

CARING FOR OUR CHILDREN AND EMERGENCY CHILD CARE FOR ESSENTIAL WORKERS

By

**Peggy Daly Pizzo, M.Ed, Ed.M
Stanford Graduate School of Education**

**Philip A. Pizzo, MD, FAAP
Stanford University School of Medicine
and**

**Richard Fiene, Ph.D, Research Institute for Key Indicators &
Penn State University; senior research consultant with the National
Association for Regulatory Administration.**

BACKGROUND

As our brave doctors, nurses and emergency medical technicians don protective gear to go to work on our behalf, we owe them one essential thing, besides our profound gratitude.

We owe them safe, protective and compassionate emergency child care, for those who have children.

COVID-19 is a major pandemic. As of yet, there is no vaccine, and no drug yet proven effective for treating the illness. And it is highly contagious.

Thus, our health care and other essential workers are at higher risk of getting the disease--as are their children. Consequently, so are those caring for them.

As of yet, no definitive data document the rates at which *children* acquire SARS-Cov2, the coronavirus that causes COVID.

Data solidly indicate that children are likely to manifest symptoms more mildly than adults. So, the children of health care and essential workers, coming to emergency

childcare facilities, may exhibit no symptoms, symptoms of a mild cold, of the common flu or symptoms of COVID-19, such as fever, cough and shortness of breath.

Licensing authorities face an unprecedented dilemma: how do we adapt existing protective licensing standards to **both** rapidly build a supply of safe child care **and** keep children safe? And how do we keep the **equally** dedicated early childhood educators, who are stepping forward to be emergency child care workers, safe?

RECOMMENDATION 1: USE *CARING FOR OUR CHILDREN AS GUIDELINES FOR EMERGENCY CHILD CARE*

Fortunately, the American Academy of Pediatrics and the American Public Health Association (AAP/APHA), together with many leaders in the early care and education community, labored for decades to produce *Caring for Our Children: National Health and Safety Performance Standards*, the nation's gold standard for ensuring the health and safety of children, including ill children, in child care.

Public health and licensing authorities ought to direct their attention to it and especially, the sections on prevention and management of illness. It has an entire section on standards for the care of ill children.

These standards should be adopted for emergency child care, which, during this pandemic, may care for many mildly to moderately ill children, some of whom may be ill with other diseases than COVID-19 (such as influenza).

At first, emergency child care centers and homes may not be filled with moderately ill children. But as any parent sending their child to a new child care program knows, children may get sick more frequently, especially if children who have not been together before are suddenly in one place.

Early childhood educators --and every parent--knows that the standard practice is to send a child who develops symptoms home. But the children of essential workers will have parents who are badly needed at their workplaces and are not likely to be at home to provide child care.

What happens to the children of essential workers then?

RECOMMENDATION 2: EXPAND PAID FAMILY LEAVE AT THE STATE LEVEL

Expanded job-protected paid family leave (PFL) available to a broader group of trusted family members, who are able to care for these children, is an important option. 100% of the wages of these family caregivers should be paid, on a temporary, emergency basis, so they can be freed from the fear of frightening financial loss, to care for the youngest members of their family networks. This would promote care at home. Please see the following paper for additional details: ([In The Eye of the Storm](#)).

But care in place, at trusted emergency child care facilities, is a safety net for essential workers who do not have extended family members living nearby.

During this unprecedented emergency of the Covid19 pandemic, we also need to see emergency childcare as, essentially, care for mildly to moderately ill children. The *Caring for Our Children* standards for childcare for ill children, provide the guidance we need. Consequently, we recommend that these standards be adopted for all emergency childcare during the pandemic. These protective standards *may also help prevent* the transmission of any infectious illness.

As experts in child health, childcare and protective standards for childcare programs, we echo the AAP/APHA standards:

- no mildly to moderately ill child right now should be in groups of more than 6.
- no child under 6 should be in groups of more than 4.
- no child under 3 should be in groups of more than 3.

We would caution that groups of 2 for very young children, may be indicated, by the initial data from China showing that babies under 1, once they contract the disease, are at somewhat elevated risk of experiencing more severe symptoms. Babies born prematurely, and children with special healthcare needs, especially immunocompromised status, deserve our exceptional caution right now.

RECOMMENDATION 3: COMPENSATE ALL EARLY CHILD CARE EDUCATORS DURING THE PANDEMIC

The courageous and essential early care and education workforce, including family child care educators, must be compensated during this entire pandemic. Those providing emergency child care should also be compensated, at higher “hazard pay” rates, to

provide this badly needed temporary care. Center based and family child care educators must be given intensive support to adapt their group sizes temporarily and to maximize the use of sound health-related advice. Please see the following paper for additional details: ([Honor the Essential Early Childhood Workforce](#)).

CONCLUSION

Our essential health care and first responder workforce AND our essential early care and education workforce must be able to have enough freedom from stress and worry to care for us. Safe emergency paid family leave--and child care facilities regulated in accordance with expert standards from the American Academy of Pediatrics and the American Public Health Association-- give us the best path to that goal.

Peggy Daly Pizzo, M.Ed., Ed.M. is the director of the Early Learning Project at the Stanford Graduate School of Education. She is a former White House advisor on early care and education policy. Her current policy research focuses on systems-building between health, mental health and early care and education services.

Philip A. Pizzo, MD, FAAP, is a pediatrician and the David and Susan Heckerman Professor of Microbiology and Immunology at Stanford University,

Richard (Rick) Fiene, Ph.D is a research psychologist at the Research Institute for Key Indicators & Penn State University; and senior research consultant with the National Association for Regulatory Administration.