

## Transcript of the Panel Discussion on *America's Child-Care Crisis*

### **Dr. Nadia Jones (00:00:05):**

Good afternoon, everyone. Thank you so much for joining us. My name is Dr. Nadia Jones, and I am the chief content officer for Gryphon House and Kaplan Early Learning Company. And we are so pleased that you would join us today to have a discussion centered around America's child-care crisis. So we've been in COVID for almost a year now, so we know what that looks and feels like. And now we want to know what's next. What are the next steps? So what we've done for you Marvel fans, which I am, we've assembled some early childhood education "Avengers" who are going to come together and talk about the work that they're doing and talk about what those next steps look like from their respective organizations. So, without further ado, we will jump right into introductions and we will start with Sarah Vanover and then we will go from there and then begin our panel discussion.

### **Dr. Sarah Vanover:**

Hello, my name is Sarah Vanover. I live in Kentucky, and I'm the director for the division of child care in Kentucky. I've worked in early childhood education now for almost 23 years. And during that time period, I've gotten to be a child-care provider, a director, a coach for Head Start public school, preschool teacher, and now working at the state at the policy level. So early childhood has been my career for quite a while.

### **Dr. Nadia Jones (00:01:27):**

Thank you, Sarah. Next, we will start with Commissioner Samantha Aigner-Treworgy.

### **Samantha Aigner-Treworgy:**

Hi, I'm Sam Aigner-Treworgy. I'm the commissioner for the department of early education and care in Massachusetts. Massachusetts has the first consolidated governance model of a unified department that oversees early childhood, that was created in 2006. I have been here since August of 2019; just to give you an idea of how much of my tenure has been consumed with COVID. I moved here. I grew up in Massachusetts but had been living and working in Chicago for the last couple of decades, where most recently I was the chief of early learning in the mayor's office for Mayor Rahm Emanuel. And like Sarah, I started my career in the classroom at the center level, held a variety of roles, and have landed in the policy level to try to continue to make change.

### **Dr. Nadia Jones (00:01:27):**

Thank you. Next, we will have Jennifer Washburn.

### **Jennifer Washburn:**

Hi, I'm Jennifer Washburn. I am a child-care owner and director in Kentucky, specifically far Western Kentucky. We have been in business—I opened over 21 years ago with the purpose of providing high-quality, early childhood education to our community. And with that, we have been NAEYC accredited for nearly 15 years now. I'm very proud of that. Our state also has a star program to identify quality, and we are a five-star program in the state of Kentucky. So, it is my pleasure to have been invited to talk today about the experiences of high-quality early childhood education and the effects of COVID on our program. So, thanks for having me today.

**Dr. Nadia Jones (00:03:34):**

Thank you. Michelle Jackson.

**Michelle Jackson:**

I should have been off of mute all this time—my apologies! Hi everyone. I'm Michelle Jackson. I'm located in Georgia—Alpharetta, Georgia. I am a center director with Bright Horizons and Jackson Healthcare. We'll get more into that later. I have been in the child-care field for about 15 years now in various capacities: as a teacher, marketing director, education coordinator, and currently as a center director. I am also a part of GAEYC as the VP of public policy, so I do a lot of advocating for the early child-care field.

**Dr. Nadia Jones (00:04:14):**

Thank you, Michelle. Rhian Allvin.

**Rhian Evans Allvin:**

Hi! I'm Rhian Allvin. I am the CEO at the National Association for the Education of Young Children, NAEYC. I've been in this role for nearly eight years now. Prior to that, I was in Arizona and did state-based policy and advocacy work through a ballot initiative created First Things First, which is a statewide system of \$150 million a year of tobacco revenue. I was the CEO of that organization. And prior to that was in a lot of nonprofit management, policy, and fundraising with the Arizona Community Foundation. And it's great to be with all of you and to have this conversation.

**Dr. Nadia Jones (00:05:15):**

Thank you. And last, but certainly not least, Reginald Williams.

**Dr. Reginald Harrison Williams:**

Hi, everyone. My name is Reginald Williams. It's good to be here with you today. I'm in Orangeburg, South Carolina. I'm an associate professor and graduate professor and coordinator of our early childhood bachelor's and master's programs. I've been in the field since about maybe 2002. So I think that's about 18 years at this point in time. I've served in a bunch of capacities. I've been a licensed lead classroom teacher to public school and teaching pre-kindergarten, I've worked at a community college as an adjunct professor. I'm a pastor right now. I actually pastor a Baptist church, and I taught their early childhood program for a number of years and their Sunday school. I have served as the affiliate president of my South Carolina AEYC chapter and a number of roles in NAEYC as a commissioner. And I also do a lot of work on the CAEP side with accreditation, but the job that I enjoy the most is the fact that I am a dad of two young children. So, again, it's a pleasure to be here with all of these excellent, wonderful experts today. Thank you for having me.

**Dr. Nadia Jones (00:06:14):**

Thank you. And so now you can see why I call them the ECE Avengers, right? And this is only a few of them. There's a lot of us, but we will start the conversation with this amazing group of leaders, and we'll jump right in. So first, we're going to start with Sarah. Sarah, you have a book coming out in a couple of weeks. Tell us a little bit about why you wrote this book entitled *America's Child-Care Crisis*.

**Dr. Sarah Vanover:**

Well, as many of you who have worked in the field for a long time now know, the fragility of the early childhood system is not something that started from COVID. For years, we've had issues with staffing to "how do we get qualified staff when child-care programs don't have the funding to provide them an equitable pay and benefits?" From the parent perspective, from somebody who has two young children, when I had two children and child care at the same time, I was paying much more than my mortgage for child care for my two boys. And yet, despite parents feeling like it costs too much and child-care providers feeling like they aren't getting enough, we can't achieve a balance.

And as we've been dealing with these issues for a long time, then the pandemic came. Whether states had voluntary closures or mandated closures, many child-care programs closed in the spring of this past year. And the fear was that if they closed, they would not reopen. We are such a fragile business that lives on the margins. The goal of most child-care programs, whether they're for-profit [or] nonprofit, the goal is to pay the bills each month and to make sure that the bills are paid not to make a savings, not to make a profit, but to just cover the bottom line. And as programs started to close and there was no revenue coming in, but fixed expenses still had to be paid, we saw how vulnerable the system was. And we're worried that it just might not be able to rebound. And so we've seen centers that have reopened them. We're so thankful that they have been able to reopen, but the fragile state of the programs has not been able to recover. Funding is still a desperate need. Families have rearranged their lives to stay home with their children, because there's either not available child care in their area right now due to reduced capacity or because they're nervous to go back to child care due to the pandemic.

And with all these changes, child care is getting attention. People are looking at how important it is. My family can't go to work without child care as a working mom. With two adults in my home that both have to go to work, child care is essential to us. One of my favorite phrases that I often say is "child care is the industry that supports all other industries." We need it there. We need it to help educate and groom our young children who are going to grow up in this workforce to be everything that they can, but we also need to support the workforce that's current right now for families. And with the attention that we're getting with the knowledge that child care is essential, it's the best time possible to look at how this structure is not set up to support the industry. There are changes that have to be made for the parents, for the child-care providers, to the professionalism of our field, to support minority groups, to support children with special needs, and to create partnerships with the public-school system. And so all of these are issues that I then write in my book and say, okay, here's the situation. This is what makes child care so vulnerable right now. And how do we fix it going forward?

