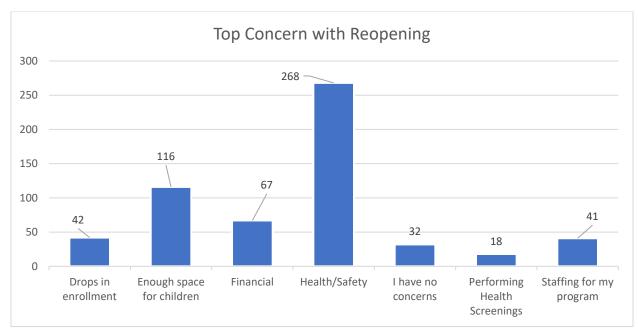
The Vermont Department for Children and Families, Child Development Division in partnership with Building Bright Futures, Let's Grow Kids, Vermont Department of Health, Vermont Agency of Education and Vermont Afterschool surveyed regulated child care, prekindergarten and afterschool programs on their needs to reopen child care programs after an extended closure related to COVID-19.

Programs were asked questions about their current operating status, anticipated status if a reopening was allowed, and the supports needed to ensure children, families and their staff are successful in a reopening. Programs were given the current Vermont Department of Health guidance on how to provide child care, which includes information about limited group size to 10 people, and restrictions on shared spaces, along with health screening and more.

A total of 996 programs were surveyed and the responses received focused on three themes:

- A strong need for more clarity on the health guidance provided to child care programs, and information on that guidance for families.
- A worry about financial stability of programs that may operate at lower than typical enrollment for a
  variety of reasons, and a need for financial supports to keep programs financially sound during this
  uncertain time.
- A need for financial support and access to supplies specifically related to the health guidance, i.e. cloth facial coverings, thermometers, gloves, hand soap, etc.

Programs were asked about their concern about reopening and identified health and safety of children and staff as their top concern was.

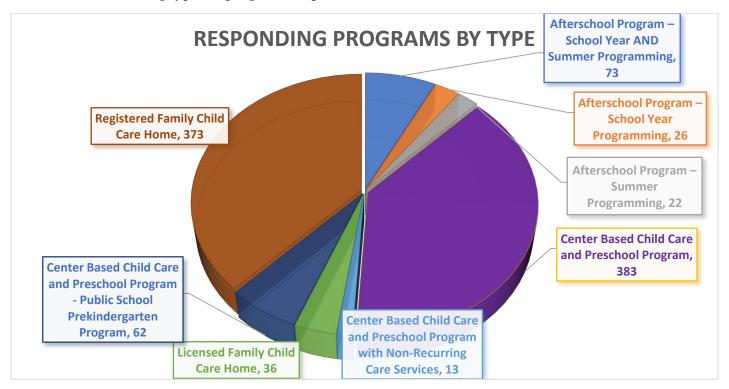


1 | P a g e This report is a joint effort of the State of Vermont, Agency of Human Services, Departments of Health and Children and Families, and the Agency of Education; along with private organizations Let's Grow Kids, Building Bright Futures, and Vermont Afterschool.

This concern for health and safety is found throughout the survey responses. Some additional highlights include:

- ➤ Programs that are currently serving children of essential persons are more likely to indicate they are planning to reopen in June, however 13% of these programs indicate they are unsure if they will open to all families.
- ➤ Programs estimate that 24% of staff typically working in the summer will not be returning to work in June. 39% of the individuals not returning are self-isolating.
- ➤ Programs report 52 71% of spaces available to children in June. School age capacity is the most impacted with only 52% being available.
- Programs would like more information on the health guidance for themselves and for families. Top requests include a need for supplies, information to share with families, fact sheets and sample policies and procedures.
- ➤ The top funding need indicated was continued stabilization funding until full enrollment, when group sizes and staffing can return to pre-closure levels.
- ➤ Programs indicate their top needs for supporting children are information on health guidance, time to transition families back into their programs, and "calm down" materials.
- ➤ The top need to support staff is health guidance.

