

RCHC Child Care Resources Panel Summary

9-8-2020

Introduction

Childcare is an ever-present need for our workforce. Every county in California has a Resource and Referral (R & R) agency that serves as a hub for parents and childcare providers. They connect children and open spots, train providers, and manage financial assistance options that are available. This panel brings together the Executive Directors from the R & R agencies in Marin, Sonoma, Napa, and Solano counties to discuss concerns and potential solutions that they can help health centers to implement in both the short and long term. The conversation was recorded and can be found here: <https://vimeo.com/457921071>.

Key Takeaways

1. There are many obstacle to accessing childcare, it is often the most difficult challenge for employees. These issues have been compounded by the COVID-19 pandemic and shelter in place.
2. Health Centers seeking to help employees access care can do the following:
 - a. Refer workers to the local R & R to find open child care slots as well as eligibility for funding
 - b. Assess site for potential temporary childcare rooms,
 - i. Apply for a 90 day waiver, work with R & R to navigate process, could take 4-8 weeks
 - ii. Furloughed workers could be temporary childcare providers
 - c. Purchase slots at a local child care site for employees to use.
 - d. Give employees a direct emergency childcare subsidy.
 - e. Make the subsidy part of the employee benefit package.
 - f. Make a donation to R & R that is designated for your employees.
 - g. Identify partners with facilities that can be opened as an employee childcare site such as nearby churches and schools. R & R can help facilitate the conversation and process.
 - h. Work with local parks and rec and early childhood education sites to find potential providers.
3. Childcare, health, education, economic development and business can work together towards the best outcomes for our children so they have early, safe, and healthy environments.

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Discussion

Question 1

Many in our audience know personally how difficult it is just to find childcare, much less childcare that is high quality, a specific model, or allows flexible schedules, which is often needed for essential worker schedules. During COVID-19 we have seen in the media how challenging it has been for childcare centers to stay open with such variability in the market. What are additional challenges we are not seeing or hearing about that health centers leaders should know?

- A big challenge is staffing, across north bay
 - Centers have to overstaff due to normal sickness and covid exposure
 - Increased expenses with reduced revenue is a financial hardship
 - Many staff have also been hired out by the parent pods that have formed, increasing inequities. In addition these pods are not licensed, which increases risk.
 - The biggest issue right now with capacity due to COVID and with public health orders we can only serve half the number of children we normally serve in Sonoma County. The numbers vary from county to county, but it affects everyone. We have to have enough staff to serve them all day and they have to stay in stable cohorts, but staff often have children too. So the cost is higher for the centers and subsequently the families.
 - There has already been a shortage of qualified workers for over 10 years, as it is a historically underpaid field and the workers are undervalued. Even getting subs or more teachers is nearly impossible. There is inequity, as many of the workers are low-income women of color. It is crisis mode to get staff into programs, and to get child care workers into the field.
- Another challenge is the cost of care, state reimbursement doesn't cover the full cost of providing care. And private program fees don't cover the cost of what it takes to provide high quality care.
- Our field has faced these crises and inequities for a long time and COVID has brought them to the forefront and also requires us to provide care under new rations and new standards.
- In addition school is out, so we have the highest need we have ever seen for both children and the number of sites.
- Half or more of sites are not open and those that remain open are at 48% capacity, it is a tough environment for parents to find care.
- Providers have been very confused by the different information about COVID and risks.
- Our concerns are 0-12, as many kids 10-12 or younger are taking care of younger siblings.
- Average price for childcare is \$12-20K a year depending on age.
- Community needs to invest in childcare as a universal benefit, if not federally or for the state, then through local initiatives. It will always be a necessity, and it is what allows people to work.
- The pods that families are creating is recreating a system we already have, and therefore stretching already limited resources across a broader area, but with less quality control and no licensing, they can't all be monitored.
 - The low income community has had to choose at risk situations just to be able to go to their jobs and pay rent.

- Child care is a safety net service, it helps keep families out of poverty and contributes to our community.

Question 2

Some of our health centers may be considering subsidies or shared childcare options for their employees, or there may be some potential for shared resources between health centers in our network, what would be a big swing creative option that they might not have considered yet that the strength of our coalition could make possible?