**Dr. Nadia Jones (00:10:03):**

Thank you so much for opening with that. And so this is going to lead right in and be a great segue into our questions. But before I do that, I'd like to invite our participants to submit questions in the Q&A section, if you've been able to join us on Zoom, so that way we can get to those in the next segment. So with that, I think let's kind of turn towards some of the provider perspectives, since you mentioned that first, and then we'll circle back to some of the policy side of it. So, I'd like to start with you, Jennifer. If you could tell us a little bit about your program, how many children you serve, and what kind of impact this pandemic had on your program.

**Jennifer Washburn:**

Certainly. I'm, again, Jennifer Washburn, iKids Childhood Enrichment Center in Kentucky. So we already all agree that child-care centers already operated on the margins, with very razor-thin margins to say that. You know it's not a matter of trying to save ... there's nothing to save. So when COVID came and hasn't left and continues to stay, we've had to make a lot of changes in order to continue to survive. Like

I mentioned earlier, we are a nationally accredited, through NAEYC, program. So, we had already made conscious decisions to have lower ratios to meet those fantastic quality standards. And so in those choices, we already were operating at a deficit compared to centers pre-COVID. I like to call it BC before COVID. Right? At this point, it's dinosaur time. So pre-COVID, as an accredited center, we're choosing lower numbers. Because of COVID, the centers in Kentucky had to lower class sizes, they had to lower their group sizes, their ratios.

So while I chose at the beginning to have lower numbers, they didn't get the choice and had to reduce their capacity in order to meet the emergency regulations, in order to mitigate the spread of COVID. Because of that, our numbers are lower. So, my license is for 97, and we operated about 55 children a day. And that's, that's a huge number difference from what we're licensed for. And that is to meet those group-size restrictions, those number of restrictions that are in place to mitigate COVID. We also, to keep our cohorts together, we don't combine in the beginning or the end of the days. And I'm sure Michelle can attest to some of the creative ways that child-care centers work in order to reduce staffing.

Speaking of staffing, staffing's increased. Because, again, to mitigate COVID we don't want one teacher going into every single classroom all day. Why? Because she could be that spreader as they go through each space. And so, there are real consequences for that. And so, you have to have extra staff. So how has COVID impacted us? Well, I'm losing money, bleeding money. And that real fear of if and when (and they have) we have a child or a person, a teacher in our center that is positive for COVID, then that classroom has to close for that specified amount of time. And so, all of those things have made it very challenging in an already fragile system to continue to operate because we have a decrease. So teachers can't rotate. Teachers can't go from space to space. So, you have to have additional staff, and you have a decrease in children in your space.

And so, trying to find that balance of how do we continue to be quality and how do we continue to maintain best practice while keeping COVID away? That's a big challenge. Not impossible, but a really big challenge. So, we've had to be creative in finding ways to be able to support that. COVID has disrupted delivery. There have been classroom closures as required by the health department. COVID has impacted delivery. We in Kentucky are not ... we have different tiers for receiving the vaccine, and our tier has not come up yet. So we're still waiting to be able to have the opportunity for vaccinations. COVID has disrupted service because our schools haven't been open, but our child care has.

And so, we have become those—in what we call non-traditional instruction—NTI schoolteachers for the children, so that they can be with us. COVID has also disrupted delivery, and this is the really frustrating part for me, because those children that need us the most can't always get to us. It's disrupted delivery because it has made the gaps larger for who is able to get quality care and that has to be corrected. The distractions are long, and the disruptions are hard, but here's the beautiful thing about child-care providers: we have a mission. Obviously, we were doing this long before, right? We didn't have, we had razor-thin margins. I'm not rolling in the dough! But my mission is for these kids and the families. And so, we will do everything we can to meet their needs. And that's us. That is one of the beautiful things about us. We keep going.

**Dr. Nadia Jones (00:16:39):**

Those are great points. Thank you so much. And I will just kind of piggyback off of that and pivot to Michelle. I know your center has a unique model. Tell us a little bit about, you alluded to it earlier. Tell us a little bit about what that looks like and how you were able to communicate to all of those different groups during COVID.

**Michelle Jackson:**

So this is going to be, this is going to be a mouthful, but so just hold on. All right. So, um, as I mentioned earlier, I am a center director. The name of my center is Allegro Child Development Center, located here in Alpharetta, Georgia. Okay? Here we go! So, I work for Bright Horizons. Bright Horizons is a great—if you've ever heard of it—it's a great company who provides high-quality education around the globe for more than 30 years. And what has made us very successful is that we also provide services to over a thousand different organizations, who we like to call *clients*. Okay, stay with me. So from there, we are considered a cost-plus model. And what that means is our client provides a lot of the occupancy costs for us. So things like janitorial support, maintenance, etc.

With that said our client—I see someone in the chat thing said, Bright Horizons WHOOP!—our client is Jackson Healthcare. Now, Jackson Healthcare is an equally amazing company. They are a healthcare and staffing firm. They provide executive search as well as services to technology companies. And every year they service around 10 million patients. Okay. So great companies. And so, during this time, I had to merge all of that. What, as a company, Bright Horizons we stand for and also what Jackson Healthcare stands for. The great thing about that is we were on one accord: others first. Right? We really wanted to make sure that we connected in that way. So balancing ... we wanted to make sure we provided care for our associates, because let me make sure I say that, we provide care only to Jackson Healthcare associates. So that means that we're open. We're a small center, and any full-time employee who wants or needs care—we provide for them.

So we really had to make sure that we merged everyone's needs, including best practices from, best overall practices, Bright From The Start requirements. We're not quite yet NAEYC accredited, but we maintained our NAEYC accreditation standards. So we wanted to make sure as we prepare to begin that process, that we were already managing on that level. So low ratios, really enhanced protocols. When you think about the health and safety, our quality levels, the care that we provide, the interactions, the language, the curriculum—that was all a balance for us. So when you talk about unique [laughs] this is it right here. This was one of the things. And it was challenging, but not impossible when you're on the same accord. When your mission is others first, when you lead with heart, when you are making sure that you're being honest and transparent, and you just overall want to provide a level of excellence for your families, for your staff, and especially for the children, then you do it, you, you get it done.

**Dr. Nadia Jones (00:20:22):**

Thank you so much, Michelle. I appreciate it and felt your passion through my screen here. And so for anybody who is wondering, you see Michelle has a mask on because she is in her center and is not able to be in a secluded space. So we are literally in the times at which we have to take these different types of universal precautions based on the places in which we serve. So, just wanted to let our audience know that.

I think this will be a good time to transition to maybe some professionals, students who are thinking about going into the field. And so I will turn our attention to Reginald Williams. So Reggie, if you could talk to us a little bit about your students. So you're a college professor. Students are excited “BC,” as Jennifer said, before COVID. “Oh, I can't wait, I'm going to be a teacher. I always wanted to be a teacher. This is so great.” And then COVID happens. What did that look like for your students? Were some of them no longer excited about going into the teaching field, perhaps?