996 programs responded to the survey, which represents 85 % of the total number of regulated programs in Vermont. The following types of programs responded:



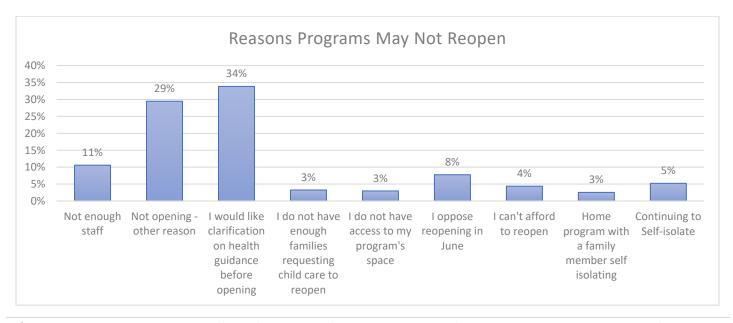
2 | Page This report is a joint effort of the State of Vermont, Agency of Human Services, Departments of Health and Children and Families, and the Agency of Education; along with private organizations Let's Grow Kids, Building Bright Futures, and Vermont Afterschool.

Programs were asked about their current operating status and if they planned to open fully if the closure order was lifted. 57% of programs intend to open as soon as they can, while 20% are unsure. The following table highlights the results by current operating status:

Current Operating Status and Intention to Fully Reopen							
	Intention to Open to All Child When Closure Order is Lifted						
	Maybe/		Yes, as soon as	Yes, but I typically do not operate in the summer, and will reopen in the	Yes, but later than		Grand
<b>Current Operating Status</b>	sure	No	I can	fall	June	(blank)	Total
Closed	44	7	116	13	43		223
Closed but paying staff							
(Stabilization grant,							
Paycheck Protection							
Program, other funding)	91	19	146	54	37		347
Open for emergency care	40	1	241	3	16	1	302
Other (please specify)	23	5	64	10	14	1	117
(blank)						3	3
Grand Total	198	32	567	80	110	5	992

### Reason for not reopening

There was not a significant difference in program type and answer. Regionally, 19% programs in Addison County indicated they did not have enough staff and 22% were opposed to reopening in June. The remaining counties data is similar to the statewide data:



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Quotes from programs that are considering not opening:

"Without continued funding, we cannot operate as 'normal.'" We cannot open at full capacity-- it would not be safe. How then do we continue paying our bills and our teachers if stabilization money runs out? We can only do that when we are fully enrolled. Many teachers do not have healthcare, and we are not able to offer any additional/hazard pay. We also need masks and thermometers, cleaning supplies and additional funds to pay our cleaners."

"I don't know if the current guidelines will allow me to have my daycare families back. We are a family of 6 and I am caring for 3 children of essential workers. It sounds like that will leave me one opening for one more child should I decide to remain open."

"I will likely have openings that will not be filled as I have families that will be leaving due to no work."

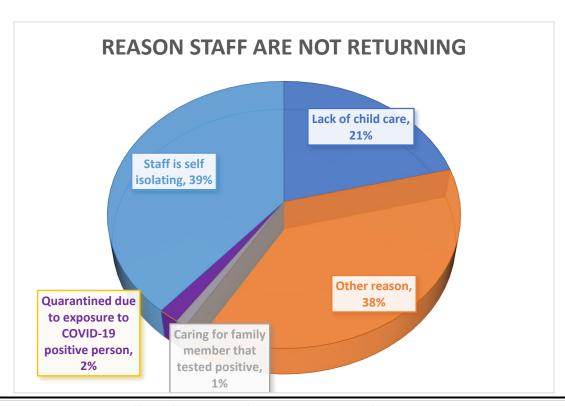
### Staffing:

All licensed programs including center based child care, prekindergarten and afterschool programs were asked about their typical staffing levels and the anticipated staffing based on number of staff that might return. Statewide, the survey highlighted that Washington County programs are impacted the most by staff not returning. Center Based Child Care and Preschool Programs with Non-Recurring Care Services indicated the highest number of staff not returning in the summer. This may be due to a variety of reasons including staffing that often comes from another state, college students that are typically in the area, or regular staffing transitions.

