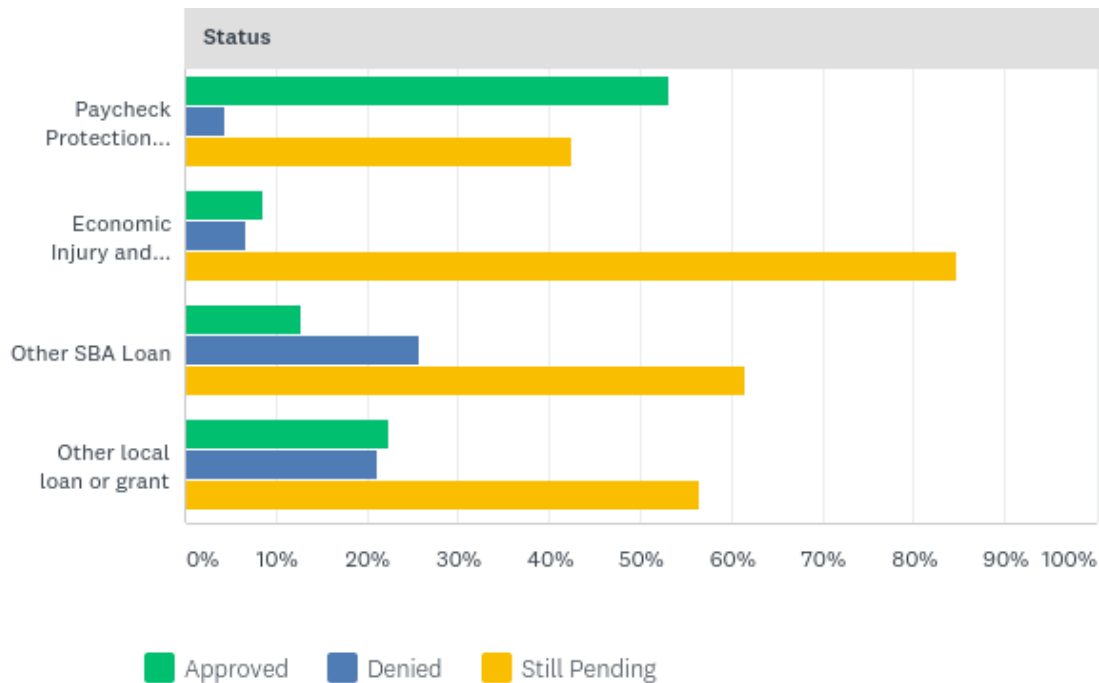
## Q11: Please check any financial assistance your program has applied for:

Answered: 210 Skipped: 100

| ANSWER CHOICES                    | RESPONSES |     |
|-----------------------------------|-----------|-----|
| Paycheck Protection Program       | 74.29%    | 156 |
| Economic Injury and Disaster Loan | 23.81%    | 50  |
| Other SBA Loan                    | 15.24%    | 32  |
| Other local loan or grant         | 42.86%    | 90  |
| Total Respondents: 210            |           |     |

# Q12: Please check the current status of your financial assistance requests

Answered: 206 Skipped: 104



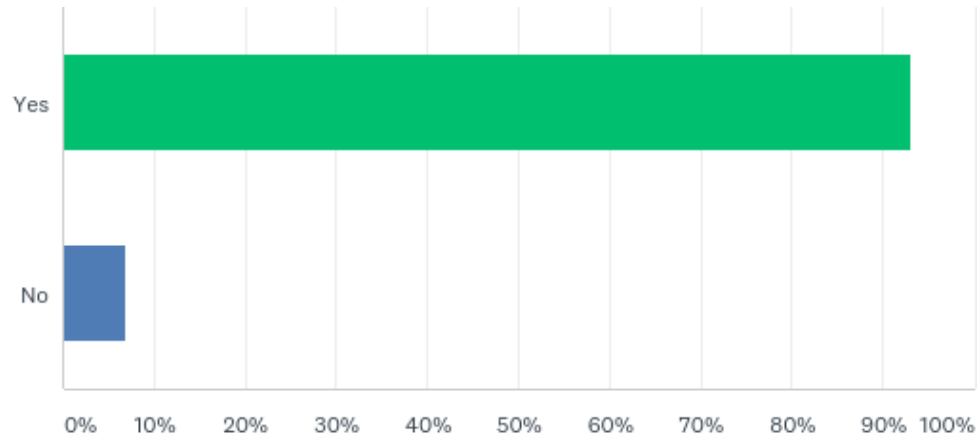
## Q12: Please check the current status of your financial assistance requests

Answered: 206 Skipped: 104

| Status                            | APPROVED     | DENIED       | STILL PENDING | TOTAL |
|-----------------------------------|--------------|--------------|---------------|-------|
| Paycheck Protection Program       | 53.13%<br>85 | 4.38%<br>7   | 42.50%<br>68  | 160   |
| Economic Injury and Disaster Loan | 8.47%<br>5   | 6.78%<br>4   | 84.75%<br>50  | 59    |
| Other SBA Loan                    | 12.82%<br>5  | 25.64%<br>10 | 61.54%<br>24  | 39    |
| Other local loan or grant         | 22.35%<br>19 | 21.18%<br>18 | 56.47%<br>48  | 85    |

# Q13: Do you support a state plan for recovery that would include grant money for families to hold slots for their children in your program until they are ready to return to care in an effort to stabilize both families and childcare programs?