**Dr. Reginald Harrison Williams:**

Yes. Yes. Out of about 55 of my advisees—I advise about 55 early childhood undergraduate students and maybe about 10 or 15 graduate students—but I saw most of the issues happen with my undergraduate students. Maybe about, out of the 55 undergraduate students, maybe six or seven of them changed

their majors. We have a two-degree program—a lot of colleges do—but we also have two degree programs. One is the licensure track where you become a certified teacher in the state of whatever you are. We graduate students; they are certifiable and the state certifies them. And then we have a non-licensed track, which is our Family, Consumer Science, Child Development track. And both of them are teaching tracks. It's just, one's the licensure track, and one is the unlicensed track. I, of course, teach the early childhood education students.

So my students would end up becoming certified teachers and working in the classroom. Out of those 55 that I had, about six or seven, maybe about 10 percent, actually changed their majors. But what was ironic about it is all of them but one changed from the licensing side to the non-licensing side. That one student that decided to go out of teaching ended up becoming an agribusiness major. So it wasn't a whole lot of matriculation out of early childhood education to other fields, which is a breath of fresh air.

But when I look at the reasons as to why they did that, they did that mainly because it was more of a lateral move than a complete disconnect. But the reason for that is that is even though there are a lot of public-school vacancies in my state, they didn't feel competent. The teaching profession was going to be an effective way for them to actually do what they want to do under the pandemic. Many teachers are typically doing a lot of remote teaching, a lot of remote distance teaching, using teams and Zooms and things like Seesaw and Class Dojo or Canvas. And pedagogically direct instructions were the default way in which they're doing that, many of them felt that it was really incongruent of them to teach without being developmentally appropriate, if they had to just do it over a screen.

And the second reason, they felt kind of sketchy about the support that they've received once they're in schools. My wife is an early childhood special-education teacher, and she always asks about how safe are we going to be when we get back into the class, because they're still mostly virtual and trying to go to a hybrid model. How much support would they get administratively when a learning experience goes sour because he gets stressed out from being in front of screen so long. So what kind of support they're going to happen? And lastly, how much technological support they're going to have, because they have to implement all the technologies?

With my students, what policies are in place to ensure that they efficiently can go through the certification process? Because they have to relax a lot of standards since, at the end of their programs, they have to do a lot of clinical experiences in the classroom. So all of those things kind of caused those small amounts to move out of the profession. But mostly they stayed in, thankfully.

**Dr. Nadia Jones (00:24:16):**

No, I think that's great to hear and to know, and I would like to think that the amazing institution of South Carolina State University, which is also an HBCU, a historically black college or university, had a lot to do with that. That they were able to at least stay, still stay engaged and find out what the way forward was going to be still in the field, but maybe just supporting in a different way.

So next, I'd like to turn our attention to Rhian, to talk a little bit about once these students leave Reggie's classroom. They graduate, they're in the world, right? And they're making all the money 'cause we all make tons of money in education and that's what we do. [laughs] So now it's like professional organization—who do I connect with? Who's going to help keep me engaged and, and train me and, and things like that? So Rhian can you talk to us a little bit about NAEYC: what it is, what NAEYC does, and then a little bit about how COVID impacted membership and how you were able to keep members engaged.

**Rhian Evans Allvin:**

Yeah. Thanks so much. Great conversation and, yeah, NAEYC is a professional association, the largest professional association for early childhood educators birth through age eight. So we are a membership organization. We typically, and in non-COVID years, have several large conferences throughout the year. A lot of professional development. We accredit early childhood programs, and we accredit institutions of higher education preparing early childhood educators. We have 52 affiliates across the country, and in most states, we have a global practice as well. And then we do an enormous amount of policy and advocacy work. Also, we are also a publisher. We have YC, our journal, *Young Children*, and *Teaching Young Children*, our magazine, as well as a number of books. So that's NAEYC. We have about 60,000 members, and we have seen, I mean this has been the worst existential crisis I have seen in my career, I think nationally, globally, but also in particular for early childhood education. As Sarah mentioned, the pandemic just really hit a field that already had shaky economics that were uneven and imbalanced.

And no one knows that better than early childhood educators themselves, who on average earn just around \$11 an hour. Forty-six percent of them are eligible for public assistance. We see very high turnover rates. And so, we've got this mismatch in what we say about the value of early childhood education, the return on investment, the neuroscience that supports early childhood education, and then the messages that we send to early childhood educators and our members.

So we have seen, in terms of NAEYC, I would say it's a tale of two cities. Two cities, Nadia, in that some of the most incredible engagement I've seen in my career with early childhood educators, and, lo and behold, not surprising, it turns out that if you create the space for early childhood educators to share their stories and their voices, that they do it. And when I think of it from an advocacy perspective, early childhood educators coming to the table to tell their stories and to get \$3.5 billion from the CARES Act, another \$10 billion at the end of this year, at the end of last year dedicated in stimulus funding. And now, with the Biden administration, there's \$40 billion on the table plus increased tax credits. I mean, I can't even tell you how many times folks said to me throughout the year, "There's no way you're getting \$50 billion. There's no way." Some who would even say the field doesn't need it. Which, ask an early childhood educator who's making \$11 an hour whether the field needs it.

**Dr. Nadia Jones (00:28:21):**

Don't get us started!

**Rhian Evans Allvin:**

Yeah. Right, right. And so, lo and behold, the ask is out there. I mean, we have ways to go to actually get it over the finish line with this new \$40 billion with the Biden administration. But I will tell you, I credit the front and center of early childhood educators, who could win an Emmy award. I credit early childhood educators and the real passionate stories that they have brought to the table. And so, NAEYC as an organization, we are not immune when the field suffers. We do too. We had to cancel our conference, which was an enormous hit to us as an organization. Thankfully, we were able to pivot quickly to a virtual event and had 4,000 people online at a virtual event, which was great. Our accreditation line has suffered. I mean, as programs are hanging on by their fingernails, hanging on to their life, the last thing they want is an accreditor checking to see how quality is.

And so, we're excited even in the coming weeks to get our provisional accreditation up and running. So on the one hand, we have been hit as an organization and have had to make some changes. On the other hand, I would say the field's never needed us more and never needed each other more in terms of bringing those voices in the advocacy together. The interactions, the stories, the experiences we have with early childhood educators is what I know propels all of us to keep going through, obviously, what is a horrific crisis.

The only other thing I would say, Nadia, is that we have a moment now to change this. Like, we have a moment to fix these structural issues, and we have got to as a society find the courage to make the tough decisions to not be having this same conversation 10 years from now that early childhood educators are maybe the most valued profession in the country with the least-valued pay wage structure, compensation structure, and we can fix it. We have that. We can and have to stop the hand ringing. We have the power to fix that. And so, I'm so grateful to be able to have this conversation today with our colleagues.

