

# Strategies to Support the Well-Being of Essential Child Care Staff and Young Children During COVID-19



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## Introduction

Although the COVID-19 pandemic is keeping a growing majority of U.S. citizens at home for the next weeks or months, a segment of the nation's workforce continues to be urgently needed on-site—in places like health-care facilities, grocery stores, pharmacies, utilities ... and child care. In order to maintain child care availability for children of essential workforces, states and municipalities must prioritize strategies and policies to ensure the physical and social-emotional well-being of both the child care workforce and the children in their care.

Our early childhood system is made up of essential staff, not only during this pandemic, but *always*. Early childhood professionals not only enable parents to go to work each day,

but play a critical role in nurturing our nation's youngest citizens, laying vital foundations for early learning and social-emotional development.<sup>1</sup> Yet these providers have insufficient support and funding in the best of times, with a median hourly wage lower than that of fast food employees.<sup>2</sup> In the current pandemic, challenges have only multiplied, as early childhood professionals have been called upon to continue providing child care for the rest of the essential workforce without the necessary resources, policies, and remuneration for their value and sacrifices. For the sake of this essential workforce and our nation's children, we need to prioritize the early childhood system *now*, while also legislating enhanced supports and resources to maintain and strengthen child care providers and small businesses for the long run.

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## 1 Protecting the Physical Well-Being of Essential Child Care Providers and Young Children

Child care staff are on the front lines of this pandemic, caring for the children of healthcare providers and other essential workers who are at increased risk of illness due to a high potential for exposure. The child care workforce comes into physical contact with many such families each day. Of particular concern, a substantial proportion of this workforce may also be at higher risk for severe illness from COVID-19 due to age, smoking history, BMI > 40, or existing conditions such as heart disease, asthma and diabetes. Moreover, only 15% of the early childhood workforce receives health insurance through their workplace and fewer than 25% have paid sick leave.<sup>3</sup> Meeting essential child care needs places these early childhood professionals at increased risk for contracting COVID-19, and it is imperative that systems be bolstered to protect them and provide for their well-being should they fall ill.

The most immediate need is to ensure the provision of health insurance, paid sick leave, and substantial hourly hazard pay for all child care staff who continue providing services during the pandemic. These supports will allow child care workers to know that, should they become symptomatic, they will be able to receive care, maintain their income, and continue to support their families.

Alongside provision of these basic health and income needs, policies are urgently needed to minimize exposure in the first place—for child care staff, the children in their care, and parents and other caregivers who may be dropping off and picking up children from care. Reflecting guidelines from the CDC<sup>4</sup>, policies should include the following:

- Limit entrance to child care facility to staff and enrolled children only.
- Maintain lower group sizes (no more than 10 people in a classroom, maintaining compliance with mandated staff:child ratios) and keep children with the same group of children and providers every day (throughout the day and across days). Stagger outdoor time to keep groups separated.
- Provide virtual access to child care health consultants to answer questions and provide recommendations on physical well-being for staff and children.

Maintaining a safe physical environment is also of utmost importance. This is particularly challenging during this pandemic, when many cleaning products and other necessary supplies are not readily available. To promote safety, the following systems are urgently needed:

- Delivery of essential supplies, including food for children and staff, paper products, diapers, gloves, and hand soap to ensure that each site has access and to minimize need for child care staff to shop for supplies.
- Centralized monitoring and delivery of COVID-related protective gear and cleaning supplies to facilitate standards of care similar to those in a health care setting.
- Provision of food preparation and cleaning services to support hygiene practices and free up child care staff to focus on the children.

## 2 Supporting the Social-Emotional Well-Being of Essential Child Care Providers and Young Children

While the first priority is always physical safety, there is no denying that mental health and well-being are also a critical concern at this time. The COVID-19 pandemic has significantly impacted daily routines, social connections, the American economy, and the risk of poor health outcomes for all Americans. These rapid changes have increased everyone's exposure to stress, including child care providers and the children they serve. For providers, high levels of stress can weaken the immune system and interfere with relationships and day-to-day functioning.<sup>5</sup> Furthermore, child care providers whose own social-emotional well-being needs are not being met may have trouble meeting the social-emotional needs of the children for whom they are caring. For children, extensive research on the biology of stress reveals that, without adequate buffering and supportive relationships, stress overloads in early childhood can have profound and prolonged effects on development and functioning across the lifespan.<sup>6</sup> Policies and practices to reduce stress and promote coping behaviors for both providers and children will be important to bolster resilience and maintain health during this pandemic.