Number of Staff Returning to Programs that Indicate Opening or Maybe Opening in June					
Program Type	Sum of How many staff do you have working in the summer time?	Sum of How many of your school year staff may not return to work?	Percentage of Staff Not Returning		
Afterschool Program – School Year AND Summer					
Programming	899	144	16%		
Afterschool Program – Summer Programming	111	0	0%		
Center Based Child Care and Preschool Program	2603	527	20%		
Center Based Child Care and Preschool Program					
with Non-Recurring Care Services	122	82	67%		
Licensed Family Child Care Home	38	9	24%		
Grand Total	4602	1109	24%		

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Number of Staff Returning in Summer by County				
County	Sum of How many staff do you have working in the summer time?	Sum of How many of your school year staff may not return to work?	Percentage of Staff Not Returning	
Addison County	236	67	28%	
Bennington County	316	67	21%	
Caledonia County	129	26	20%	
Chittenden County	1471	282	19%	
Essex County	Not Reported	Not Reported	Not Reported	
Franklin County	207	33	16%	
Grand Isle County	43	12	28%	
Lamoille County	320	45	14%	
Orange County	72	13	18%	
Orleans County	24	4	17%	
Rutland County	339	37	11%	
Washington County	243	127	52%	
Windham County	183	24	13%	
Windsor County	211	42	20%	
<b>Grand Total</b>	3794	780	21%	



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### Capacity for Children:

Programs were asked how many children they typically care for in the summer time, and how many children they anticipate being able to serve based on the current health guidance provided, which includes limiting group to ten individuals. Overall capacity is anticipated to be less than what is typically available for families in the summer. Some areas of the state are impacted more significantly than others.

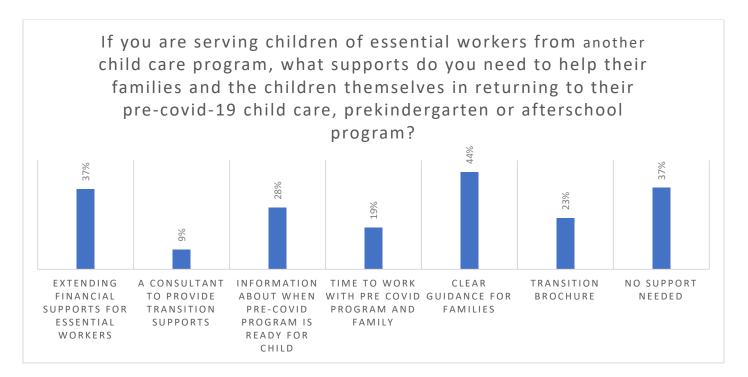
Percent of Capacity Available at Reopening in June					
Infant	Toddler	Preschool	School Age		
Capacity	Capacity	Capacity	Capacity		
71%	70%	60%	52%		