**Dr. Nadia Jones (00:30:31):**

Thank you so much, Rhian. I got goosebumps just hearing all of you kind of talking. So we will turn now ... So we've gone through our early childhood years at Jennifer and Michelle's schools. Our families are going to have great access to information from Sarah's book as they're matriculating through Jennifer and Michelle's schools. The teachers have gone through South Carolina State University and have gotten the most amazing education on the planet in ECE with Reggie as one of their professors. He's ushered them out into the world and has bought them all NAEYC memberships. And so, Rhian is excited about that. And so, they are going to conferences, and they are engaged, right? So now they are in the world. They're in the field working and contributing in this field, and they are in places, in spaces where they're needing to learn and understand more about the policy side, the funding side, how they can interact and engage and advocate.

And so, Commissioner Sam, if you can talk to us a little bit about how your office responded to child-care centers' needs during the pandemic and what that looked like.

**Samantha Aigner-Treworgy:**

Absolutely. Yeah. And I want to echo: Thank you for having me here today. And then, with this illustrious panel of brilliant people who all have highlighted some of the real complexities of the moment in time we are in but also the opportunities. And, and I think, more than anything, just contained echo of what Rhian said is that I have seen amazing things come out of this crisis and things that, and a lot of challenges, but a lot of passion and invigoration, a reinvigoration for what we need in this field to come back stronger and with a more solid foundation than we went in with. So, highlighting as Sarah had said, we know that this is a really fragile field, so I'm going to give you just a glimpse of what Massachusetts looked like going into COVID. And then I'll, I'll tell you what we did. And I think as we end up now, what are we? Nine-and-a-half months into a crisis—almost 10 months into the crisis.

**Dr. Nadia Jones (00:30:31):**

Oh baby, oh baby.

**Samantha Aigner-Treworgy:**

Yeah, how we really are trying to make decisions that set us up to solve some of the really longstanding challenges in the field that are felt by programs, by teachers, but by the system as a whole. And as Sarah said, I think ultimately impact children and families and the ability for an economy to function, which is what we were all trying to figure out: what the new economy looks like right now.

Prior to COVID, Massachusetts had about 8,000 centers, sorry, 8,000 providers. We are a mix of delivery models. We have center-based and family child care, and actually a very large network of family child-care providers is something that is very strong in Massachusetts. And in that, we had about 250,000 slots, capacity—but again, to Jennifer's point, that doesn't necessarily match up to how many kids were

allowed to enroll. But from our licensing standpoint, that's about a quarter million children who could possibly be served legally every day. That said, we subsidized tuition for about 20 percent of those. The rest of that 80 percent of the 250,000 slots were funded by parents and parent tuition. And the fact is that we had about, that serves birth to 15, and we had over 750,000 families that children who could have been eligible for those slots. So as a child-care system, right, we both serve full-day, full-year, birth to five, and before- and after-school as children transition into those early grades and years, which is vital for working parents.

So as we've been thinking about this when we went into to the COVID crisis. We shut down child care. We mandated closure. We opened an emergency child-care system that functioned [at] about 7 percent of our overall capacity on a daily basis. And we found, that's somewhere around 15,000, 14,000 slots. We found we were only using about 35 to 40 percent of those slots a day. It was free. It was open to any essential worker. There was no verification of that, but we found that parents were really trying to make difficult choices not to use group care, which gave us an indication as we went to reopen child care in June. As we looked at trying, we had protocols in place to have it safe, but we knew that this was going to be a really, really big challenge to try to sustain what was considered critical infrastructure for the commonwealth.

With the business model we had going into COVID, because we function in child care on a per-child, per-day cost model. And as I said, 80 percent of that in Massachusetts funded by parents themselves who now may or may not be working or may not need child care in the same way and may be making decisions that were really critical for their family's health but also really impactful for the sustainability of this field. So we reopened child care. We did initially have reduced capacity, but we quickly saw that providers were able to go back to full capacity and make their own decisions about when they were going to fully enroll and how they would create spaces and social distance. We have increased cleaning protocols, but as the other panelists have pointed out, the most impactful part for us was trying to create stable group sizes.

And so over the summer, when you can't have floaters and you can't take classrooms that had eight kids in the morning and had 20 during the day and maybe three in the afternoon and start combining them, it becomes very expensive to operate. So we saw at a time where revenue was going down for our providers, because families weren't showing up in the same amount at the same levels, operational costs were going up as well. And so we were in this challenge over the summer, looking towards the fall, as schools were going remote of how could we sustain this critical infrastructure? As Sarah says, we didn't lose it completely. When we, when families were ready to turn back to child care, to get back to work, to get back to life and to try to, to reconfigure what they were looking at.

So we have been really lucky that about 82 percent of our system has reopened, but that is tenuous. And every single day, we are hearing about staff who can't handle that, what ends up being functionally a pay cut for them. Even though they may be making the same salary, the expenses for them have gone up as they think about their own safety, as they're working extended hours, as their own child-care needs have changed. We hear sustaining staff is very difficult, keeping them, and you need more of them when you can't combine classrooms and start to think about reconfiguring. And then we also heard here that operational costs that people are really having to make tough decisions right now, as revenue has gone down as businesses don't need child care in the same way.

You hear Michelle talk about some of the really fruitful partnerships that happen, but businesses are changing too. And the systems that are very fragile [the] field relied on in order to be able to, in order to be able to survive, even on those thin margins are now even more fragile and dissipating around us. As the state, the other thing I will say as we look ahead, we closed child care. We spent a lot of time reopening. But really saw in the early months and as we went back into families, meeting very different

things, I was at schools and work changing, of really seeing the struggle of child care, being able to keep up and innovate, given the real pressures and the difficulty financially on making it work.

As we look ahead, we've been looking at a few different things to work through. One, how we do get money to the workforce? This is as a critical thing. We know that people, we have a system that has been paying, being paid so they can be flexible differently. They can find different flexibilities because you have a workforce that still can feed themselves and can take care of their bills and their mortgage and all of the things that they need. And we have this workforce that is showing up every day and really trying to struggle with how can we compensate them for being that essential function for our state. But I think that ultimately for us it's not just funding the workforce. It's understanding that the operational business model of child care has to move away from being seen as a luxury for families who can afford it and start being seen as a critical infrastructure that the state needs to fund.

And that critical infrastructure is not just the building. It's not just the classroom. It's the human inside that building and that classroom and that program that is driving that outcome for a child. Right? Human services is about the humans who are providing the service. Education is about the relationship, not just the curriculum. And so, how do we actually respect and think about the investments we're making right now to sustain critical infrastructure as ways that start to transform the business model to be considered and to be supported as critical infrastructure. Because we know if we don't, we know when we need the critical infrastructure, when we're back to work, when they're ready to go, it won't be there for parents. And to just harken back to what Sarah started with is we are the industry that allows all other industries to function. And we know that if the economy is going to come back, parents are going to need safe, healthy quality.

We know quality matters for families showing up to work that they are going to need that care. And that, if we're going to actually continue to drive student outcomes, despite all of these changes and, and the adult trauma that we're all grappling with, as we try to respond emotionally responsively to children, that we are really going to have to think about this very differently and start to make these changes now. So that the infrastructure is there when we come back, and we don't go back to the fragility that we had going in.