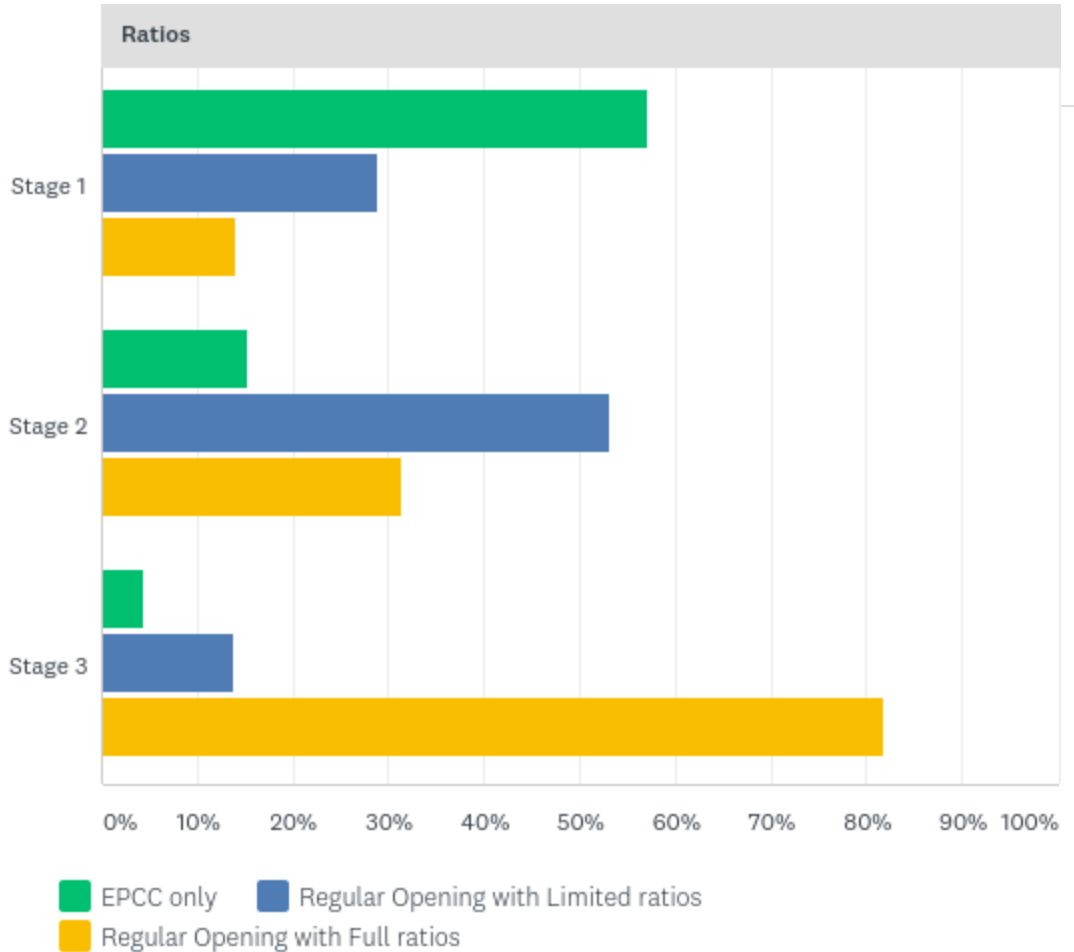
Answered: 306 Skipped: 4



| ANSWER CHOICES | RESPONSES |     |
|----------------|-----------|-----|
| Yes            | 93.14%    | 285 |
| No             | 6.86%     | 21  |
| TOTAL          |           | 306 |

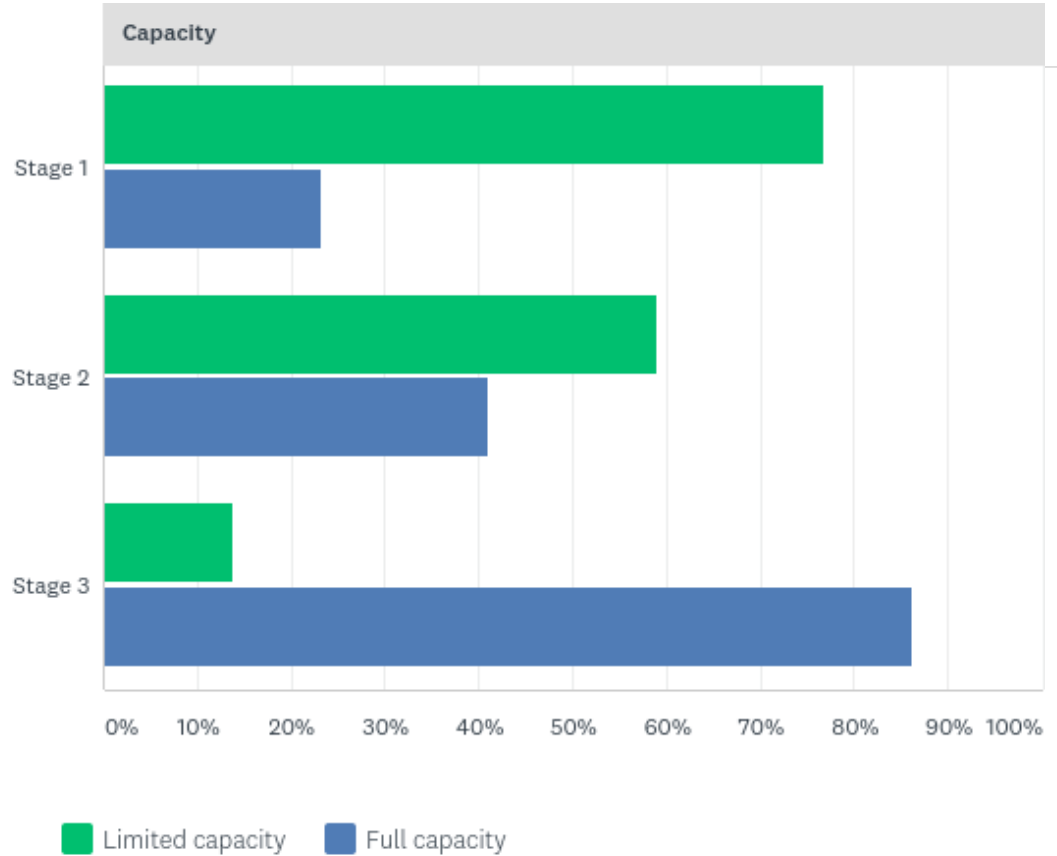
Answered: 291 Skipped: 19

# Q14: Given Governor Hogan's multi-phase plan for reopening Maryland, what staff to student ratios and capacity are you comfortable implementing at each stage of the Recovery Plan?



Answered: 291 Skipped: 19

**Q14: Given Governor Hogan's multi-phase plan for reopening Maryland, what staff to student ratios and capacity are you comfortable implementing at each stage of the Recovery Plan?**



## Q14: Given Governor Hogan's multi-phase plan for reopening Maryland, what staff to student ratios and capacity are you comfortable implementing at each stage of the Recovery Plan?

Answered: 291 Skipped: 19

| Ratios   |                  |                                     |                                  |       |
|----------|------------------|-------------------------------------|----------------------------------|-------|
|          | EPCC ONLY        | REGULAR OPENING WITH LIMITED RATIOS | REGULAR OPENING WITH FULL RATIOS | TOTAL |
| Stage 1  | 57.04%<br>162    | 28.87%<br>82                        | 14.08%<br>40                     | 284   |
| Stage 2  | 15.36%<br>43     | 53.21%<br>149                       | 31.43%<br>88                     | 280   |
| Stage 3  | 4.44%<br>12      | 13.70%<br>37                        | 81.85%<br>221                    | 270   |
| Capacity |                  |                                     |                                  |       |
|          | LIMITED CAPACITY | FULL CAPACITY                       | TOTAL                            |       |
| Stage 1  | 76.84%<br>73     | 23.16%<br>22                        | 95                               |       |
| Stage 2  | 59.00%<br>59     | 41.00%<br>41                        | 100                              |       |
| Stage 3  | 13.86%<br>14     | 86.14%<br>87                        | 101                              |       |



## Q15: Please check any financial assistance your program has applied for:

Answered: 210 Skipped: 100

| ANSWER CHOICES                    | RESPONSES |     |
|-----------------------------------|-----------|-----|
| Paycheck Protection Program       | 74.29%    | 156 |
| Economic Injury and Disaster Loan | 23.81%    | 50  |
| Other SBA Loan                    | 15.24%    | 32  |
| Other local loan or grant         | 42.86%    | 90  |
| Total Respondents: 210            |           |     |