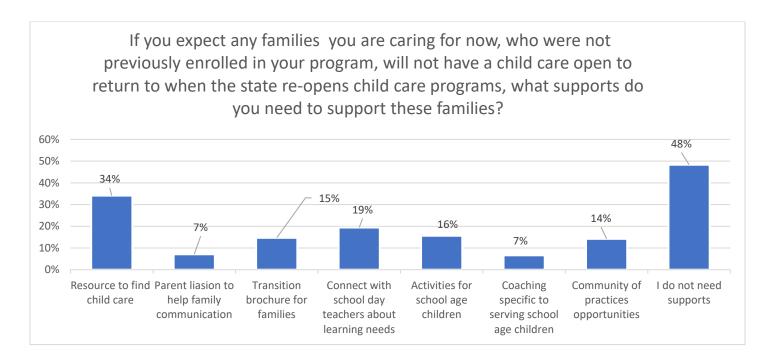
Percent of Capacity Available at Reopening in June by County					
County	Infant Capacity	Toddler Capacity	Preschool Capacity	School Age Capacity	
Addison County	59%	59%	48%	31%	
Bennington County	76%	81%	55%	46%	
Caledonia County	42%	85%	63%	39%	
Chittenden County	81%	67%	57%	50%	
Essex County	60%	33%	64%	48%	
Franklin County	66%	54%	54%	58%	
Grand Isle County	22%	8%	52%	41%	
Lamoille County	74%	76%	69%	75%	
Orange County	86%	88%	82%	52%	
Orleans County	86%	45%	82%	80%	
Rutland County	84%	92%	64%	40%	
Washington					
County	48%	73%	62%	61%	
Windham County	80%	83%	83%	59%	
Windsor County	78%	76%	58%	62%	
<b>Grand Total</b>	71%	70%	60%	52%	

### Supports Essential Persons Need in the Reopening

Some essential persons needed to move their children to a new child care program, or use a different schedule for their children during the child care closure. When the closure order ends, many essential persons will need to transition their children back to their original child care program or original schedule. This may take some supports, and child care programs were asked about those supports. Only child care programs that indicated they are currently open and providing care to children of essential persons were asked this question.

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#### **Other Supports:**

Programs were asked what other supports they needed that were not listed in the survey. The following is a summary of comments.

- Information to provide to other families that their children will be safe when returning to care. Many families have worries about providers who are caring for essential worker families and that there are more risk of exposure and may not want to return to care
- We are currently serving children of essential persons only from our own program and their older school-age siblings that had grown up in our program. If there are no summer camps for these older children and we had space to include them (which is not likely) we would need some funds for enrichment activities to keep them engaged throughout the summer.
- We will need a specific timetable. Our essential families were initially told that the care I am providing is only while my regular families are not attending. As the hospital goes back to normal operations, I expect my regular families will need their space back before the governor order is lifted. This may be a specific concern as all my "regular" families are employed at the hospital, but most were able to telework during this closure.
- Social and Emotional Support like the on-call nursing support, community partners, state-wide or regional curriculum options.
- We need the group sizes that we are originally licensed for, for all our existing families to return.
- Grants for more outside play structures to spread children out.

### Health Information and Supports Needed

20% of programs responding indicated that they were unsure if they were opening. Many of these programs requested additional information on the health guidance prior to deciding. The survey asked about the health supports and information needed, and the following is the 3 – 5 supports needed in the different health guidance areas. The supports are listed in order of top request down.

#### Handwashing:

- 1. Handwashing Posters
- 2. Sample Information to Share with Families
- 3. Supplies for Handwashing

#### Sanitizing and Disinfecting:

- 1. Supplies for Sanitizing and Disinfecting
- 2. Information to Share with Families
- 3. Fact Sheets
- 4. Posters
- 5. Sample Policies/Procedures

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#### **Drop Off and Pick Up Protocols:**

- 1. Sample Information to Share with Families
- 2. Fact Sheets
- 3. Sample Policies/Procedures
- 4. Posters
- 5. Supplies

#### Personal Protective Equipment:

- 1. Supplies
- 2. Sample Information to Share with Families
- 3. Fact Sheets
- 4. Sample Policy

#### **Guidance on Visitors and Volunteers:**

- 1. Information to Share with Families
- 2. Sample Policy
- 3. Posters
- 4. Fact Sheets

#### Crib and Nap Mat Spacing:

- 1. Sample Information to Share with Families
- 2. Fact Sheets
- 3. Sample Policies/Procedures

### <u>Group Size and Usage of Common Areas (Indoor and Outdoor):</u>

- 1. Information to Share with Families
- 2. Fact Sheets
- 3. Sample Policy/Procedures

#### Policies about Child and Staff Illness:

- 1. Information to Share with Families
- 2. Sample Policy/Procedures
- 3. Fact Sheets