**Dr. Nadia Jones (00:40:46):**

Listen, just superhero music is queued up. I don't know if you can hear it. I can hear it. I mean, you're absolutely right. You're all absolutely correct. And, and again, that's why I think it's so important for us to literally all come together and have this conversation because the positions in which you lead and serve look very different but still work to achieve the same goal. And I think that's what the beauty is about our field, that—not knocking any other fields, I know they have their amazing thought leaders and things too—but we get this work. We teach collaboration from an early age to children and working together and teamwork—those are things that we instill in them. And so even in our darkest times, we are still putting our heads together, figuring out a way to keep building the tower, the activity. We're all teachers, and the activity where you do with the students and they're building the blocks and then they knock it down and they're: “Oh...” and you say, “You know what? You can do it. Keep going. You can do it. Keep going.” Well, our tower got demolished. Okay, it got completely demolished, but you know what? We didn't give up. We didn't give up. And each of your sentiments is a testament to that. We kept building; we cried about it. We whined about it. We were very emotional about it, 'cause it is an emotional thing, but we've continued to build and to grow. And almost a year in, we're no longer as afraid. We're more kind of like: “Okay, we know this is here, and we're moving forward.” So let's get into some of the what's next and what that looks like. So Reginald, or Reggie, I'll start with you, with your students. How did you manage to kind of keep them engaged, those that said: “You know what, doc,

I'm sticking with it. I'm still fired up and excited, little scary, but we're going to do this thing." How did you keep them engaged and excited? It's still about graduation and jumping out into the field.

**Dr. Reginald Harrison Williams:**

A couple of ways. A couple of ways. One of the things that always have to do with my students, I got to make sure that they stay focused on finishing the program, and for the licensed teachers, many of which actually end up working at private child-care centers. In fact, out of about 10 graduates, I usually have about three or four that work at child-care centers or Head Starts, as opposed to maybe one out of the 10, maybe about three or four years ago. And out of those three or four, I always have somebody that wants to be infant and toddler. So even those teachers have to continue to graduate from the programs. And the first thing I do is I make sure that they finish their licensure exams. There's been a little bit of a stereotype that a lot of students and a lot of HBCs don't do well on their license or exams. So I make sure that they kind of smashed that stereotype by getting them really early, by pointing them to the fact that for most of these tests, just like for SAT and ACT, just taking a class on the content does not always cut it, but you actually have to prepare months ahead of time using test prep. So using all kinds of supplementary resources and practices to get ready, and I start them on that process early. So I started those students a lot early this past spring than I normally would, because I anticipated they would have some slowdown due to the pandemic. And they ended up trying to get to that point because a lot of these students are challenged financially too, and these are hundred-dollar tests. So I get them focused on making sure that they're doing that.

Secondly, I make sure that I have a lot of personal advisement with them. Before I usually meet with students about three times a year, uh, at the beginning of the year to see how things are going in the semester, midpart of the year, to see how things are still going. And then at the end of the year, as they get advised for the next semester. But this past semester, fall 2020 and spring 2020, I have to kind of allow myself to meet with these students on a couple of times a month. Sometimes I had to meet with them once a week. You have those self-reliant students, but just when things are turned over in the lives of these students, a lot of students just get disoriented, and you gotta be there to hold their hand and help them through it. So I've had to work with him. I had to meet with them in groups, on Microsoft Teams. Sometimes one-on-one, to talk about how to keep up with their classes, to talk about how they can make sure they have the right resources for their test prep, talk about what's going to happen once they graduate and just to let them vent. I mean there's so many students out there that have some type of mental illness because they're struggling a little bit with trying to finish their programs remote at a distance, and they don't have an outlet. They don't have the fraternity parties. They don't have the extracurricular events on campus. They're confined to their homes. I've had to deal with a lot of that possible depression amongst some of them, but having that regular contact with students on a regular basis rather than just intermittently has been a tremendous help with that. And I've been able to get them through their programs like that, so that they can feel that they can finish their degrees in a good sense of efficiency and expediency.

**Dr. Nadia Jones (00:45:50):**

Thank you, Reggie. And I asked that question just because, for those of us who are actively working in the field now in various capacities, we don't want to lose sight of the future, and what's to [be]come [of] those future leaders. And so I'm glad you shared that with us, because a lot of us who don't work in higher ed wouldn't have a frame of reference for what that might look like for you. Those of you who are the practitioners of us preparing that next level of leadership before we buy them NAEYC

memberships and send them to Rhian to participate in what is now being held virtually, all the conferences and the trainings and things like that.

Rhian, I will quickly jump to you before we start with our call to actions here. You mentioned you had a few thousand participants participate in your virtual experiences this summer and this fall. So what do you think that might look like for the future and specifically kind of, off-script a little bit, for these students, you know? Right. Do you think, do you see that as being something helpful to them, or what does that look like for NAEYC?

**Rhian Evans Allvin:**

Yeah, so we had at our, we had to pivot to be online in November for annual conference, and we had about 4,000 people there. But last summer we decided we had to cancel PLI or Professional Learning Institute. And we decided kind of, we knew the field was struggling and just said, as a gift to the field, we're going to do six weeks of free, just log on and have professional development. And we did about a hundred sessions in six weeks. We had about 32,000 unique visitors, unique users, who downloaded about 265,000 certificates of completion for those sessions last summer. And, and it's interesting, because we've been talking about the, like, child care specifically, like this sector is also Head Start and pre-K and, and child care. What we've been hearing from a lot of directors is that, for that sector with Head Start and pre-K, where they're teaching online, they're having a different set of issues than kind of the financial issues around child care that we've been talking about and trying to engage children. Just amazing stories of early childhood educators in a very tough environment, trying to engage kids online.

And, and so we know that programs that have been able to maintain stability have turned their attention to professional development for early childhood educators. And I think seeing 265,000 certificates of completion shows you that that folks are hungry. For that, I will say that we are thrilled, that folks are using NAEYC's resources. We have got to be diligent about making sure that all professional development informal leads to formal degrees leads to professional preparation where early childhood educators can really benefit from that. But it was great to see the engagement, I think, on the student front. We have a constant conundrum about guide and engage more student members. We've talked about things like having chapters on campuses and that sort of thing to be more ... some of our student activists are student members are incredibly active. They come to public policy forum, but I feel like we've scratched the surface related to how we engage students. And for those of you on this webinar that are students, there are many, many ways to engage in your affiliate with NAEYC, as Reggie and others, Michelle, mentioned. I know Jennifer, and I've been on the Hill together, and she comes from Kentucky. I mean, put those pieces together. So we have been on the Hill together, and we met. This active engagement from members is so critical at this time.

**Dr. Nadia Jones (00:49:41):**

No, thank you so much for that. I mean, again, all the pieces go together. So, hopefully we've been able to kind of help paint that picture for you guys a little bit and bringing all of these thought leaders together just to kind of show you the work that they're doing. Now that, again, we've experienced COVID, we know what's happening and just now you can kind of see where they're taking their organizations next.

We'd love to start with you, Commissioner Sam. If you will just kinda give us a call—it's a call to action. What can participants on this webinar and other parts of the world that will view this, what can they do now?