## Q11:

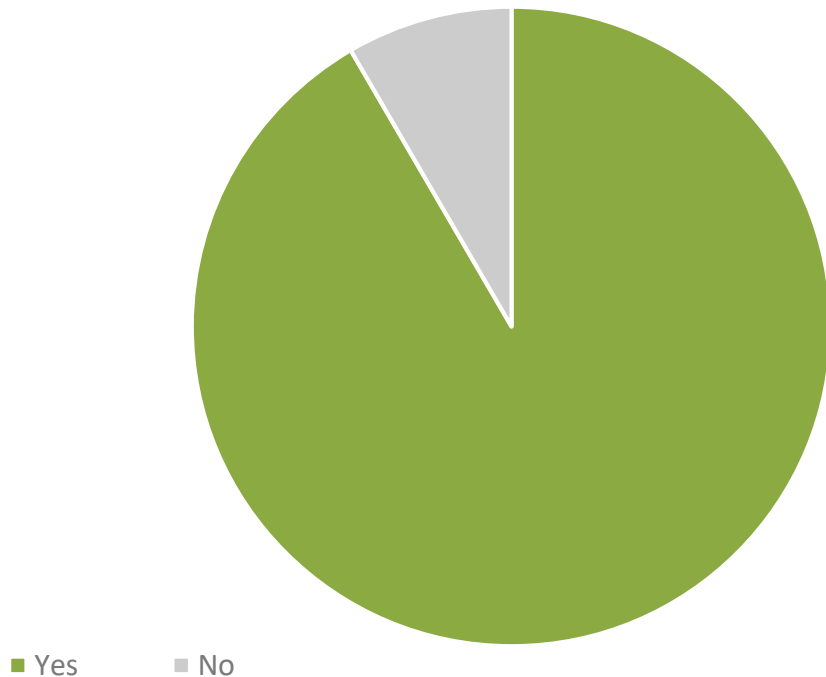
Answered: 210 Skipped: 100

| ANSWER CHOICES                    | RESPONSES |     |
|-----------------------------------|-----------|-----|
| Paycheck Protection Program       | 74.29%    | 156 |
| Economic Injury and Disaster Loan | 23.81%    | 50  |
| Other SBA Loan                    | 15.24%    | 32  |
| Other local loan or grant         | 42.86%    | 90  |
| Total Respondents: 210            |           |     |

## Q15: With a focus on a gradual return to capacity, would grant money to cover lost revenue help you maintain your business?

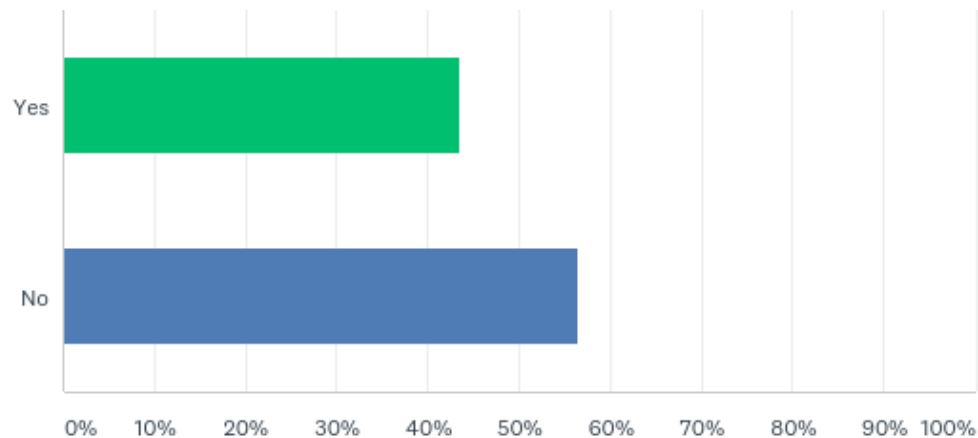
Answered: 284 Skipped: 26

Lost Revenue Replacement



## Q16: Based on the age, medical history, or availability of more income through unemployment, do you have concerns about being able to adequately staff your program once it reopens?

Answered: 299 Skipped: 11



| ANSWER CHOICES | RESPONSES |     |
|----------------|-----------|-----|
| Yes            | 43.48%    | 130 |
| No             | 56.52%    | 169 |
| TOTAL          |           | 299 |

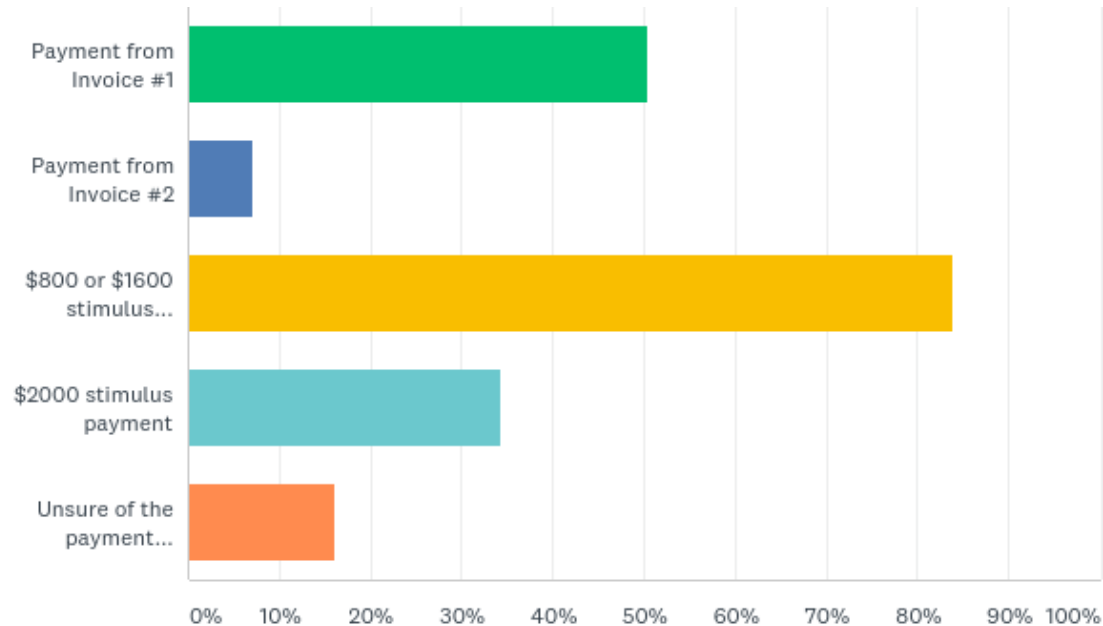
## Q17: Please check any of the following topics you would need guidance and/or resources for in order to reopen your program

Answered: 279 Skipped: 31

| ANSWER CHOICES   | RESPONSES  |
|--|------------|
| Guidance for handling the challenges of social distancing with young children  | 67.38% 188 |
| Guidance for handling children with pre-existing medical conditions  | 44.09% 123 |
| Resources for mental health support for children, families and staff   | 41.94% 117 |
| Guidance for responding to student or staff illnesses  | 51.97% 145 |
| Resources for creating a consistent state-wide Illness Policy for providers based on CDC guidelines                      | 68.10% 190 |
| Training for staff in implementing new guidelines  | 55.91% 156 |
| Guidance about liability issues for programs, staff, and parents with regard to illness                                  | 70.25% 196 |
| Guidance for appropriate cleaning and sanitization   | 45.52% 127 |
| Coordinated state effort for helping childcare providers obtain needed supplies with business and community partnerships | 75.99% 212 |
| Guidance for appropriate infant care with new guidelines   | 39.43% 110 |
| Guidance for appropriate accommodations for children with disabilities   | 27.96% 78  |
| Total Respondents: 279   |            |

