



COVID-19 and Children (Birth – 3rd Grade)

Susan Gale Perry, Chief Deputy Secretary

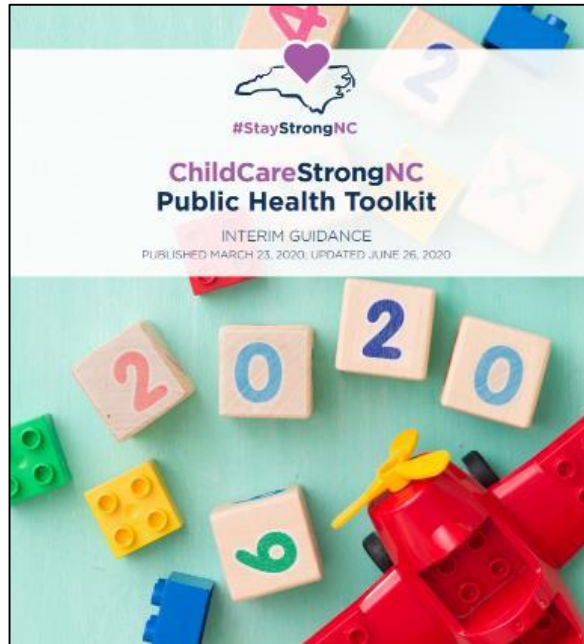
**North Carolina Department of Health and
Human Services**

B – 3 Interagency Council

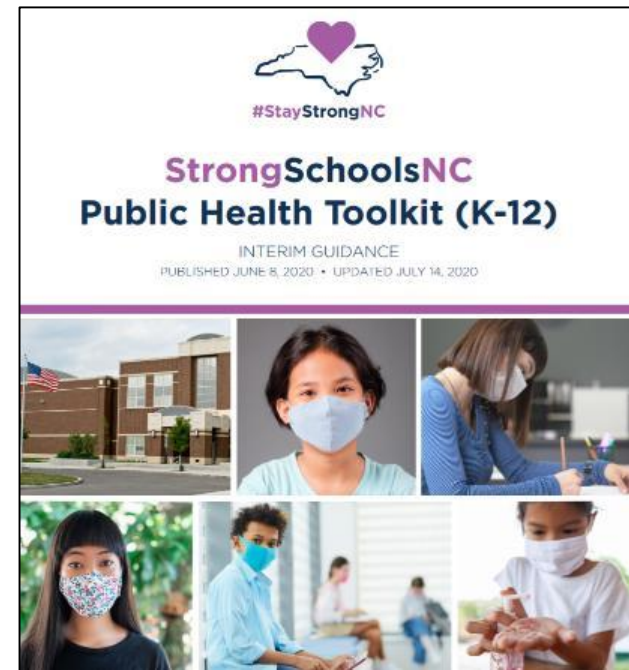
Updated September 15, 2020

NCDHHS COVID-19 Response Prioritizes NC's Young Children & Their Families

- ChildCare Strong Public Health Guidance
- NC Pre-K Reopening Guidance



- StrongSchoolsNC Public Health Guidance



NCDHHS K -12 Preparation

- To PREPARE for schools reopening, NCDHHS published detailed guidance:
 - [StrongSchoolsNC Public Health Toolkit \(K-12\) guidance](#) on June 8; guidance is available in English and Spanish, has been requested and emulated by several other states; guidance is continually updated to align with new evidence and CDC recommendations
 - [Infection Control and PPE Guidance](#) on June 18, including recommended supplies for upcoming school year and making available convenience contracts for schools to purchase supplies
 - [Reference Guide for Suspected, Presumptive, or Confirmed Cases of COVID-19](#) on June 30
 - [NC Pre-K guidance](#) on August 3, which encourages in-person learning while also ensuring appropriate options for remote learning in the event families have to quarantine
- NCDHHS has also coordinated with other state agencies to distribute supplies:
 - Proactively distributed a two-month supply of PPE Starter Packs (containing thermometers, gowns, procedure masks, and face shields) for school nurses to all public schools in early July,
 - Proactively distributed 5 reusable cloth face coverings to each student and staff member in [public](#) and [private](#) schools (over 9 million face coverings) in July

