The COVID-19 pandemic has changed the lives of nearly every American. But the effects of COVID-19 are not equally distributed. Long-standing inequities in the United States stemming from policies and practices that discriminate against people of color in almost every aspect of life—housing, education, health, employment, wealth and economic mobility, and criminal justice—have made it so that communities of color are bearing a disproportionate amount of hardship under this pandemic. Indeed, COVID-19 does not discriminate, but the systems that created stubborn outcome disparities in communities of color do.

Early childhood and education systems are not immune to these inequities. The COVID-19 pandemic has the potential to exacerbate opportunity gaps if systems leaders are not intentional about addressing them. As states begin the reopening process, and as education and early childhood leaders are in the midst of transition planning, it is critical that they move forward with equity as an essential focal point.

The Children’s Equity Project (CEP) has developed a set of recommendations to support equitable transition planning during the COVID-19 pandemic.
The early child care and education workforce is disproportionately women of color and low income individuals. Throughout state and local shutdowns, many of these workers have risked their own health and safety to care for the children of other essential workers, often without access to appropriate personal protective equipment. As schools and early childhood programs reopen, it is critical that teachers, child care providers, and others who work directly with young children have access to adequate cleaning supplies and personal protective equipment to maintain their safety and the safety of the children in their care.

#1: Prioritize health and safety.

**CONGRESS SHOULD:**

- Ensure continued funding for personal protective equipment and cleaning supplies.
- Direct the Department of Health and Human Services to work with early childhood experts and families to develop reopening guidelines that are developmentally appropriate and maximize the health and safety of providers and children.

With impending budget cuts likely, state, district, and early childhood systems leaders should ensure that targeted programs that support low-income children, children with disabilities, and English learners are preserved. Too often, these are the programs that are cut first and cut to the greatest extent.

#2: Increase and protect funding for targeted programs.

**CONGRESS SHOULD:**

- Increase funding for programs that support the most marginalized communities, including Head Start, IDEA programs, and programs that fall under Titles I and III of ESSA.
- Require the Departments of Health and Human Services and Education to maintain state match requirements for these programs, and ensure that states do not supplant existing funding for these programs.

#3: Increase funding and promote equitable access to child care.

**CONGRESS SHOULD:**

- Increase funding for the Child Care and Development Block Grant and require states to track and report on equitable access to subsidies during the COVID-19 pandemic.
- Direct the Department of Health and Human Services to encourage states to increase the value of child care subsidies to increase equitable access to child care for families who use these subsidies.

With schools opening on alternate and irregular schedules, and with many not opening at all, it is critical that Congress increase support for child care. Many families, including families who have been hit especially hard by the economic crisis, cannot afford the cost of more hours of child care and/or child care for their school-aged children. It is critical that the program expand to support more families. Further, the low and uneven value of child care subsidies across state lines affects families’ ability to access high-quality child care. As states begin the reopening process, new social distancing measures will likely require child care providers to reduce group sizes, which will impact the number of available slots. If subsidy values are substantially lower than what tuition-based families pay, families who use subsidies will be at a disadvantage and may even be priced out of the system altogether in some communities.
CONGRESS SHOULD:

☑ Direct the Departments of Education and Health and Human Services to require state education agencies, lead state child care agencies, and Head Start programs to develop an equitable plan for getting children back to school.

☑ Require that the appropriate state and local agencies collect and report disaggregated data—by race, language, and disability—to the Departments of Health and Human Services and Education on school attendance, access to learning and social-emotional supports, and child outcomes.

States, districts, and early childhood programs must be proactive in planning for and tracking equity and disparities, particularly during times of crisis. State and local early childhood agencies should develop equitable transition plans that include prioritizing the most vulnerable children, such as children who have had the fewest logged hours of remote learning or children from specific groups (such as children with disabilities, children experiencing homelessness, or English learners). If a categorical approach is taken and only some children can return to school at a time, decision-makers should be cognizant of and avoid creating segregated learning settings, and they should be intentional about creating classroom environments that are integrated by language, ability, and income to the greatest extent possible.

#5: Equitably fund more learning time.

CONGRESS SHOULD:

☑ Ensure that Head Start, child care, and public Pre-K–12 schools have sufficient funding to lengthen the school year, with priority given to programs that serve the most marginalized children.

Schools, Head Start programs, and child care programs are determining how to make up for lost learning time. Research finds that low-income children and English learners in particular have greater learning loss over the summer, compared to their wealthier and native English-speaking peers. What’s more, remote learning presents additional challenges for low-income children. Recent data collected during COVID-19 school shutdowns indicate that about 11% of children were largely absent from remote learning in the lowest poverty districts; more than twice that number (about 28%) were in the highest-poverty districts. Given the likely challenges and thin evidence base that remote individualized learning yields positive outcomes, children with disabilities may also be at a disadvantage. It is important for states, districts, and early childhood programs to equitably add time to the school year to make up for lost learning.

#6: Bridge the digital divide and expand knowledge on remote learning.

CONGRESS SHOULD:

☑ Ensure sufficient funding to bridge the digital divide, and invest in rapid-cycle evaluation to better understand what types of remote learning are most effective, especially for young children, bilingual children, and children with disabilities.