#### Health Screening of Children:

- 1. Information to Share with Families
- 2. Supplies
- 3. Sample Policy/Procedures
- 4. Fact Sheets

#### Health Screening of Staff:

- 1. Supplies
- 2. Sample Policy/Procedures
- 3. Fact Sheets
- 4. Information to Share with Families

#### Health Screenings of Others Entering the Program:

- 1. Supplies
- 2. Sample Information to Share with Families
- 3. Sample Policy/Procedures
- 4. Fact Sheets
- 5. Posters

Child care programs were asked to prioritize the health supports/information by most important to least important:

- 1. Sanitizing and disinfecting (Most Important)
- 2. Personal protective equipment
- 3. Health screening of children
- 4. Handwashing
- 5. Drop off and pick up protocols
- 6. Ratios and usage of common indoor & outdoor spaces
- 7. Health screening of staff
- 8. Crib and nap mat spacing
- 9. Health screening of others
- 10. Visitors or volunteers (Least Important)

#### Others Supports Needed that the Survey Did Not Ask About:

- Potential need for licensing restrictions/guidance variances example infants in bouncers, seats, activity seats chairs when staff are not able to hold or be close to more than 2 infants at a time.
- Time for a very slow opening with no rushing. We need all of these supports without prioritizing.
- Who to contact with any questions about re-opening and what that will look like?
- Translation of materials and interpretation for our newcomer families, additional staff time to implement new regulatory environment (sanitizing etc.).
- Pre testing before opening my home of myself and others coming back to know if it is safe for us all. need to know if we have had or can get or give to others. more specifics needed.
- I do not know how we would safely facilitate our meal program which was built around family style eating practices.
- Over the past 6 weeks we have found it very helpful to have clear guidance on who qualifies for care (in the case of essential workers) if care is not available to everyone. This will be necessary going forward and we hope it will be based on offering care to those who need it because they must return to work outside of the home (not just because they aren't getting enough work done at home with their kids). We cannot safely care for all our enrolled children due to social distancing, increased health procedures and staff shortages. We will need clear guidance (consistent across the state) on how access to care is being prioritized.
- I have appreciated the training offered by Dave Melnick at NFI through the Higher Ed Collaborative about what types of mental health impacts we might see when we return to work and how to address them. This has helped me better prepare myself and anticipate the needs of staff and students. Please do not ask programs to reopen without being prepared to address the high levels of stress and trauma people have experienced while in quarantine and when returning to work. Our staff were engaged in a study of staff stress levels through the UVM Medical School before the closure. They were on par with combat veterans in some areas on stress and burn out rating scales due to their work with students and parents who have unmet mental health needs. Their stress levels will be higher

due to risk of illness and other factors. We anticipate some children returning to school will be dysregulated due to the time away from trusted adults at school, their family's stress levels during quarantine, exposure to DV or substance abuse, extreme poverty, and illness. Please do not ask ECE professionals to go back to work without proper protections, including small group sizes, access to PPE's and mental health supports (and time to access them). I know this will mean shorter hours, fewer people accessing care, etc. but it is necessary to maintain the health and safety of the ECE workforce. It may also help prevent repeated openings and closures due to illness and staff shortages.

- We share one sink and one bathroom in our center between classrooms. We are going to need access to a grant for a self-contained portable sink for each of our 2 classrooms.
- Health care for all teachers/care-providers, hazard pay, access to testing, professional cleaners, mental health support for caregivers/families, access/funding for technology, longer term plans for fall/winter 2020-2021.
- Guidance on new policies for child care programs around future pandemics/sick time/unexpected closures. Grants for toys or ideas for repurposing other things to be toys (since we are not supposed to use soft/plush toys right now).
- Swimming during the summer program Field trips.
- Allowing staff to be alone with kids. Many cannot get fingerprinted or are not teacher qualified
- Meal service procedures.
- Transportation bus passenger guidelines.
- How to address the situation with non-recurring families or should we take non-recurring families at this time?
- Closure procedures/policies based around if too many staff are sick, and we cannot staff the center and maintain ratios.
- We need time to get feedback from families before reopening. We need ample time to put these procedures in place.
- How will related service providers be able to access students in child care programs if the classroom is at maximum group size?
- I feel virtual training is great! I feel something like this set up as a check in once a week for providers to ask questions and hear how others are navigating the new child care protocol is necessary. I also feel that it should be required to attend weekly it is not a difficult thing to do because it is from your home. Sometimes you do not even know you need help until you hear someone else address it. With provider groups not happening this connection is vital.
- HARD COPIES of all you offer needs to be mailed to providers as there are some of us with no ability to print or get this information to families PRIOR to opening.