NCDHHS K – 12 Communication

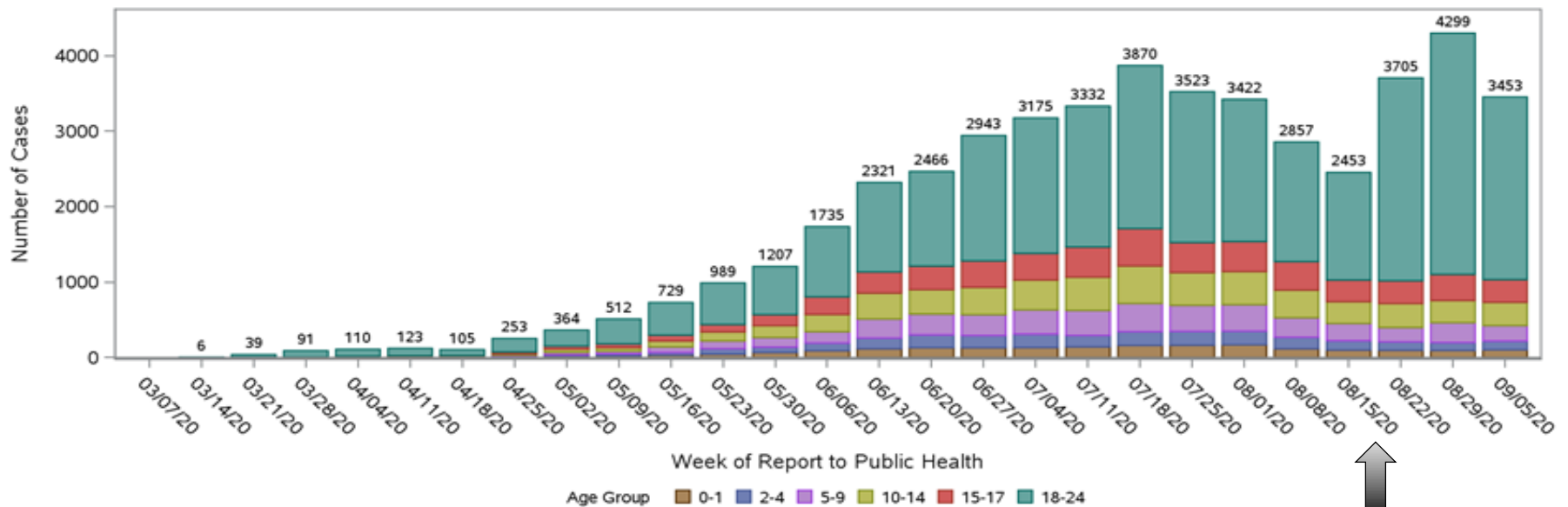
- To COMMUNICATE as schools reopen, NCDHHS published resources for multiple audiences:
 - [Regularly updates FAQs](#) in English and Spanish for families, and regularly provides written FAQ answers for local health departments, schools, and districts
 - Published family-facing communications on [what to expect when schools reopen](#) in Spanish and English
- NCDHHS leadership has regularly participated in webinars and calls
 - Participated in English and Spanish-speaking discussions, webinars and town halls with the State Board of Education, NC Parent Teacher Association, Governor's Teacher Advisory Council, NC Association of Educators, NC Association of Independent Schools, NC School Board Association, and more
 - Held weekly calls with superintendents and district leadership, charter school leaders, and local health departments leading up to school reopening
- NCDHHS manages a centralized communication tools for school reopening questions
 - Continues to respond to emailed questions to StrongSchoolsNC@dhhs.nc.gov for public-health-related school questions from the public, school leaders, and local health departments
 - Continues to respond to needs for school-age care during periods of remote learning by promoting a state-created [child care hotline](#) for community-based organizations to provide school-age care

NCDHHS K – 12 Monitoring

- To **MONITOR** public health needs as schools reopen, NCDHHS is using evidence to inform decision-making:
 - NCDHHS is working to enhance data infrastructure & increasing local and state collaborative efforts to monitor any school-affiliated cases, and provide resources where they are most needed
 - NCDHHS participates in weekly and ongoing calls with school leaders and local health departments around K-12 questions as they operationalize public health requirements
 - NCDHHS has administered surveys for school leaders to better understand health and child care needs at a local level to determine what supports are needed