## Q18: For providers open as EPCC sites, please check the payments you have received from MSDE to date

Answered: 210 Skipped: 100



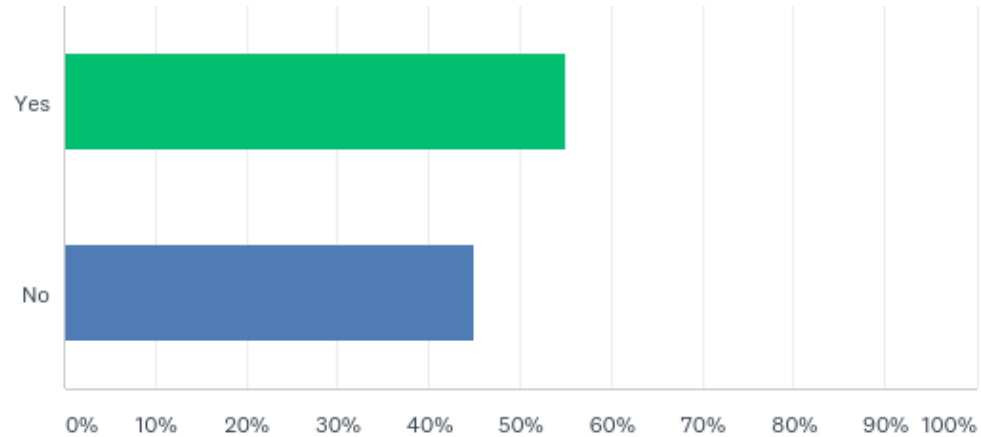
## Q18: For providers open as EPCC sites, please check the payments you have received from MSDE to date

Answered: 210 Skipped: 100

| ANSWER CHOICES                   | RESPONSES |     |
|----------------------------------|-----------|-----|
| Payment from Invoice #1          | 50.48%    | 106 |
| Payment from Invoice #2          | 7.14%     | 15  |
| \$800 or \$1600 stimulus payment | 83.81%    | 176 |
| \$2000 stimulus payment          | 34.29%    | 72  |
| Unsure of the payment received   | 16.19%    | 34  |
| Total Respondents: 210           |           |     |

# Q19: For providers open as EPCC sites, have the invoice payments you have received matched the amount of money you were expecting to receive?

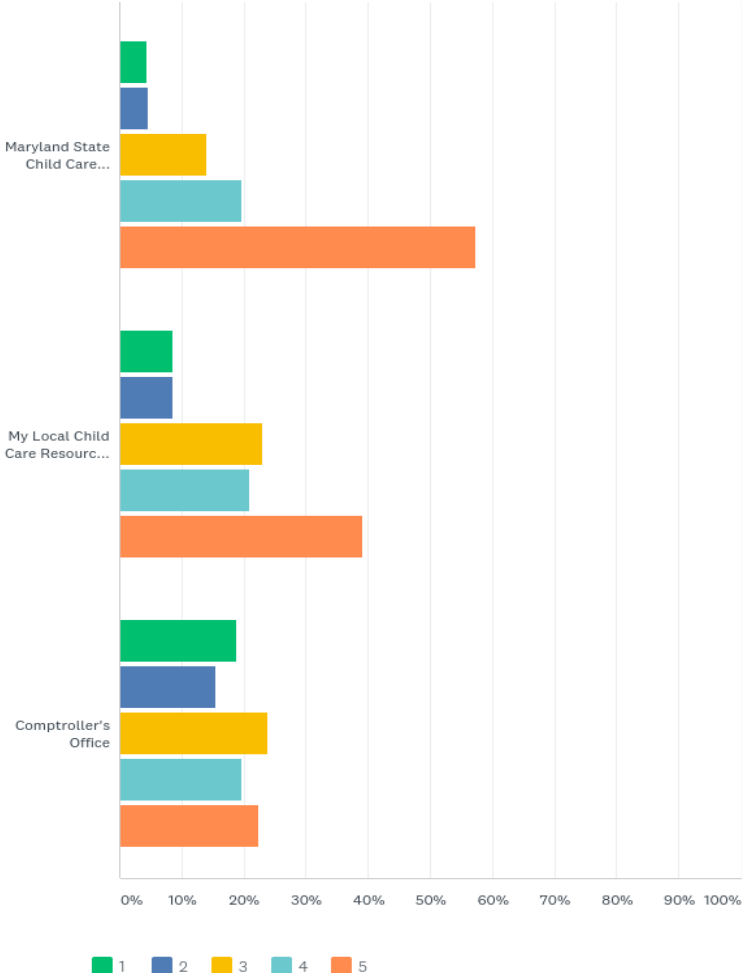
Answered: 189 Skipped: 121



| ANSWER CHOICES | RESPONSES |     |
|----------------|-----------|-----|
| Yes            | 55.03%    | 104 |
| No             | 44.97%    | 85  |
| TOTAL          |           | 189 |



**Q20: On a scale of 1-5 with 5 being excellent customer service (communication, support, technical assistance, problem solving) and 1 being poor customer service, please rate the level of customer service you have received from each organization**



APPENDIX E: MARYLAND FAMILY NETWORK (MFN) – PLAN FOR OPENING CHILD CARE

## Maryland Family Network – Plan for Opening Child Care

| Issue                              | Additional Detail & Implications   | Recommendations <i>(Based on Guidance from Experts or Examples in Other States)</i>   |
|------------------------------------|--|---|
| Child Care for Essential Personnel | Many children of essential personnel are currently enrolled in EPCC and EPSA sites with no cost to the family. When payments for essential personnel cease, will the children remain in care? In the same setting? Children of non-essential workers who were enrolled in those programs pre-pandemic may want those slots back. Will children of essential employees be in mixed groups with children of non-essential personnel? | Gradual transition; Clear communication to parents of essential personnel regarding when payments for their child care will end; Stability for children and continuity of care prioritized. Clear expectations for the provider community, including reopening process, guidance on relaxing of any licensing requirements, support from CCRC's. Access to Child Care Subsidy applications. |
| Group Size                         | Clear guidance on group size communicated to providers; smaller group sizes mandated by CDC make it harder for providers to balance their books. What financial support can providers who are unable to balance their books with lower enrollment receive?   | AAP recommends keeping staff to child ratios as small as possible and to keep children from different classrooms in separate physical spaces. CDC Guidance also recommends small groups that do not fluctuate.  |
| Family Child Care                  | Group size - will they still have to operate under the framework of no more than 8 children enrolled? Shared services model should be considered during pandemic and in the future. Well-suited to provide small group community-based care. Other unique concerns.  | Family child care partners should be consulted.   |
| Social Distancing Expectations     | Plans regarding sharing materials; use of communal spaces. Encouraged to follow social distancing guidelines when not at child care, too.  | Follow CDC Guidance including fixed groups, spaced seating and napping, and restrictions on visitors.   |
| Feeding and Meal Time              | How to manage family style snacks and lunches, and feeding in general; CACFP rule changes. USDA Food and Nutrition Service provided state guidance on COVID-19 Nationwide Waiver to Allow Meal Pattern Flexibility in the Child Nutrition Programs.  | CDC guidance recommends serving meals in the classroom, as opposed to in a shared cafeteria space. No sharing utensils or family style meals. CACFP Waivers may provide some flexibility to program participants.   |

|   |  |   |
|---|--|---|
| Training for Staff on Advanced Health and Safety Procedures and Social Emotional Well-being |  | CDC guidance recommends staff receive training in all aspects of health and safety related to reducing COVID-19 transmission. Training and support on health, safety, and social distancing needed. |
|---|--|---|