Staff and child stress can be reduced by maintaining continuity of care and regular routines wherever possible. Most importantly, policymakers should uphold requirements that young children are cared for by professionals certified in early childhood according to each state's guidelines. These trained professionals are well versed in best practices for safety and hygiene, as well as the optimal ways to nurture attachment and social-emotional well-being in young children. These practices and connections have never been more important. Other options for promoting social-emotional well-being include the following:

- Consider ways to maintain existing connections with teachers and classmates, where possible, either by keeping children in their original care settings or by supporting virtual check-ins.
- Consider implementing smaller class sizes than usual. Young children can't do social distancing; they need hugs, cuddles, diaper changes, bottle feedings and interaction. Keeping them in smaller groups with consistent caregivers will promote relationships and connection without increasing risk of spread.
- Build or maintain support for family child care homes, which can offer ongoing care in small, consistent groups of children and providers, including mixed-age groups and siblings.
- In all child care settings, focus on promoting positive relationships, social-emotional support, and consistent structured environments for both the adults and the children.
- Provide virtual access to early childhood mental health consultants to offer support, help staff prioritize mental health (their own and the children's), and provide recommendations on social-emotional well-being for staff and children.

### 3 Caring for Older Children

Many essential workers also have school-aged children who need care and supervision. While child care centers may seem like a solution to this need, states should carefully consider all options. Child care centers are specially designed to meet the physical and developmental needs of children ages 0 to 5. Center classrooms and staffing models are not designed to meet the needs of older students. Trying to serve school-aged children in traditional child care settings that do not regularly offer care for children over age 5 may add stress for staff and children, in addition to causing potential crowding or increased group sizes. States may want to consider mobilizing elementary school staff and buildings to meet the needs of older children who are not typically served by child care centers.

### 4 Supporting Child Care Administrators Whose Facilities Are Staying Open to Meet Essential Needs

Child care programs that stay open to support the essential workforce are opting to do so to help meet a critical need and are placing themselves on the front lines of this pandemic. Those that choose to stay open will need ongoing support and direct access to specialists who can help them evaluate the ever-changing reality of the COVID-19 crisis. To maintain this connection, it will be important for states to monitor which child care sites and family child care homes are remaining open and create regular opportunities for two-way communication on needs, resources, and policies. It may also be beneficial to require the administrators of these programs to communicate via phone or videoconference at least weekly with state-level technical assistance specialists who can review updates and assist in finding solutions to challenges. Feeling isolated and vulnerable can trigger an exaggerated stress response that makes problem-solving and following novel instructions and guidelines difficult. We have a responsibility to create strong systems of care to protect and support our early childhood workforce and the children and families who are counting on them—now more than ever.

## References

- <sup>1</sup>Shonkoff, J. (2017). Breakthrough impacts: What science tells us about supporting early childhood development. *Young Children*, 72(2), 8-16.; Woodard, A. (Producer), & Alpert, D., Jacobs, G., and Siskel, J. (Director). (2019). *No Small Matter* [Film]. Kindling Group and Siskel/Jacobs Productions.
- <sup>2</sup>Gould, E. (2015). Child care workers aren't paid enough to make ends meet. Issue Brief #405. Washington, DC: Economic Policy Institute.
- <sup>3</sup>Gould, E. (2015). Child care workers aren't paid enough to make ends meet. Issue Brief #405. Washington, DC: Economic Policy Institute.; Institute for Women's Policy Research. (2016). Paid sick days access and usage rates vary by race/ethnicity, occupation, and earnings. IWPR#B356. Washington, DC: Author.
- <sup>4</sup>Center for Disease Control and Prevention. For Child Care Centers that Remain Open: Supplemental Guidance. Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html>. Accessed April 2, 2020.
- <sup>5</sup>Glaser, R., & Kiecolt-Glaser, J. (2005). How stress damages immune system and health. *Discovery Medicine*, 5(26), 165-169.

## Other Resources



Research-to-Policy  
— Collaboration —



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Together, the authors are developing and piloting the Infant-Toddler Trauma-Informed Care Project (ITTI Care), a professional development framework to provide training and coaching on trauma-informed care to early childhood educators.

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