New Lab-Confirmed Cases by Age Group: Weekly Totals

STATEWIDE CASES BY DATE OF REPORT TO PUBLIC HEALTH AND AGE



Most Schools Reopened 8/17

Snapshot of COVID-19 Impact on NC's Child Care System

- Child care has remained open throughout pandemic
 - Meeting additional [COVID-19 Health and Safety Requirements](#) layered on top of existing health, safety and learning licensing standards
- As of early September, ~ 80% of private child care facilities are currently open
 - 93% of family child care homes are currently open (N=1,262)
 - 77% of child care centers are currently open (N=3,377)
- About 52% of children (127,329) currently attending child care vs. 245,000 in Feb. 2020
 - 84% of children receiving subsidy currently attending child care (N=58,225 children)
 - 54% of children whose families pay private tuition currently attending child care (N=69,104 children)
- Significant vacancies among private tuition paying families hurt child care businesses
 - About 60% of child care revenue comes from private tuition

COVID-19 in Children and in Child Care

COVID-19 Cases in Children

- About 11% (19,444) of NC COVID-19 cases are among children 0-17 and one child death in this age group

COVID-19 Cases in Child Care Settings

- Between June 22, 2020 (when NCDHHS began public reporting on clusters) and September 14, 2020, there have been:
 - 26 clusters in child care settings
 - 20 clusters are ongoing/active
 - 6 clusters are over/completed
 - 120 cluster-associated cases among staff
 - 2 cluster-associated death among staff
 - 80 cluster-associated cases among children
 - 0 cluster-associated deaths among children
- This represents a small fraction of the ~106,000 children currently attending child care and about ~40,000 workers

Note: A cluster is considered over/completed 28 days after the latest date of onset in a symptomatic person or the latest date of specimen collection in an asymptomatic person, whichever is later.

Source: NCDHHS, <https://files.nc.gov/covid/documents/dashboard/Weekly-Ongoing-Clusters-in-Child-Care-and-School-Settings.pdf>

Child Care Workforce

- Child care workforce is more than 50% women of color, the majority of whom fall into one of the high-risk categories for COVID-19
- Average salary – \$11 per hour

NC Pre-K

- 90% of Pre-K contractors have responded to our survey about what mode of instruction they are pursuing for the upcoming school year
 - 40% will be fully remote
 - 29% will be hybrid
 - 25% will be in-person
 - 6% will not serve NC Pre-K (we have asked for clarification about where these children will be served)

CARES Act Funds for Child Care in NC

NCDHHS anticipates expending all CARES funds allocated for child care

- \$38.2M for child care teacher and staff bonus payments (for 25,000+ individuals) in April and May 2020
- \$34.7M for Emergency Child Care Subsidy program which served 20,000+ children in April and May 2020
- \$80M for operational grants for 3,800+ open programs in April, May, June, July 2020 (issued to about 66% of facilities)
- \$6.2M PPE and cleaning supplies for 4-8 week supply for ~4,200 programs
- \$5M to SmartStart for parent support and child care business technical assistance
- Covering parent fees since April 2020
- Projected \$12M for additional PPE and cleaning supplies for rest of the year

Funding Priorities

- PPE: Provide additional PPE and infection control supplies to child care programs
- Child Care Workforce Retention: Provide one-time retention bonuses for child care staff working onsite in open programs
- Operational Grants: Stabilize child care programs who have lost significant tuition revenue due to lower enrollment with operational grants

COVID-19 Child Care Response

Health and Safety



- Published health and safety guidance on March 23, and regularly update to align with CDC recommendations



- Issued Executive Order in April to **ensure child care only for essential workers** during stay at home order



- Held **webinars** with 3,500+ providers on Emergency in March and Reopening Guidelines in May



- Established network of child care health consultants, who have fielded 2,200+ calls from child care providers



- Established partnership with **local Smart Start** to help find essential supplies
- Purchased **4-8 weeks of PPE and cleaning supplies** for child care centers

COVID-19 Child Care Response

Access and Affordability



- Launched child care hotline with CCR&R system in March to provide enhanced child care referrals to 2,700+ families for 4,000+ children through July 2



Covered **parent copayments** for families receiving subsidy for April, May, June, and July



Launched Emergency Child Care Subsidy program for **essential workers** (up to 300% FPL) during stay at home order, serving 16,800+ children in April and 19,400+ children in May