### **Supplies**

Programs were asked what supplies they will most need help paying for. The following are in order of priority (1 most needed help, and 10 least needed help purchasing)

- 1. Thermometers
- 2. Cleaning and disinfecting supplies
- 3. Cloth facial coverings
- 4. Gloves
- 5. Hand soap
- 6. Toilet paper
- 7. Paper towels
- 8. Overshirts for staff to wear over their clothes
- 9. Bibs for children that are teething
- 10. Other

Programs were asked about other supply needs, and the following is a summary of those needs:

- Barriers that will be needed
- Protective eye wear
- Washer and dryer for the laundry related to protective equipment
- Portable sinks
- We are exploring having all teachers come to school in street clothes, change into scrubs for their shift and then changing before leaving. We are exploring a laundry service to help teachers feel safer about returning to work.
- Grants or funding to enhance outdoor play spaces since encouraging outdoor play this summer will be ideal to support
- Social distancing materials, such as barriers for shared spaces
- Art and toy supplies per child to reduce sharing
- Laundry detergent
- Printer ink
- Funds for sealed snacks
- Replace supplies sent home for families to continue learning during closures

### **Funding Needs**

To help us better understand the financial needs of programs upon reopening, they were asked about their highest financial needs and to rank them from highest to lowest need.

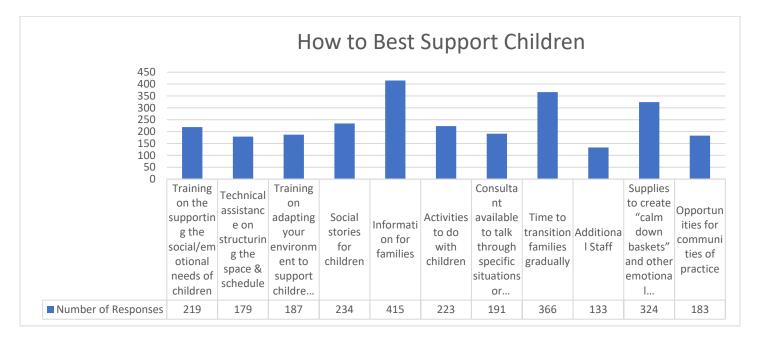
- 1. Continued stabilization funding if there is a transition phase until programs are operating at full ratios/group size
- 2. Continued program stabilization funding for your business to meet basic costs
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- 3. Following returning child care programs to regular ratios/group size, continued funding to support holding of spaces for families that are unable or unwilling to have their child attend due to health-related issues/concerns
- 4. Funding to pay staff to transition reopening
- 5. Additional funding for support staff (cleaning, nursing, transportation)
- 6. Additional staff to be with children

When analyzed by program type the top three highest needs were similar across program types, with the exception of school age programs who ranked "Additional staff to be with children" in their top three funding needs, and publicly operated prekindergarten programs who ranked "Additional funding for support staff (cleaning, nursing, transportation)" as two of their three funding needs. There was no variation in the top three funding needs when looking at the ranking by county.