|                   |  |  |
|-------------------|--|--|
| Health and Safety | Access to supplies may at times be limited and may cause financial strain on a program's budget. Laundering nap sheets and soiled clothes may be challenging, Protocols on face masks must keep children's safety in mind including taking precautions against choking or strangulation hazards, and avoiding increased risk of exposure if the mask causes the child to more frequently touch his face. Plans in place for if a child or staff member develops symptoms during the day. Exclusion policies in place for children and staff who are sick or experiencing cough, fever, or shortness of breath. Changes of clothes available for staff and children. Limit person to person touching. | Clear guidelines for cleaning and sterilization. CDC has <a href="#">Coronavirus cleaning and disinfecting guidance</a> . Funds for supplies offered to programs that re-open are helpful. Educate children about proper handwashing techniques. Coordinated access to food and supply deliveries when possible. |
|-------------------|--|--|

|                    |   |   |
|--------------------|---|---|
| Workforce Shortage | Many programs have closed and staff moved on; a former child care provider may earn more from enhanced unemployment insurance, which under the CARES Act includes a weekly bonus, until July 2020. Senior members of the workforce face concerns over their own health and may decide to stay home; other providers may be in high risk groups (preexisting health conditions, pregnant). Substitute pools to avoid staffing shortages if a child care staff member becomes infected. Staff will need to feel able to take time away from work if they are exposed to the virus without experiencing financial hardship. Should child care staff at risk for contracting COVID-19 receive automatic Unemployment Eligibility. | Challenging. Solutions still being developed. |
|--------------------|---|---|

|                     |   |                                 |
|---------------------|---|---------------------------------|
| Questionable Demand | <p>Some parents won't feel safe putting their children in group settings until there is a vaccine; children may not return to their prior care settings. Parents of school-age children may suddenly be looking for care if businesses reopen and schools do not.</p> <p>A recent national survey of working parents published by the Bipartisan Policy Center found that 75% of parents are concerned about exposure to COVID-19 when returning to child care, 47% are concerned about affording the cost of child care, and 46% are concerned that they won't be able to use the same child care provider.</p> <p>Parents experiencing temporary or long-term unemployment may need assistance accessing child care scholarships.</p> | Providers could survey parents. |
|---------------------|---|---------------------------------|

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| In-home Care (someone who comes into the child's home) | Some parents may prefer in-home child care, but may be unable to afford it. | RI is an example of a state that is paying for in-home care. |
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|--|--|--|
| Child care for children with special needs, children who are medically fragile, or children who need additional supports |  | Challenging. No consensus at this time. Partners should be consulted.  |
| Public Health  | Testing, reporting positive cases, tracking 14-day isolation periods of children and staff; procedures for if someone at the site gets sick during the day.  | Prioritize testing for child care workers; Plans in place for if and when someone at the site becomes infected. CDC recommends reporting positive cases to local health officials who will help administrators determine a course of action for their child care programs. Expect to dismiss students and most staff for 2-5 days.   |
| Instability of Child Care Arrangements   | Reshuffling of groups, temporary closing of a location when someone is sick, and staggered schedules can cause instability. Some settings don't have extra space that could be utilized while an infected room is sanitized. If workers and/or school-age children proceed with socially-distant staggered shifts, such as 'A Days' and 'B Days', child care attendance may fluctuate during a given week. If a provider is infected, children in care will have to find a new caregiver, but they may have been exposed to the virus and should be cautious of entering a new care arrangement. | Child care subsidy and EPCC/EPISA payments issued based on enrollment rather than attendance helpful.  |
| Daily Health Screenings  | Screen for symptoms, which may include cough, shortness of breath or difficulty breathing. Or at least two of these symptoms: fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, new loss of taste or smell.   | AAP recommends taking the temperature of all children and staff at check-in. At least one dedicated staff member trained by the Department of Health or a state-provided public health worker available at all times who is responsible for public health precautions (temperature taking, screening staff, children, and families, and managing isolation and contact tracing for any children, families, educators and staff who have been exposed to COVID-19). |
| Child Drop-off and Pick up Procedures  | Talk to family members about a child's wellness.   | Staggered drop-off and pick-up times; parents don't enter the child care space; hands are washed upon arrival; children's personal items are kept separate.  |

|   |   |   |
|---|---|---|
| Mental Health, Social Emotional Supports, & Family Engagement Strategies                                      | Increased stress on families; Families may feel disconnected from their child's experience in child care and have less face-to-face interaction with their child's provider; Awareness of community based child abuse and neglect prevention resources.   | CDC recommends a communications plan that maintains confidentiality and is in line with local health department's best information be in place for if someone is sick. should. Of special importance, share resources with the school community to help families understand when to keep children home. |
| Protocols for Necessary Visitors (licensing specialists, food delivery, early intervention consultants, etc.) |   | Restrict visitors as much as possible.  |
| Staff Benefits  | Child care staff often lack access to health insurance, adequate sick time or family leave. Child care providers will need access to COVID-19 tests and potentially to medical care.  | Advocacy needed.  |
| Liability Issues for Business Owners  | Will child care providers have trouble finding an insurance policy? Are child care programs at high risk for lawsuits from staff or parents?  | More information needed before a recommendation can be made.  |
| Infant and Toddler Care   | Expansions to paid parental leave would enable new parents to stay home with newborns.  | The CDC does not recommend masks for children under age two.  |
| Child Care Regulations  | Policies around all of the normal licensing requirements including background checks, training requirements, licensing inspections, paperwork submissions, etc. are in place to ensure children's safety but may be challenging to complete during the pandemic. Due to the COVID-19 pandemic and the need to maintain appropriate social distancing, the American Heart Association and the American Red Cross have canceled in-person CPR training. Determination whether adherence to public health guidance is a mandate or a recommendation. | Temporarily allow on-line CPR training while requiring infant rooms to have a fully-trained person at all times.  |
| Child Care Business Support   | Child care has always operated on very thin margins. The disruption caused by Coronavirus/COVID-19 has caused immediate and long term effects on the child care system. A study by NAEYC indicated that because of the current health emergency: 30% of programs would not survived a closure of more than one week; 17% indicated they could not survive a closure of any length of time; 16% could survive no longer than one month; 25% did not know how long they could close and still reopen without support.                               | Provide short term resources (in order to reopen upon the Governor's Order) and long term resources to support child care operations at least until the end of the calendar year.   |

**Center for Disease Control**

CDC Supplemental Guidance for Child Care Programs that Remain Open <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html> Updated April 21, 2020

Comprehensive: includes General Preparedness and Planning, If Your Child Care Program Remains Open, Social Distancing Strategies, Parent Drop-Off and Pickup, Screen Children Upon Arrival, Clean and Disinfect, Caring for Infants and Toddlers, Healthy Hand Hygiene Behavior, Food Preparation and Meal Service, Vulnerable/High Risk Groups, Other Resources.