COVID-19 Child Care Response

Operational Support



- Provided **subsidy stabilization to all child care programs, open or closed** (April and May)
- Provided **subsidy stabilization to open programs** (June and July)



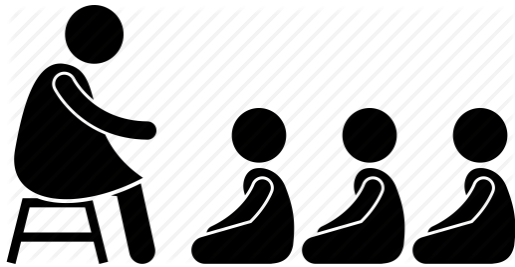
- Provided **NC Pre-K payment stabilization** from March through end of school year
- Issued **NC Pre-K reopening guidance**



- Provided **operational grants based on fixed costs** to open child care programs (ranging from \$500 to \$30,000 per month for centers, and \$359 to \$2,500 for homes) for April through July

COVID-19 Child Care Response

Child Care Workforce Support



Provided **bonus payments** of \$950 per month to teachers and \$525 per month to staff for 25,000+ employees for April and May



Provided **10% additional payment to child care programs** to cover administrative costs like payroll tax associated with bonus payments



Launched Hope4Healers mental health helpline for child care and health care workers experiencing stress from being on the front lines

How are Children Being Impacted by COVID-19?

Increasing Food Insecurity

- Overall food insecurity among all ages of North Carolinians increased from 11.7% in Feb 2020 to 24% by May 2020¹
- Prior to COVID-19, school nutrition program served approximately 1.2 million meals per day for 900,000 eligible students
 - Highest number of meals served during May/June: 500,000 meals per day
 - Average meals served July/August: 150,000 meals per day
- NC served ~900k students through the Pandemic EBT (P-EBT) program; Congress has extended P-EBT through Sep. 30th, 2020

1. Northwestern Institute for Policy Research, July 2020. <https://www.ipr.northwestern.edu/news/2020/food-insecurity-app-visualizes-national-state-by-state-data.html>

How are Children Being Impacted by COVID-19?

Risks to Child Safety

- 35% decline in Child Protective Services reports
 - Decline attributable to mandatory reports (especially educational professionals) having less contact with students

Learning Loss

- Research suggests students may return in fall with significant losses in math and reading as a result of learning disruptions
 - Children of color likely to experience disproportionate losses

School Age Care

Addressing School Age Child Care Needs for Families

1. Leverage ~30,000 existing slots at child care facilities that are licensed for school age care
2. Expand capacity for licensed child care facilities that are not currently licensed for school age
3. Offer school age care on-site at public schools
4. Offer school age care on-site at community-based organizations (CBOs) – public schools must have contracts with CBOs to do so
5. Prioritize bringing younger children back to public school for in-person instruction
 - ~16 School Districts bringing back only younger children or prioritizing more days per week of in-person instruction for younger children

School-Age Health and Safety

- Child Care/School-Age Care protections are found in federal and state laws, state regulations, and local codes
- DHHS has layered additional COVID health and safety requirements upon robust, pre-existing licensing standards in child care and requirements in public schools
- Child care licensing include:
 - Criminal background checks
 - Building, fire, and sanitation inspections
 - Health and safety training including preventing/controlling infectious disease, administering medication, recognizing and responding to child maltreatment, responding to natural disasters, CPR and First Aid
 - Group sizes and staff ratios for adequate supervision

Child Care Commission (CCC) Emergency Rules

- CCC met on August 5, 2020 and adopted emergency rules for Care of School-Age Children During State of Emergency
- Allows public schools to enter into written contract agreement with a Remote Learning Facility
- As part of contract, public schools agree to:
 - Be responsible for enrollment and attendance of school-age children at a Remote Learning Facility
 - Be liable for any incidents or occurrences at the Remote Learning Facility the same way it would be liable if school-age children were in a building approved for school occupancy and which houses any part of the public school system
- Issued letter to superintendents and charter school leaders on August 5, 2020 outlining 3 options to support families who may need school-age care (promoting hotline for licensed care, providing care onsite, contracting with CBO to provide care)
- Wake, Durham, and other districts already pursuing this option