**Samantha Aigner-Treworgy:**

So, I just want to highlight something that Rhian said before I answer that question specifically, in that this is a multifaceted sector and that there are a lot of challenges in every part of the sector. And one of the things I think that we've seen inklings of and demanded of our communities during this time is different kinds of partnerships across those sectors. And I think that's something we're going to have to keep working on and spending time in to make, to really look to the future, right? I mean, there, we will continue to use online resources for education, and children will continue to need high-quality educational activities and adults to connect with. And so, how do we think about all of the parts of our sector as complimentary to each other, working together differently and supported adequately in the way that they need to be supported so that those professionals can come together on behalf of children? And aren't struggling with trying to figure out how to navigate their own bureaucracy or their own system or their own family or their own income, but actually can think about how do we partner together? How do we understand the needs of a child and come together to be responsive and leverage that NAEYC affiliate, leverage the higher ed, leverage the resources—not just for ourselves but as a community and as a full sector, as all of the multifaceted parts of the sector?

And I think the call to action that I would ask is, first of all, that. It's trying to really think about what function do all of the parts of our sector play. And how do we make sure that we see the comprehensive needs of children, so that if child care is in-person and K and school districts are remote, that can be a both/and. You have the center directors have talked about ways that they have supported schools, and it's not an either/or—families need both. And so, when we look at that, my call to action would be to think differently about those partnerships in a way that we can come together and meet the new needs of the family and the new needs of the economy that we don't even know yet.

And second, that we don't let up that this is actually essential, and that it's essential that the industry is sustained, but that that industry is reliant on the people who work in it. And so, it is really thinking about this infrastructure as both an industry and the workforce as interdependent and integral to the success of children and the economy.

**Dr. Nadia Jones (00:53:03):**

That was wonderful. Sarah, what would you want your readers—and no, your book hasn't come out just yet—but what do you hope your readers will take away from your book, and what are some of the topics that you're covering?

**Dr. Sarah Vanover:**

Well, again, as I said, a key point for me is just this is the industry that supports all others. And so, we have to place that importance on it. One thing that we have found out recently is that child-care providers can advocate for themselves. And we have not seen that previously for years, that they were a profession that cared about the children and dedicated themselves to the children but did not speak up for themselves because they had a “servant's heart” mentality. They were going to care for the children regardless. But in the past year, we have seen that they have the ability to share their stories, and those stories are powerful. I serve in a role very similar to Sam and that the providers that have reached out to me and told me their stories, those are stories that need to be shared, so that people understand that importance.

We also need to think about ... we've talked about the state needs to provide more funds. The federal government needs to provide. But as we're pointing a lot of fingers, but we also need to include the fact that it benefits the workforce for child care to be a part of that. And so bringing in the workforce—

Michelle's program is a great example because it is child care dedicated to the workforce and businesses —need to speak up. You don't have to have onsite child care at your business for a business to be involved. Businesses can have partnerships with local child cares and refer their employees to places that they know are reliable. And it benefits both the provider to get full enrollment and the businesses to know that their employees are not going to miss work if they have reliable child care. And creating ways for those partnerships to evolve, for businesses to provide some type of subsidies to local child care. So, they don't have to consistently retrain staff members, that they have a reliable team working for them.

We also know that there are multiple kinds of child care that are important. Center-based care is amazing, but it's usually 6:00 AM to 6:00 PM. We have to have family child-care homes as a part of our workforce, so that those non-traditional hours are served, so that those smaller groups are served, maybe for medically fragile children or children who are overwhelmed in a center-based setting. We've lost a lot of family child-care homes in the past decade, because people are retiring from the field and new staff members aren't joining. But a recruitment and a new development of family child-care homes is essential in order for us to continue to grow our field and to support families in the way that we need. And so, there's a lot of things that we want to focus on, and the support that the child care can offer family child-care homes, as well as support for children with different ability levels, finding centers that are trained and supporting children who have different levels of ability and making sure that they get the help they need.

All of those things come to front. I'm sorry, I have a dog barking behind me. All those things come to front when we look at the industry and find ways to support our providers.

**Dr. Nadia Jones (00:56:25):**

Thank you so much. Jennifer, what would you say you'd like to leave our participants with as the next steps?

**Jennifer Washburn:**

Certainly. I think it's important for us to, just like Samantha said, just like Sarah said, directors need to start thinking beyond their box. As a center director, owner, for the longest time we worked in silos. But our job was to make sure that our space worked, that we were still going to be open, that we could meet our families' needs. And we're at a time right now where we really have to say, if we want to be able to be sustainable, how are we going to support, build, and reach out for those partnerships? And those partnerships include businesses—going to them and talking about: “Hey, what do you need, as far as child care for your business? And how can we work together?”

Also looking at, within our states within our home bases: What are the programs out there that are already there to support us? Early childhood councils are what we have in the state of Kentucky, and how can we work together with that early childhood council to come together with Head Start, to come together with those other entities that also support children and families to meet those families' needs? I think to go beyond the silo of “This is my business.” Right? Because it is my business. This belongs to me. And to be comfortable with reaching out to learn more on how we can be partners, because really our goal is to serve all children.

I have to give a quick shout out reminder. I stayed in my silo until probably a couple of years ago. And last year, I participated with the NAEYC public policy forum. I thought I was just getting my feet wet. And it was absolutely fantastic. The next one coming up is in February. I think it's February 28th or something like that? But I showed up to the NAEYC public policy forum last year going, “I need to learn about this policy stuff because we were, we're... this is pre COVID, remember it's BC. I think it was like, like a month

BC, when I even showed up to the public policy forum, trying to learn how to, what is CCDBG? And L-M-N-O-P and QRS? And then also trying to figure out: "Hey, there's other states that had these challenges too. Wow, what are they doing? Oh, that was way cool." But learning all those things and then getting the courage to go to Senator McConnell's office, to go to Rand Paul's office, to go to all these senators and representatives and tell my story. And it was beautiful to go with, Ms. Rhian was fantastic to be with, and they wanted to hear from her, but they wanted to hear my story. And I was like, my story? What's that about? I got a big story for ya. I'm not going ...

**Dr. Sarah Vanover:**

And Jennifer has gotten to tell her story A LOT!

**Jennifer Washburn:**

But we have to be, we have to be okay with telling our story because here's the thing as the owner of my business. It's embarrassing to tell the story of I'm not doing so good. Right? And that's hard to say: I need some help. Because we're female business owners, most of the cases with this industry, and we do a really good job. So, to not be afraid to tell our story, to go beyond our silos, to reach out to others and to make those partnerships, because again, children and families are our mission and our goal. And if we want to continue to do that, we have to grow. And there are spaces out there that are going to support us to do that. And one of those places is the public policy forum.

**Dr. Nadia Jones (01:00:32):**

Excellent plug and so timely. Thank you so, so much for that. I know Rhian appreciates it. Michelle, if you can, give us your final thoughts here as we close out this portion.

