State Advocacy Asks Related to the Coronavirus
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State early childhood advocates are focusing their attention on what state officials can do to support young children and their families during the Coronavirus pandemic. These clear, public recommendations — issued by early childhood experts — can have a profound impact on policymaker decision making in this fast-paced, rapidly changing environment.

This is a summary of the key requests and recommendations being made by state advocates to state officials. (Full text of their requests are available under the Letters from State Allies to Elected Officials topic at: http://earlysuccess.org/covid19-resources-by-topic)

Strengthen the Safety Net
State policymakers should ensure that temporary changes in family workforce participation, earnings, or other factors due to COVID-19 do not prohibit eligibility, but instead accelerate access to the safety net, so no family falls through the cracks when they need help.

- Temporarily suspend redetermination of eligibility for child care services, WIC, SNAP, Medicaid, CHIP, and TANF.
- Implement “express lane eligibility” when possible, so eligibility determinations for one program (e.g. Medicaid, CHIP, TANF, SNAP, CCDBG) may be used for others.
- Expand Medicaid eligibility to people with higher income levels and adopt presumptive eligibility policies where needed, especially people with disabilities, seniors, children, and pregnant women. Expand entities eligible to determine presumptive eligibility.
- Suspend all premiums and co-pays in Medicaid and CHIP.
- Create a special enrollment period for the health insurance marketplace.
- Make CCDBG available to essential workers in need of child care.
- Enact a moratorium on evictions and utility shut-offs.

Stabilize the Existing Child Care Industry
The coronavirus pandemic highlights the importance of child care as an essential industry for a health economy. To ensure this industry is stable and able to resume its function after the virus subsides, states must fund child care providers to cover fixed costs and retain staff during the crisis period.
Maximize flexibility in existing funding streams (e.g. CCDBG, TANF). This includes paying providers based on enrollment, not attendance (CT, DC, FL, GA, KY, LA, MA, MI, MS, NV, NM, NC, PA, RI, TX, UT); waiving co-pays (NJ, OR, PA, RI); expanding eligibility for subsidies to any worker designated as essential (CO, NC), and paying enhanced rates/wages for those providing emergency care (IL, NJ, NM, NC, WV).

Establish an emergency fund for any expenses not covered by existing funding streams. Include a designation for child care programs as a distinct category in any emergency federal or state funds (IN, KS, ND, TN, VT).

Dedicate small business supports to child care businesses including: grants, zero-interest loans, mortgage forbearance, deferral of rents, support for utilities and insurance, and unemployment benefits. Apply an equity lens to all investments so they reach all providers (urban/rural, large/small, English/Non-English speakers).

Create an Emergency Child Care Network
Recognizing the need to provide child care for essential workers, states are acting to create a network of emergency child care programs to serve essential personnel. Recommendations for these networks include the following:

- Maintain licensing standards for the emergency child care network. Utilize the existing supply of child care, to determine which providers want to be included in the emergency network. (States like Colorado are using web-based software solutions, such as Nanno, to make this determination. Others, like Illinois, are using their child care Resource and Referral network to track availability of care.) In the future, create a new category of licensed care that designates a provider as a member of the critical care network. Intentionally include small home-based child care providers in the network.

- Ensure access to health care insurance, paid family and medical leave, and pandemic and state unemployment insurance during the crisis for the critical child care workforce. Target state-funded/supported health coverage outreach and enrollment efforts directly to essential child care workers.

- Include all child care staff in the definition of “essential workers” so that they also have first priority access to emergency child care services and the same payment options afforded to all other workers deemed to be essential workers.

- Offer “incentive pay” to cover increased costs associated with difficult conditions, odd-hour care, scarce access to supplies, etc. (IL, NJ, NM, NC, WV)

- Reduce or eliminate the cost of care for essential workers and fund the critical care network directly to provide the essential service.

- Provide necessary supplies and other protective equipment necessary to maintain the health and safety of the children and the workforce. This includes cleaning and sanitizing supplies, personal protective equipment, and the technical assistance and support to implement any new safety guidelines.

- Maximize federal flexibility in the Child and Adult Care Food Program (CACFP) to provide food through delivery rather than community site distribution.
Designate funding for community access to trauma-based services.

**Protect the Safety of Children and Families Involved in Child Protective Services**

The coronavirus pandemic has created unprecedented challenges to state child welfare systems and their ability to keep children and families safe. State advocates from a broad range of disciplines have called upon their states to take the following actions to ensure child protective services remain intact and to ensure the well-being of children:

- Ensure child protective agency workers and their provider networks are defined as essential workers and services;
- Ensure that child protective services continue to receive funding to support their critical work;
- Enhance public awareness regarding the likelihood that child maltreatment may occur during the pandemic and inform the public regarding how to report suspected abuse or neglect during this time.
- Allow child protective services and employees to conduct face-to-face visits on a virtual platform and create guidance regarding virtual visits into the homes of children.
- Encourage state court systems to work with child welfare systems to maintain critical court hearings in child protective cases and take steps to do what is necessary to allow children and their families to live safely together.
- Ensure that children who have experienced maltreatment receive necessary behavioral health services and treatment and ensure that parents receive the necessary mental health services they need to ensure that children can remain safely at home with their parents. State agencies should engage parents through virtual visits and other telehealth visits.
- Ensure that parents, kinship caregivers, foster parents and child protective services workers have access to child care because they work in essential jobs and services. Parents and caregivers who contract Covid-19 may need assistance with children in their placement. Agencies must find creative ways to address these increased placement needs.

**Ensure Home Visiting Services for Vulnerable Children & Families**

State advocates have led the way in advocating for key modifications to home visiting to enable children and families to continue to remain connected to their home visitors and critical supports.

- Ensure state agencies continue to fund home visiting services throughout the pandemic regardless of the ability of home visiting providers to conduct in-person home visits;
- Allow home visiting services to quickly convert to providing virtual home visits and/or telehealth visits that maintain parent confidentiality yet allow for home visitors to
connect with parents to provide essential information, services and essentials, such as diapers, baby formula, and food.

- Allow home visitors to use federal, state and philanthropic funding to purchase telephones, tablets and broadband service for parents in order to facilitate virtual and telehealth visits.
- Promote interim remote early intervention (EI) services that will remain reimbursable through commercial insurance and Medicaid using telehealth platforms.

Promote Racial Equity
State advocates have continued to lift up the importance of racial equity to address the disparate impact the Coronavirus has on immigrant and undocumented families as well as communities of color. New Mexico advocates have highlighted the impact of the pandemic on Native American families living on and off of reservations and the need for improved health care and social services. Other state advocates have highlighted the plight of immigrant and undocumented workers who remain on their jobs as grocery store workers, delivery personnel, home health aides and other essential employees that leave them at risk of contracting the Coronavirus.

Links to more detailed information on state child care policy changes are available here and here.