August 14, 2020

Ms. Shannon Christian  
Director, Office of Child Care  
Administration for Children and Families  
U.S. Department of Health and Human Services  
330 C ST SW, Room 4502  
Washington, DC 20201

Robert R. Redfield, M.D.  
Director  
Centers for Disease Control and Prevention  
1600 Clifton Road  
Atlanta, Georgia 30329-4027

Dear Director Christian and Dr. Redfield:

In recognition of the critical role the child care industry plays in our economy and in children’s development, we write to request that the Office of Child Care (OCC), in coordination with the Centers for Disease Control and Prevention (CDC) and with input from other relevant agencies and health and child development experts, distribute comprehensive and detailed public health and safety guidance to assist child care providers in their response to the pandemic. The child care system is instrumental to our nation’s recovery. By offering work support for essential workers and families, the child care system ensures that families can safely return to work. Equally paramount is the role providers play in fostering children’s healthy development and providing supplemental education for our nation’s youth. In several ways, the child care industry is the backbone of our economy.

The child care industry is at risk of collapse. A Bipartisan Policy Center nationwide survey reported in April that 60 percent of the child care facilities and family child care providers in the United States had to close their doors because of COVID-19 and, for 30 to 50 percent these providers, the closures will remain permanent.¹ As more families across the country transition back to work and increasingly rely on child care, it is essential that the existing child care industry receives comprehensive guidance and implementation assistance so that providers are able to meet public health recommendations, protect the health and safety of both families and their workers, and continue to provide high quality and developmentally appropriate care for children.

We appreciate the preliminary steps the Administration has taken to provide interim guidance in April, revised interim guidance in May, and updated guidance in July to the industry. We believe it is critical that further work build on those efforts. The CDC has released some public health guidance for child care providers and schools that remain open or have reopened,

which is a helpful first step. Child care providers, however, have reported that this guidance is insufficient, and at times contradictory. Providers have expressed particular concern about how to translate this guidance into concrete actions and practices, especially given that certain health and safety precautions that have become widely accepted for adults must be adapted for young children. According to data shared by the National Association for Family Child Care (NAFCC), 61 percent of the family child care providers across the country who were surveyed would appreciate more guidance about health and safety procedures. Without a coordinated federal response that includes comprehensive and detailed best practices for how to best support the child care sector amid and following the pandemic, we worry that the providers will not be fully equipped to safely and effectively reopen and operate, thus further jeopardizing our economic recovery and the wellbeing of children.²

We request that the OCC work with the CDC and relevant health and child development experts to issue additional, specific recommendations for center-based and family child care providers. This detailed federal guidance can assist them with implementing the CDC’s public health recommendations, while also maintaining high quality child care and providing developmentally appropriate instruction and interactions with children. Such public health guidance should include:

1. Technical assistance to child care centers and family child care providers for how to translate the guidelines from the CDC into actionable measures.

2. Recommendations for how to use and find publicly available information on infection rates and community spread and make decisions on whether to remain closed, reopen, or close temporarily, such as what to do if community infection rates spike.

3. Detailed information on how and whether to request COVID-19 testing of employees, vendors, and children. Additionally, the CDC guidance should take into consideration that family child care providers often operate their child care businesses in their own homes. Guidance is needed on how long child care providers should remain closed if positive cases are detected, whether to request employees undergo regular COVID-19 testing, and which personnel to recommend for testing (e.g. vendors vs. sanitation staff vs. child care staff). The guidelines should also include information about how to adjust staffing or recruit temporary qualified care provider substitutes in case an employee tests positive, requires isolation, or is exposed to the virus and requires quarantine.

4. Detailed evidence-based or evidence-informed practices for providing quality, developmentally appropriate instruction while implementing public health recommendations that include social distancing guidelines. The guidance issued should take into consideration the developmental needs of children of different developmental stages and the ways in which they learn and play. For example, a facemask for children younger than five may lead to increased face touching and hinder the ability of an

educator to read a child’s facial expressions or signs of illness (e.g. runny nose)—a crucial practice for monitoring the health and safety of young children. In addition, detailed guidance and best practices should be provided as to how to best serve children with disabilities, children who are immunocompromised, and children who have underlying health conditions.

5. Comprehensive guidance on how center-based and family child care providers can safely continue to support breastfeeding mothers.

6. Recommendations for child care providers on how to support children’s social-emotional needs by providing:

   a. Specific guidance on how child care providers may obtain support to better identify and address infant and child behaviors that suggest mental health needs or trauma and refer them to early childhood mental health specialists for treatment as needed; and

   b. Summaries of best practice suggestions for how child care providers can maintain regular communication and contact with parents and guardians, despite the implementation of social distancing measures. These suggestions should also consider that families may not have broadband internet access, which would limit the use of video conferencing.

In addition, we request that the OCC encourage states to provide technical assistance, conduct outreach, and disseminate public health guidance equitably across child care settings, including to both center-based and family child care providers. We recommend that OCC actively collaborate with Child Care Resource & Referral Agencies (CCR&Rs) and staff family child care networks to provide technical assistance and disseminate critical information to child care providers.

The public health guidance, technical assistance, and information we request is critical to supporting the child care system. We appreciate your efforts to ensure a strong, timely, and coordinated federal response to address the needs and concerns of child care providers across the nation, so they can reopen with the confidence that their business can survive for the long-term.

Sincerely,

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CHRISTOPHER A. COONS
United States Senator

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PATTY MURRAY
United States Senator