**Michelle Jackson:**

Yes. I mean, for us, what I want to just say is just to my family child care, my child-care leaders, directors, teachers, etc., just continue to show up and be present in all of the creative ways that you have been. I know here in Georgia, of the 5,000 centers that were reporting early spring, about 2,000 centers closed and were closed. And I know, so this, 'til today, there are still about 300 centers closing. So if you are fortunate to still be open or reopened, like we did, like my center did, continue to show up. Really think about and reinforce the different ways that your center is valuable. And so, for us, the one thing we really did, we wanted to showcase our teachers because we knew that point-blank period, our teachers were the best teachers that we had and that they really made us look good. Right? I can, I can handle all the operations things, but the teams of families really wanted to engage with those teachers. And so we made sure that that happens, whether we set up weekly meetings called Bright Conversations, or whether we made sure that we did outdoor displays so that the families could see what was happening indoors, since they weren't allowed, really promoting our enhanced health and safety protocols, etc. For us, it was really reminding the families. And those that trusted us, right? And building that trust during COVID. Why we weren't important while we were still valuable.

And that kind of connects to everything that we've been talking about. Right? In the past, it's been this: "Do I really need child care? It's optional, it's a luxury." And then COVID came, and we realized, you know what, no, it is not a luxury. It's a necessity. And just like Jennifer's shirt says, child care is, has always been, essential. So I just wanted to, just my call to action to you guys is, I know you're tired, but

continue to show up, continue to be present. As you have been, you are doing an amazing job. I see you, we see you. All the panelists see you. And if I can provide you with just one tip, really think about “What makes my center unique? How can I really promote it?” So that you can continue that retention and that you can grow your enrollment. Because trust me, as the parents trust you, they begin to ... they'll come back. You'll build that enrollment. You'll get that revenue. You'll retain those, you'll retain those numbers.

**Dr. Nadia Jones (01:03:30):**

Thank you, Michelle. Rhian, thoughts? Any final thoughts that you have?

**Rhian Evans Allvin:**

It's been said so beautifully. I just want to say, echo what Michelle said, this field is so courageous, so brave, so passionate about the work that you do, and resilient. It's funny because in most instances you use the words *heroic* and *resilient* in a good sense—and I do believe that. I have such admiration and respect for early childhood educators. But we put too much on their backs. We put too much on their backs. The heroism and the resiliency we're asking is too much. We have got to—in leadership positions, in all of the positions we hold—we have to have a full stop about how the early childhood education workforce is valued and make a dramatic turnaround. And now is the moment to do that. We will not have another moment like this, where we're getting technology reporters writing about early childhood education in *The New York Times* and the *Washington Post* and the *Wall Street Journal* and *Good Morning America*. This is a moment. And if this will not come along again—never waste a good crisis. We have got to capitalize on this, and we owe it to these women and men who are making these heroic efforts, who we just can't take advantage of. We cannot keep taking advantage of them in the ways that we have.

**Dr. Nadia Jones (01:04:56):**

Thank you, Rhian. Last, but certainly not least: Reggie, any final thoughts that you have for us before we transition into our Q&A portion?

**Dr. Reginald Harrison Williams:**

Wow. I'm overblown by these wonderful comments. And I will say that, from my side, there's so many things that can be done when you look at a college like mine. I tell all the child-care providers here that are watching this webinar and all of us on your panel. As soon as you finish this webinar, I encourage you to call up whatever school district you live in and ask them to see how you can help them. Find out when the next school-board meeting is. Attend that school-board meeting, and let that school board and those teachers know that you are there because we need teachers. We need teachers, and they need to know, so that they know that you are there to help them. Because once those kids leave school, and oftentimes when you got parents that have full-time jobs, they need child-care workers that are going to provide proper instruction. And then you can help those teachers do what they do in the public school right there in the classroom. I always tell you, partner with the school-district teacher.

Last year, 2019, there were 600 vacancies in my state, and the 6,000 vacancies coming up in our state right now. So, and out of those vacancies, 42 percent of them are teachers that are just beginning teaching in their first and third years. So they need support from veterans like you. Engage with colleges like mine, because we can use your help all the time with not only clinical experiences but just to talk to our students about what it's like in the classroom and what you're dealing with. I haven't been in the

class in a while, but those folks that are there in the pipeline ready to help out. Encourage people in high school, also, to consider child care, because all this feedback helps folks like me provide the better-educated teachers.

Okay. And last but not least, I have to ask you, of course, always, if you have a dollar, donate to your institution of higher education for the education department. You can take that money, donate it to their cause, and it will be a tax write-off. You'd be surprised at how teacher-education programs are strapped for cash, trying to educate teachers. Your dollar goes a long way, because when we train good teachers, all they do is help out people. So I thank all of you for being great warriors in the field.

**Dr. Nadia Jones (01:07:15):**

Thank you so, so much. And again, this, this conversation, I literally have goosebumps just hearing all of your comments and your sentiments and your stories. And that just further gives me hope, too, because it can be very discouraging sometimes. And it seemed like all gloom and doom, but I know better. I feel so much more confident knowing and seeing and being connected to each of you and the thousands of other practitioners in the field that serve in different capacities, knowing that we are all doing the work and we're working towards the same goal. So I'm not alone. You're not alone. Those of you that are on online with us, as Michelle mentioned: We see you. We hear you. We love and support you. And we just thank you moreover. We truly, truly thank you for the work that you have done, the work that you are doing, and the work that you will continue to do for the families that you support, for the government agencies, for the CCR&R's, for the family child care and the child-care centers, the programs that serve medically and children with varying learning abilities. Every single person that is touched by this field, which is essentially global community is affected and has been affected. But, it's okay because there are leaders like who you see pictured here, and those of you working in your own respective fields, who are doing the work and will continue to do the work that will light the path. You know? So I thank you so very much for your time and attention this afternoon.

Again, my name is Dr. Nadia Jones, and I'm the chief content officer for Gryphon House and Kaplan Early Learning Company. And we have brought to you this amazing panel of early child care thought leaders to discuss America's child-care crisis, which is based on a book that Dr. Sarah Vanover is releasing in the next few weeks. So we certainly hope that you will check that out, and we have provided the link for that.

But at this time, we did get some great questions. And so we will transition into some of the questions that some of you have asked us, of our participants here. And so while we have a few more moments, we will just jump right in there. One of the questions, and feel free to answer whoever you feel is best to discuss it at this point: "What does, those of you in centers, do you still charge tuition while your schools were closed?"

**Michelle Jackson:**

I can answer, first. We did not. It was a tough decision. Trust me. We were closed from March to June 1<sup>st</sup>, and we did not charge tuition. But that was a really thoughtful and thought-out decision for us. What we did do to generate some revenue is any teacher who felt comfortable going inside of a family's home—and then of course with some paperwork and some kind of asterisk as to making sure that the protocols, health, and safety happened—we did have some teachers go into families' homes and continue that support. And so, that was a service that they were able to pay for.

**Dr. Nadia Jones (01:10:37):**

Awesome.

**Jennifer Washburn:**

So, in our case, when centers were closed from March until June, the families that we did not serve, we did not charge. We offered a weekly, actually daily, Zoom, a playroom for the kiddos that wanted to join Ms. Jennifer and her Zoom play room. We still have those every other month as well for families to continue family engagement. But while we were closed in our regular center, no, families were not charged. We did open as a limited-duration center. For that time, our enrollment went way down.