☑ Direct HHS and ED to leverage their technical assistance networks to rapidly identify and highlight best practices in remote learning, with a focus on bridging opportunity gaps for the most marginalized groups of children.

The evidence base for remote learning is sparse and not encouraging, especially for the youngest children who learn through social interactions and play. It also presents unique challenges for children with disabilities and English learners, who may require more individualized support and bilingual approaches to learning. Federal funding should quickly mobilize to identify and highlight best practices to support these and other learners. Notwithstanding the thin evidence base, virtual learning is going to be a reality of life for thousands of American children across all age groups. That means that access to the internet and to devices such as tablets or laptops are no longer an optional enrichment or add-on. Access to these tools is necessary for access to a public education during this crisis. It is critical to bridge the digital divide and ensure that all children have access to the tools they need to learn.
This is a difficult and stressful time for all Americans. Most children have faced a significant loss of routine and have experienced feelings of anxiety or insecurity. Others have experienced sickness and loss in their families, while millions of others have faced economic challenges, food insecurity, or housing instability. Given that children of color and low-income children are more likely to be suffering from the trauma of a direct loss in their family and economic insecurity, prioritizing social-emotional development is an equity issue. A failure to prioritize this not only undermines children’s wellness, but also undermines their learning and can exacerbate academic disparities. Further, the adults who interact with children most—families, child care providers and teachers—are also under a considerable amount of stress and many have experienced trauma, sickness, loss, and economic instability as a result of COVID-19. Their well-being directly affects the well-being of the children in their care. It is critical to prioritize support for both.

Leaders should be highly vigilant of the application of harsh discipline and its disproportionate use during this time of heightened stress and trauma. Given the stress most children have faced during this time, it is likely that schools and early childhood programs will see increases in challenging behavior. Widely cited data indicates that children of color are more often the subjects of harsh discipline, even though no evidence points to worse or more frequent behavior on their part. Their behavior is scrutinized more, they are more often the subjects of implicit bias, they are punished more harshly for the same behaviors as their white peers, and they are more likely to be punished for subjective behaviors. For all of these reasons, children of color are at an especially high risk of being pushed out of school, even if their behavior is developmentally appropriate and similar to that of their peers. It is critical to maintain transparency of harsh discipline—especially during a time of crisis—and to deploy technical assistance to help states and local communities positively address children’s needs.

School and community shutdowns make it difficult, and in some cases impossible, to conduct in-person child evaluations. This may be especially problematic for children with disabilities and English learners who are or should be in the eligibility process and have had their evaluations and determinations stalled. As schools and states reopen, they should prioritize disability and English learner service eligibility evaluations. Schools should reserve the first few weeks of being open to going through the backlog of service eligibility evaluations. State early intervention systems should similarly prioritize eligibility determinations.
#10: Fund mental health screening and supports.

**CONGRESS SHOULD:**

- Ensure funding for mental health screening and supports for teachers, children, and families in child care, Head Start, schools, and early intervention and special education programs to ensure child health, safety, and wellness.

Schools and early childhood programs should also prioritize universal developmental and mental health screenings for every child returning to school or an early childhood program. Many, if not most, children will likely return with some challenges as a result of trauma related to COVID-19. It is critical that systems identify and address these issues promptly by connecting children and families to appropriate services in the community. Many screenings can be completed over the phone or via video call. School and early childhood leaders should schedule time with families to conduct these screenings in advance of children’s return to school and connect them to follow-up supports, as appropriate. It is also important to consider that teachers and child care providers, like the vast majority of adults in the United States, will be returning to work with new stressors of their own. Given that teacher wellness is critical to child wellness, it is important for teachers and early childhood providers to be screened and connected to appropriate supports in the community as well.

#11: Increase funding for Early Head Start–Child Care Partnerships.

**CONGRESS SHOULD:**

- Increase funding to expand the Early Head Start-Child Care Partnerships and direct the Department of Health and Human Services to encourage applicants to prioritize family child care providers in partnership models.

As many uneasy parents go back to work, the safety and health of their children in child care settings will be top of mind. For many parents, that may mean transitioning from larger center-based child care settings to family child care settings where there are fewer children (and adults). This may be especially true in communities of color that already utilize family child care providers to a greater extent. The Early Head Start–Child Care Partnerships program is an optimal vehicle to extend needed social support resources to young children and families in child care settings, and already includes family child care providers.

#12: Protect the rights of children with disabilities.

**CONGRESS SHOULD:**

- Explicitly reiterate the IDEA requirement to ensure free and appropriate public education in the least restrictive environment for children with disabilities, specifically during the COVID-19 pandemic, as schools and child care programs transition to reopening. In instances where it is not safe to return to school or child care programs physically, services and supports for children with disabilities must continue wherever the child is.

There is a robust legal and research base that supports the inclusion of children with disabilities in general learning settings. Districts, schools, and early childhood programs should ensure that they adhere to IDEA’s least restrictive environment provision, even during this difficult time, and do not unfairly exclude children. While some children with disabilities may have special healthcare needs that make them more vulnerable to any illness, many do not. Families should drive changes in placement settings and should not be pressured by school or child care leaders to make children’s placements more restrictive or to exclude them altogether.
ENDNOTES