### Supporting Children and Families

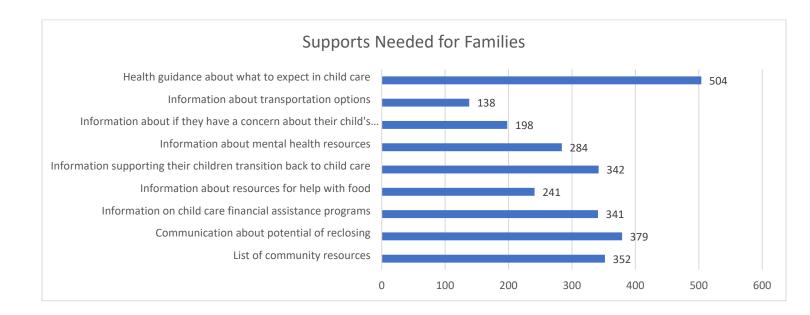
We recognize that children may have different social or emotional needs as they transition back to child care, and this may be challenging. We asked child care programs what supports they would need to help children transition back to child care.



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#### Other supports programs need to support children:

- Helping children feel connected with teachers who are wearing cloth facial coverings.
- Language development and supporting a family that is deaf will be difficult to support if they cannot see our faces/lips move.
- Funding for and access to behavior support staff or social emotional coaching in our program.
- Therapists and their service providers to come work with children.
- Each child must have their own sensory bin for water play.
- Increased access to Special Accommodations Grants to ensure children who already needed one on one support can get it.
- Weighted vests, blankets, compression materials.
- Online check in with a school counselor or consultation time weekly for staff.



Almost all program types named health guidance on what to expect in care as something they would need. Additional supports needed do vary some by provider type. School age programs are more likely to want information on community resources for families and child care financial assistance programs. Licensed center based and afterschool programs are more likely to want information for children on how to transition back into care, and registered family child care home programs are more likely to request information for families on potential re-closure.

When analyzing the data by county, most counties want health guidance on what to expect in care. Rutland, Franklin, Orleans, and Bennington counties were also more likely to want information on community resources for families.

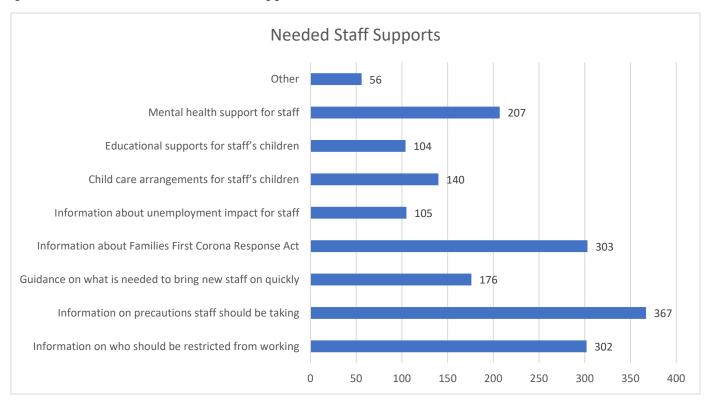
The current operating status of the program had little impact on the top choice for information. Programs open for essential persons and closed programs ranked information on health guidance as their top choice. Programs that are open were also likely to choose community resources for families and information on child care financial assistance programs.

#### Programs were asked about other supports needed, and these are the responses:

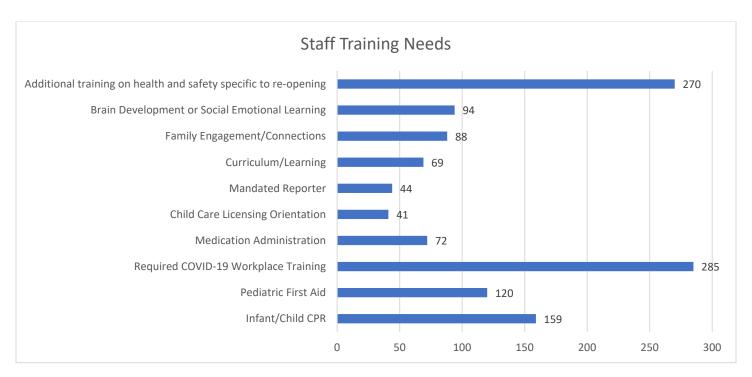
- An online parenting group, or some webinar on child development, now is the time to help build parental resilience among our families.
- Access to parenting support groups.
- Sample letter for understanding the reason we are changing our usual procedures and policies to support cleaning time.
- The biggest would be for Child Care Financial Assistance Program to continue to fund their child if they are feeling unsafe in returning their child to care. No family should be forced to return a child before they are assured of that child's safety during a pandemic.