CDC Guidance <http://cdn.cnn.com/cnn/2020/images/04/30/reopening.guidelines.pdf> May 7, 2020

Includes phased approaches to reopening

Interim Guidance for Administrators of US K-12 Schools and Child Care Programs to Plan, Prepare, and Respond to Coronavirus Disease 2019 (COVID-19) <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-schools-h.pdf> March 11, 2020

**AAP**

Face Masks and Children <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/masks-and-children-during-covid-19/>

**Child Care Aware of America**

State by State Resources (including COVID-19 response) <https://www.childcareaware.org/resources/map/>

Coronavirus Resource Hub <https://info.childcareaware.org/coronavirus-updates>

**Guidance from Other States**

NJ Guidance [https://www.nj.gov/dcf/news/DCF-Health-Safety-Standards\\_for\\_Child-Care-Centers.3-25-20.pdf](https://www.nj.gov/dcf/news/DCF-Health-Safety-Standards_for_Child-Care-Centers.3-25-20.pdf) March 25, 2020

CA Guidance [https://www.cdss.ca.gov/Portals/9/CCLD/PINs/2020/CCP/PIN\\_20-06-CCP.pdf](https://www.cdss.ca.gov/Portals/9/CCLD/PINs/2020/CCP/PIN_20-06-CCP.pdf) April 7, 2020

OR Guidance [https://oregonearlylearning.com/wp-content/uploads/2020/03/Child-Care-and-Emergency-Child-Care-COVID-Guidance\\_OHA-Approved\\_FINAL4.22.20.pdf](https://oregonearlylearning.com/wp-content/uploads/2020/03/Child-Care-and-Emergency-Child-Care-COVID-Guidance_OHA-Approved_FINAL4.22.20.pdf) April 22, 2020

VT Guidance <https://www.healthvermont.gov/sites/default/files/documents/pdf/HealthGuidanceforEmergencyProgramsProvidingChildcareforEssentialPersons.pdf> April 5, 2020

IL Guidance <https://www.isbe.net/Documents/COVID-19-Guidance-Child-Care-Providers-Following-Extended-Stay-at-Home-Order.pdf> April 7, 2020

IL Early Intervention FAQ <https://eicbo.files.wordpress.com/2020/05/faq-for-covid-19-r05-01-20.pdf> 5/1/20

IN Temporary Assistance Grants [https://www.in.gov/fssa/files/Grant\\_Form\\_Webinar\\_042320.pdf](https://www.in.gov/fssa/files/Grant_Form_Webinar_042320.pdf)

NM Early Childhood COVID-19 Emergency Response Grants <https://www.nmecfg.org/grants.html>

**Studies Showing Economic Impact of COVID-19 on Child Care**

NAEYC [https://www.naeyc.org/sites/default/files/globally-shared/downloads/PDFs/our-work/public-policy-advocacy/effects\\_of\\_coronavirus\\_on\\_child\\_care.final.pdf](https://www.naeyc.org/sites/default/files/globally-shared/downloads/PDFs/our-work/public-policy-advocacy/effects_of_coronavirus_on_child_care.final.pdf)

**State Initiatives to Provide Economic Support to Child Care:**

Alaska <http://dhss.alaska.gov/dpa/Pages/ccare/default.aspx>

Vermont <https://dcf.vermont.gov/cdd/covid-19/cc-programs>

U.S Federal Government <https://www.acf.hhs.gov/occ/resource/summary-of-child-care-provisions-of-cares-act>

**APPENDIX F: ROAD TO RECOVERY FOR MARYLAND'S CHILDREN WORKGROUP  
RECOMMENDATIONS**



## Road to Recovery for Maryland's Children Recommendations

Prior to the current Coronavirus/COVID-19 health emergency, Maryland's system of child care included 8,420 child care centers and family child care programs, providing 213,960 spaces for children. Because of the COVID-19/Coronavirus pandemic, the child care sector that so many parents rely on to go to work, go to school, receive respite in times of crisis, has significantly contracted. There are currently 3,700+ specially approved programs (EPCC & EPSA sites) providing care for an estimated 25,000 children. The child care sector, which already operated on the thinnest of financial margins, is experiencing serious, negative impacts, and the full extent of those impacts is yet to be realized.

Maryland State Department of Education has three alternatives in this current emergency; however, alternative 3 is not recommended as a viable option:

1. Provide financial and other supports for child care in the interim and long term;
2. Allow child care to open more widely, with clear standards and oversight; and
3. Do nothing different than is currently being done thus diminishing the supply of regulated child care leading to the proliferation of unlicensed/illegal child care.

| Three basic options for Maryland at the May 2020 Point in Coronavirus emergency.   |  |   |
|--|--|---|
| Provide financial and other supports for child care in the interim and longer term   | Allow child care to open more widely, with clear standards and oversight   | Do nothing different than is currently being done.  |
| Current estimates are that 1/3 <sup>rd</sup> of Maryland Child Care Programs will not be able to reopen for care because of the current economic situation caused by COVID-19/Coronavirus. | Allow programs currently operating to increase operations with temporary barriers & enhanced protective measure. | Programs currently not open for care are on the verge of closing.   |
| As Maryland gradually ramps up, child care will be needed for all working parents.   | Allow programs not currently open to open at reduced capacity until a new routine has been established.          | Child care will continue for essential personnel but not for other parents.   |
| High quality child care is also necessary to help children's school readiness levels as well as readiness for life.  | Staggered capacity increase as COVID-19 outbreaks are monitored.   | When we get to the "recovery" phase (i.e. when sufficient testing and vaccines in place) there will be insufficient child care for working parents. |
| pp. 1 & 2  | pp. 2 - 5  | p. 5  |

The three alternatives for MSDE to consider.

**Alternative One:** Provide financial and other supports for child care in the interim and long term;

1. Provide immediate financial support for currently operating EPCC/EPISA & licensed programs
  - a. Beginning May 18, 2020, issue grants to pay for currently unused slots while program capacity is reduced
  - b. Issue grants for additional staff to meet the CDC guidelines
  - c. Allow non-essential families to pay for slots where there are currently spaces
  - d. Issue grants to hire specialists to assist providers in applying for small business loans, unemployment or other programs.
  - e. Issue grants for part-time care for families in need.
  - f. Where parents who have lost their jobs can only afford a few hours of care, the state could subsidize the additional hours to create a full-time slot for parents to job search.
  - g. Continue Child Care Scholarship/Subsidy to all programs.
2. State assist child care with payment for/access to
  - a. cleaning supplies and PPE
  - b. testing and quarantine support
3. In order to financial stabilize child care for the long term, provide a stipend for programs that are unable to accept children for care/unable to open.
  - a. Look at currently available CCDBG funding and how it is directed and determining if it can be used to support programs (Vermont & Alaska have such strategies in place)
  - b. Convene work groups to strategically address the current and historic issues in the child care system and provide clear direction for MSDE and the State of Maryland for a robust system of care
  - c. Research and develop models of support similar to funding of public schools and higher education
  - d. Work with MSDE and members of the Maryland General Assembly to look at funding models
4. Please see appendix for other options for funding.