- Messaging for employer support and acknowledgement that without child care you do not have employees.
- People need three things, housing, employment and child care, which includes nutrition, education, safety, and other benefits.
- If employers want to support childcare we can support it with shared services.
 - Example-Genentech has onsite childcare in SF, and we brought it to Vacaville.
 - We can bring in early childhood ed students to serve on site as well as nursing students.
 - Businesses next to each other can also share a site and resources.
- Right now there is a long term and short term crisis in childcare.
- There is a need for a long term solution to access to quality and affordable childcare, and employer supported childcare is one part of that solution
- Right now there is a short term crisis to meet the needs of the workforce and find enough space to be compliant with COVID requirements.
- The state licensing body has made waivers available for short term child care spaces to be used.
 - If your business has an unused conference room or your church has an unused space, they can be converted to short term childcare.
 - Our agencies can help you navigate the licensing process, it take 4-8 weeks.
 - 4Cs is about to release a “pop-up toolkit,” which was developed for fire emergency response, but is applicable to this situation too, using incident command model with a childcare coordinator on staff.
 - Can use it to get a group of 12 onsite for your employees.
 - Local churches and community centers may have space that can be used by your business.
 - One local business, possibly Kaiser, is providing a direct benefit to their employees of \$250 a week. The cost of childcare has increased dramatically, in SC it' gone from 180 to 250 a week. In some cases as high as 375 a week, and the higher cost equals shorter days.
 - Licensing is important for safety, which includes background checks.
- Child Care Initiative Project, supports to open a family child care home, 707-588-5026 Rohnert Park CLL
 - Schools being closed takes away an all-day form of care that is critical for child development.
- Long term employers need to value childcare.
- Employer options to support childcare:
 - Employee subsidies
 - Employee benefit-Employer's return on investment for retention and morale is significant
 - Paying for slots at a local center
 - Giving scholarships to the local resource and referral that can be designated to your employees in need
 - Boys and Girls club moved their sites to various churches

- There is a lot of uncertainty of what childcare sites will exist after the COVID crisis is over.
 - SF Parks and Rec redeployed employees to be childcare providers during covid.
 - Health centers could do this with furloughed employees
 - The numbers have to line up with number of kids needing care and teachers available.
- 0-5 children have significantly different needs and a higher cost compared to school age children. Ratios have to be structured appropriately.
 - Health centers could consider offering room for up to 14 children (or county limit) with one to two staff paid to oversee their focus on digital learning, accessing zoom, having a space for P.E., homework, snack, etc.
- Most counties have a large industry that might be willing to partner in child care solutions.
- Community college sites and education programs (early childhood, nursing) could be partners and satisfy their placement requirements.
- Each county has different requirements about what schools can stay open or reopen and when. School districts are interpreting differently, and their insurance requirements may limit options. Insurance is a huge issue, especially at the beginning.
- Liability scares a lot of people away, health centers could potentially cover liability. Many women who run day care out of their home are able to do it without issue.
- Childcare resource and referral agencies in each county are available to all health center employees. They can connect them to open care slots and help them understand eligibility for financial assistance or vouchers. Employers can pay through these agencies, scholarship funds are possible that can help reduce the financial burden. We have been working with sites to provide PPE and cleaning resources, anything to get them to open their doors again.
- HR departments should always send employees to resource and referral agencies.
- Family childcare providers are more likely to have stayed open in the pandemic than childcare centers.
- Remote work is changing the demand for physical space and it could potentially be reallocated to childcare sites.
- OES funding was used for emergency sites, and childcare subsidies have been provided for a higher income level. There may be other subsidies or alternative childcare payments that are emergency, short-term, or even long-term.
- The state normally pays about \$750 per child per month for subsidies, it does not cover the whole cost
- Marin had a ballot initiative for funding childcare last year that failed by a narrow margin.
- Providing care for non-traditional schedule, especially in health care and hospitality industries, is very challenging. Usually friends, families, or small home-based providers.
- Home-based providers provide care for the youngest, 0-3, and are often the most flexible, in terms of long hours or weekends.
 - Small-business opportunity, can work with EDB to invest in family child care.
- Every six months EDB has breakfast meetings on different topics, get on their agenda, greatest struggle for employees is usually childcare
- Working with childcare settings is a chance for timely health screenings.
- R and R agencies also provide training to family child care providers.