### **Staff Supports:**

Ensuring staff feel safe and supported is critical to ensuring they can support children. The survey asked questions about what was needed to support the staff.



Programs were asked if staff needed training. Training is an important part of staffing needs, including bringing on new staff. This question was asked to determine if there are any training needs that could be addressed to support the reopening of child care programs. This question was analyzed by program type, county and current operating status and there was no variation in the answers.



#### **Implementation**

Programs were asked to imagine how they may need to change their practices and rank the following public health requirements from hardest to easiest to implement. This is the ranking for all programs:

- 1. Utilizing Personal Protective Equipment
- 2. Health checks
- 3. Disinfecting requirements for toys
- 4. Disinfecting requirements for high-touch surfaces
- 5. Prioritizing essential workers
- 6. Other

#### Programs were asked what practices they would put in place for families and children going forward:

- Changing building access procedures
- Rethinking transitions that happen inside the school (to prevent mixing of groups)
- Continuing with drop off outside, having more staff available to allow more flexibility to best meet children's social/emotional needs

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- Staggered drop off and pick up, shorter day due to limited staffing, portable hand washing station at the front door, tight schedule on use of space, moving a classroom so that a bathroom is not shared, increased use of zoom to communicate with families, and decreased access to program for parents
- We are a summer day camp facility. We will probably need to break into smaller groups for activities that are spaced far apart and preferably outside. We will set up multiple hand washing stations outside. We have plenty of space and will need to utilize it more efficiently.
- I may close earlier to clean
- Possibly running summer school like "camp cabins" so kids are working in small pods and not having exposure to other groups
- Our Emergency Response Plan needs to be reviewed!

#### Programs were also asked what practices they would put into place for staff:

- Health screenings, more frequent faculty meetings to make sure that staff are feeling adequately supported, more frequent on to on meetings.
- Strongly encouraging self-care
- Adding another staff member for bathroom breaks, so we do not have to combine classrooms to use the bathroom.

#### Finally, programs were asked what recommendations they have for state leaders:

- Please take this slowly and cautiously. We are greatly concerned that our early childhood staff and the greater community will become casualties in the move to get the economy going. This is a crisis, yet we cannot throw developmentally appropriate practices out the window. We are incredibly thankful for the financial supports and do hope that programs will continue to be supported in the upcoming and more expensive way of providing care. Please question if you would open schools now, if this were a traditional month in the "school year."
- I would love to get information in some other way than seeing it on the news.
- These kids have been through so much already, we have changed their entire lives as they knew it. We need to make sure we are prepared and safe before we open so that we do not have to do this to them again
- I am very concerned that a push for opening summer programs to children of "essential workers" will leave the most vulnerable youth in a rough spot over the summer. If we can open, I would like to see programming for youth identified as "high need" or at "greatest risk". We would identify these youth through working with teachers, principals, and other members of their educational team.
- We need to be included in this decision because it impacts us and our lives. We need to be at the table to make decisions.
- I think our AHS needs to seriously consider a larger CDD department to handle issues as they arise. I appreciate that the new commissioner had come on one month before all this happened, but I feel that there was not enough support in CDD prior to all of this. Thank you for all your patience and efforts during this time. Your work is not going unappreciated, I think we just have a lot of things to restructure as we move on together to provide the best possible care to children and families.
- There needs to be immediate financial support for school age programs. There also needs to be some coordination between the Agency of Education and the Child Development Division to be sure school based programs can

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