**Alternative Two:** Allow child care to open more widely, with clear standards and oversight.

1. In order to provide sufficient care for working families and essential personnel
  - a. Beginning May 18, 2020
    - i. All regulated (licensed/registered) childcare open/reopen
    - ii. Should capacities be limited, the recommendation is for the state to fund the child care diminished slots
  - b. Robust variance/approval
    - i. Approval of temporary barriers- not permanent construction
  - c. Physical modifications including open classrooms- Pennsylvania AND West Virginia never changed classroom open layout issues or staff to child ratios

- d. Program modification allowing programs to accept school age children based on a temporary basis if not currently part of their license
- 2. Adhere to CDC and other applicable agencies' guidelines and all enhanced health and safety protocols with continuing updates.
  - a. Require Providers/Programs/Families-sign documents acknowledging CDC guidelines
  - b. Continue to participate in enhanced health and safety inspections
  - c. Consider expanding and using multiple sources of information to interpret, develop and potentially adopt guidance
- 3. Access and equity for families to child care
  - a. Continue EPCC/EPSA payments through June 30, 2020
  - b. Child Care Scholarships will continue to be paid based on enrollment through December 31, 2020 according to federal guidelines
  - c. Continue to waive co-pay, if rates are sufficient to cover tuition payments
  - d. Strategy for outreach to families eligible for child care scholarship
  - e. Sharing/marketing the new updated eligibility criteria with families.
- 4. Capacity, within CDC Guidelines
  - a. Allow group size and ratio modifications consistent with CDC Guidelines
  - b. Flexibility for use of space and ages served consistent with CDC Guidelines
  - c. Allow long term substitutes modification
  - d. To limit possible transmission, keep classes together throughout the day to include the same group of children each day, with no shifting from room-to-room, and keeping the same child care providers with the same group each day.
- 5. Policy considerations
  - a. MSDE allow all Family Child providers follow the Large Family Homes regulations if a provider meets a certain minimum area/acceptable space/adult-child ratio criteria
  - b. Consider counting family groups. MSDE and the Health Department could consider measurement for children could be whatever your license is including up to 5 family groups (including your own.) This would meet the health goal of recognizing that most families that are sheltering together have the same risks as well as allowing Child Care providers to provide care for more children.
- 6. Financial stabilization of child care
  - a. Consider payments for testing and quarantine support
  - b. Issue grants to hire consultants to assist providers in applying for small business loans, unemployment or other programs.
  - c. Issue grants for part-time care. If parents who have lost their jobs can only afford a few hours, the state could subsidize the additional hours to create a full-time slot.
  - d. State assist child care with access to cleaning supplies and PPE
- 7. Alignments

- a. Consistency between enhanced health and safety requirements in child care and public school system recovery plan. Same guidelines must be applicable to all children.
  - b. Coordination between public school and community-based programs on distance learning models
  - c. Parental needs assessment by region to assess where more care is need and who is actually going back to work.
8. School age children appropriate services through summer by following CDC guidelines
- a. Allowing programs to accept school age children, even if not currently licensed for that age
  - b. Allow regulated school age child care to operate in public school space and other approved spaces
  - c. Require School age programs to open before public schools to prepare for enrollment – MSDE needs to take the lead on requiring counties to communicate in timely manner and allow school age programs to open before public schools
9. Support for Special Needs children and families
- a. Funding for aid to assist in program to include additional ratio modifications (aid for special needs child would not interfere with ratios)
  - b. Increase flexible opportunities during recovery for regulated School Age child care programs/providers for all children, including children with special needs
  - c. State promoting on all, media outlets Tuesday Tidbits, Impact Newsletter, OCC website and MSDE social media to promote a public awareness campaign for additional child care scholarship funding that already exists even if not income eligible as maybe reach more families during crisis and beyond to be able to access additional public dollars for child care.
  - d. Allow family member of medically fragile, special needs child to apply for EPCC/EPISA funding to provide care within the home as children cannot attend child care programs due to risks (provide medical note from professional)
  - e. Create a substitute or long term child care provider pool of candidates willing to provide care in the medically fragile child’s home and fund through EPCC or EPISA
10. Reduce emergency related costs to Child Care providers:
- a. Suspend for the next six months requirements for any additional trainings related to licensing renewal beyond health and safety training.
  - b. Provide cleaning supplies free of cost.
  - c. Support with resources free internet connections and computers. (Most schools are providing this to at-risk students, you could add Family Child Care providers to these groups.)
  - d. Maryland needs reliable, dependable resources to implement the CDC recommendations
    - i. Provide subsidies for all Child Care providers and staff for healthcare.

- ii. Systematic State level procurement plan for bulk PPE, cleaning supplies, including hand soap for all child care programs to access readily and consistently
  - e. provide grants for programs/providers in need
11. Systems building- part of PDG
- a. Heightened Communication and collaboration with regulatory agencies
  - b. To address issues related to this ongoing crisis, continue Road To Recovery Work Groups
  - c. Convene work groups to strategically address the current and historic issues in the child care system and provide clear direction for MSDE and the State of Maryland for a robust system of care
  - d. Conduct more Surveys due to COVID 19 crisis to gather data
  - e. Conduct more Needs Assessments due to COVID 19 crisis to gather more data

**Alternative Three:** This is not an alternative, as it is not a realistic alternative given the EPCC/EPISA payments are not sustainable. Continuing with the current approach, which includes provision of child care for only essential personnel, funding of programs for essential personnel at a flat rate, provision of Child Care Scholarship/Subsidy to programs that are not able to open, was a short term solution intended for a briefer period of time than this emergency has encompassed, but if not altered will ensure the significant loss of child care for working parents in Maryland in the short term and the long term.

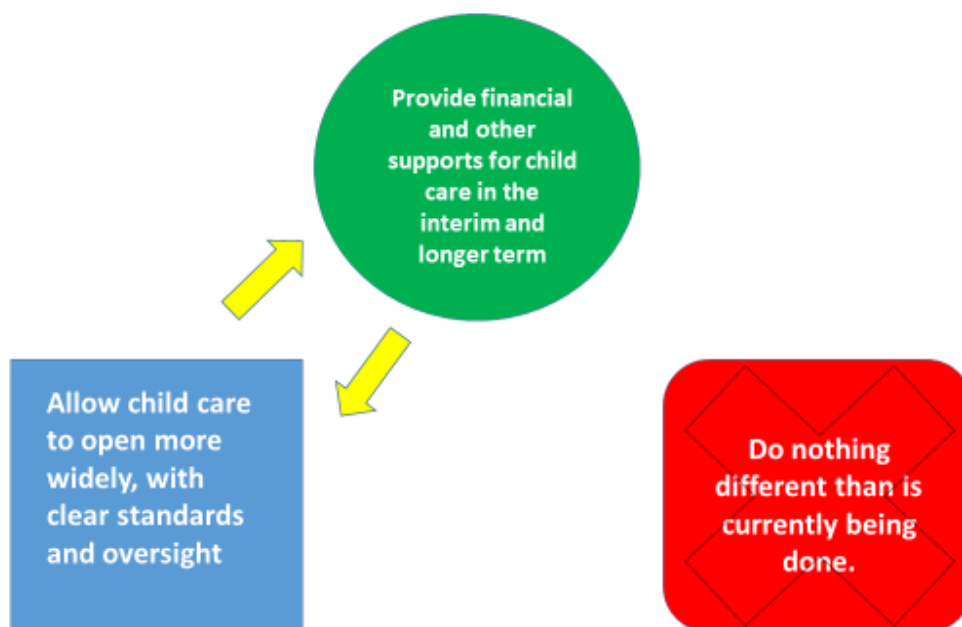
According to a survey completed in March 2020, the National Association for the Education of Young Children (NAEYC) found that in Maryland, of the 315 providers who responded:

- 33% say they would not survive closing for more than two weeks without significant public investment and support that would allow them to compensate and retain staff, pay rent, and cover other fixed costs.
- 20% would not survive a closure of any length of time without these supports
- 21% do not know how long they would be able to close their doors and be able to reopen without these supports
- 41% have parents who cannot pay fees or copays
- 15% have lost income because they are paid by attendance rather than enrollment, and
- 48% have lost income based on families' own inability to pay.

Maryland Family Network is finishing a survey of early education and child care programs and their experiences with Coronavirus/COVID-19. Very preliminary information from the survey reinforces the findings of NAEYC and given the duration of the health emergency, the MFN survey information indicates a more disastrous situation for the long term survival of child care programs and their ability to serve Maryland's families.

**Our Recommendation:** The work group recommends alternative one, Provide financial and other supports for child care in the interim and long term. We would like to discuss current funding of the EPCC and EPSA sites and additional funding that is coming in to MSDE to determine feasibility.

Two of these three alternatives are not mutually exclusive. In order to meet the multiple demands of complying with health and safety standards during this extraordinary time, meet the needs of parents who are returning to work with the Governor’s May 13, 2020 revised order, and to meet the needs of child care programs survival in order to be available during this time as well as on the recovery side, a mix of providing (additional) financial and other supports and allowing child care to open more widely can be a viable middle ground to pursue. A version of this is being currently practiced with the EPCC and EPSA sites and we would like to expand that usage so that when parents who are not defines as “essential personnel” need care that care is available and affordable.



### **Appendix:**

#### **Background –**

#### **Work Group Statement:**

Child care is essential and needs to be open for children and families at every phase of Maryland’s Recovery.

**Purpose of the plan:**

To strengthen, stabilize and support child care throughout each phase of the recovery plan. Additionally, families and child care providers need to feel safe.

The Plan must include funding and supports broad enough to address immediate issues and the long term disruptions.

Child care is essential at all levels and drives the economy, therefore able to increase capacity proportionately to accommodate both essential personnel and all phases of reopening Maryland's businesses. We need child care to support the recovery of Maryland's economy.

The recovery for child care must include a robust system of options for families. We cannot let options be eliminated.

The undisputed fact is that if parents are unable to return their children to quality, licensed schools, they will not be able to return to work and the resumption of our state economy will be delayed further. Simply put -there is no recovery without access to safe, stable, nurturing and, importantly, licensed child care providers and the accredited programs they offer children of working families.

Licensed providers must be regarded as essential, and therefore able to increase capacity proportionally to accommodate the children of those essential employees and business owners identified as "low-risk," and who are re-entering the workplace in this initial phase of the Governor's Roadmap to Recovery. Restaurant owners and their staff, small business owners and their staffs, hairdressers, outdoor construction personnel, and other personal service providers.

It continues to be our primary concern that without access to safe, clean, healthy and licensed programs, children risk being placed in substandard, unlicensed childcare homes and facilities, not monitored and unregulated. This cannot in any way be considered acceptable. Working parents must have access to quality childcare providers, and ideally, those same providers they utilized prior to the COVID-19 threat in order to re-establish consistency, while supporting their ongoing social and emotional development.

As the nation returns to work it is important to look for a reasonable way to address the COVID-19 crisis that provides immediate, intermediate and long term solutions to keep the workforce working and child care programs open with health and safety paramount. We need a new normal, not an extended shut down where caps are placed on enrollment and programs close for lack of funding.

**Sources of funding -**

The \$3.5 billion in emergency child care funding in the CARES Act will provide immediate support to families who need care during the COVID-19 pandemic and support the child care providers caring for the children of essential and frontline workers. By applying additional

flexibility to the supplemental funds, Congress is helping states move quickly to spend the money and support the economy now.

The CARES Act requires states to use the \$3.5 billion to supplement—not supplant—state general revenue funds that are already being used to provide child care assistance to low-income working families. It also allows states to use the additional funds to:

- a. Provide continued child care payments to child care providers in the case of decreased enrollment or closures due to the novel coronavirus, and assuring child care providers can remain open or reopen
- b. Place conditions on payments to child care providers ensuring they use a portion of the funds to continue to pay salaries and wages of staff

The CARES Act increases state flexibility by waiving several CCDBG requirements for the \$3.5 billion provided in supplemental funding, including:

- Exempting the funding from minimum spending requirements on direct child care services and quality investments
- Allowing states to disregard income eligibility requirements when providing child care support to essential workers
- Awarding funding for sanitation and cleaning, or to help maintain or resume child care services, to eligible child care providers regardless of whether they currently serve children receiving child care assistance

## Resources –

### Center for Disease Control

- CDC Supplemental Guidance Guidance for Child Care Programs that Remain Open <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html> Updated April 21, 2020
  - Comprehensive: includes General Preparedness and Planning, If Your Child Care Program Remains Open, Social Distancing Strategies, Parent Drop-Off and Pickup, Screen Children Upon Arrival, Clean and Disinfect, Caring for Infants and Toddlers, Healthy Hand Hygiene Behavior, Food Preparation and Meal Service, Vulnerable/High Risk Groups, Other Resources.
- CDC Guidance <http://cdn.cnn.com/cnn/2020/images/04/30/reopening.guidelines.pdf> May 7, 2020
  - Includes phased approaches to reopening
- Interim Guidance for Administrators of US K-12 Schools and Child Care Programs to Plan, Prepare, and Respond to Coronavirus Disease 2019
  - (COVID-19) <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-schools-h.pdf> March 11, 2020



**AAP**

- Face Masks and Children <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/masks-and-children-during-covid-19/>

**Child Care Aware of America**

- State by State Resources (including COVID-19 response) <https://www.childcareaware.org/resources/map/>
- Coronavirus Resource Hub <https://info.childcareaware.org/coronavirus-updates>

**Other States Approaches**

- NJ Guidance [https://www.nj.gov/dcf/news/DCF-Health-Safety-Standards for Child-Care-Centers.3-25-20.pdf](https://www.nj.gov/dcf/news/DCF-Health-Safety-Standards%20for%20Child-Care-Centers.3-25-20.pdf) March 25, 2020
- CA Guidance [https://www.cdss.ca.gov/Portals/9/CCLD/PINs/2020/CCP/PIN\\_20-06-CCP.pdf](https://www.cdss.ca.gov/Portals/9/CCLD/PINs/2020/CCP/PIN_20-06-CCP.pdf) April 7, 2020
- OR Guidance [https://oregonearlylearning.com/wp-content/uploads/2020/03/Child-Care-and-Emergency-Child-Care-COVID-Guidance\\_OHA-Approved\\_FINAL4.22.20.pdf](https://oregonearlylearning.com/wp-content/uploads/2020/03/Child-Care-and-Emergency-Child-Care-COVID-Guidance_OHA-Approved_FINAL4.22.20.pdf) April 22, 2020
- VT Guidance <https://www.healthvermont.gov/sites/default/files/documents/pdf/HealthGuidanceforEmergencyProgramsProvidingChildcareforEssentialPersons.pdf> April 5, 2020
- IL Guidance <https://www.isbe.net/Documents/COVID-19-Guidance-Child-Care-Providers-Following-Extended-Stay-at-Home-Order.pdf> April 7, 2020
- IL Early Intervention FAQ <https://eicbo.files.wordpress.com/2020/05/faq-for-covid-19-r05-01-20.pdf> 5/1/20
- IN Temporary Assistance Grants [https://www.in.gov/fssa/files/Grant\\_Form\\_Webinar\\_042320.pdf](https://www.in.gov/fssa/files/Grant_Form_Webinar_042320.pdf)
- NM Early Childhood COVID-19 Emergency Response Grants <https://www.nmecfg.org/grants.html>
- <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-schools.html>
- <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-%20childcare/guidance-for-childcare.html>