But we partnered with the local hospital and provided emergency care for essential workers at that time that were classified. And so, those families, we did charge. Now that centers are back open in June, we have gone back to our regular license. And if we, and when we, as we have a closure because of COVID, the families don't pay during that COVID closure. So there are, again, another time where revenue is gone because those families have to quarantine at home. Should the center classroom be affected and our teachers do, however the teachers do still get paid. So again, there's some incongruence there. But we're trying to make it work the best that we can to be able to continue to serve our families. So in our case, no payments were expected for families during the closure, long-term closure, and then no payments are expected from families because of a COVID within our space as well.

**Dr. Nadia Jones (01:12:20):**

Thank you so much for that. Commissioner Sam, I think this one is directed to you: "How do we balance state and federal mandated increase in minimum wage, which is necessary and deserved, and cost the child care to families?"

**Samantha Aigner-Treworgy:**

Yeah, I think this, uh, this again goes towards how we finance the system and how we structure the system as critical infrastructure. And so, looking at the cost of operating a classroom, for example, is far beyond what state subsidies would pay, do pay an adequate wage for the staff that would be needed to staff them. I would say that I don't consider it an adequate wage for the work that we're asking our professionals to do, a minimum wage. I think that we are asking for a competency that is far beyond what a minimum wage should purchase, in terms of being able to be that support for children.

So, I do think that this goes back to the innovative strategies we're going to have to look [at] forward. There's certainly a need for state and federal government to think differently, to structure our funding differently, to support the operating cost of operating a classroom. Whether you were at 10 children, 12 children, or 20 children, you're still paying your teacher the same amount, but you now have a very different cost per child, if your number of children has been cut in half. So a per-child model makes that very different, difficult. So I think we need to look at the way we finance the system. I also think we need to do a hard look at what is an adequate wage in this field. I think that we ask different things than other fields, but we also haven't really looked at that to see where the equivalencies are. How do we look at that? And what really specifically meets our structure?

And then, I go back to something that has been stated before... if we look at financing the system differently at an adequate wage, not just minimum wage, then we also have to look at how all of those that benefit from this adequately funded system help contribute to it. And there are many different ways to engage business in this and to think about, how do we ensure that the benefit they are receiving is also adequately sustained in our infrastructure? And so, I would say that that is looking at compensation adequately above and beyond minimum wage, and then really calling on both government and other and the full economy to support the kind of services we expect children to be getting at that adequate compensation.

**Dr. Nadia Jones (01:15:06):**

Thank you so much. This next question, I can answer the question, is: "What kind of contract or agreement would be needed for a business partnership? I've never really heard about those. Nobody really talks about that."

That's a great question. There are lots of different ways you can approach it. Some schools or organizations choose to go the route of formulating a proposal to the organization that they are seeking support or funds from. Some organizations go the route of coming up with what you might hear as a MOU, or memorandum of understanding, similar to a proposal. But it basically just outlines what the needs are, what the ask is, and how the organization can then support, and you agree on those terms.

And that is essentially two examples of that. And those are certainly Google-able documents that you can look for proposals, and definitely MOU or memorandums of understanding. So that way you can have a template of what the language looks like, because a lot of times these partnerships need to be formalized in some way so that everybody understands what's being asked of them, what the time commitment is, things like that. So that what the length of engagement is and you can plan around that, especially if your organization is receiving a certain type of funding. Maybe the funding is coming quarterly, maybe it's coming monthly, it just looks different. And you want to know that and understand that on the front end.

Similarly too, if you were getting funding from a state organization or a federal organization, much like Commissioner Sam's, there are contracts and things that the programs will sign that. Just say, these are the terms that you agree to. So, I know, like, here in Georgia, with our child-care assistance programs and things that the programs sign contracts in that state, we have to turn in attendance sheets weekly or monthly or whatever the frequency is. We have to do these certain things in order to ensure the funds come between this state and this state that is a contract. So whether you as a center director, the owner/operator, if you're at a church, the pastor [or] whoever is responsible for the business is to sign that contract. And so, you're entering into that agreement.

Some of you may be operating under contract and you just might not be familiar. So this is a good time to, as I always like to say, know your documents. So understand what documents your program is governed under, whether you're accredited, licensed, or not. There are a set of documents by which you are bound to operate, and you want to have an understanding of what those are.

**Dr. Sarah Vanover:**

Well, and a lot of those business partnerships can look very different. If you have a large company, then you may want a large, on-site child care. However, if you're a small business, and you just want to partnership with a couple of family child-care homes in your area that you know are high quality, that program can set up those family child-care homes, and reserve spots specifically for that business. And then, the business will offset some of the costs and refer their employees there. So it doesn't have to be—I think a lot of times when we think of employee-based child care, we think of large, on-site child care—but it doesn't have to look like that model. It can be Jennifer having a partnership with the local public-school system, so that her after-school students can be there on site. It can be a small business that knows that they have young families there, and they need to make sure that child care is essential. And so they will find two or three child-care programs in the area that operate on the same type of business calendar that they do and then recommend those programs in their benefits package to potential candidates that began to work there. So you can think outside of the box or what those partnerships can look like, but a lot of it is just having community relationships

**Dr. Nadia Jones (01:18:41):**

Definitely, and, and understanding what your community needs are. And again, as Sarah mentioned, who's around you, whether it's large companies or small businesses. If you're in a shopping center or if you're on a rural street, so just really understanding your community that can help guide you to some of the business-relationship opportunities that exist. So that was a great question.

**Jennifer Washburn:**

Well, and I want to add onto that. We also have to remember the partnerships between centers. So my center, we start at 12 months, and so there's still a need for infant care. And so family child-care homes are a great opportunity for a center to partner with as well to meet the need of the ... to fill the gap of the services you don't provide. So again, reaching out beyond where you are putting those partnerships in place and being willing to do that, I think is key as well.

**Michelle Jackson:**

Yeah. And I was just gonna chime in and say—and a lot of you guys have already said it—but it's about just kind of doing the footwork. So when I worked at another center, it was really important for us to get out there and literally hand out, like, flyers and make those connections. And before we just kind of jumped in there and said, “Hey, can we have your business?” We went to them in a way: “How can we serve you? What is it that you need?” And whether that was collecting food or we would collect coats and things like that. Like we really created a partnership and then went into the business aspects and all the other legalities that come with that. So just keep that in mind as well. It's all about that partnership, and really, get out there and do the footwork.

**Samantha Aigner-Treworgy:**

I guess I'll add to that quickly, I think—and, Sarah, you can correct me if my Massachusetts perspective is too narrow—but I would say that from a state perspective, we're all working to catch up with COVID as well. This took everyone off guard. And so, if there is a state regulation or policy or something you feel stands in the way of making those innovative partnerships, then now is probably a great time to ask and ask for some accommodation, because we are all trying to figure out how we help you and how we help you create this innovation. And we haven't always caught up with everything that might stand in your way, but we're always—I know I can't speak for every state—but Sarah and I speak with a lot of administrators regularly, and we're all trying to help. And so, please do suggest those things that are standing in your way that we might be able to waive and really be able to foster the kind of innovation. You all know how to do much better than we can design for you.

**Dr. Nadia Jones (01:21:39):**

And I think that's a great point. And thank you, because sometimes we see those rules as being so rigid. It's like, man, I really don't want to ask 'cause that's the rule. It's printed. It's posted. But no. Thank you so much for saying that. That really is helpful. And I think we'll make it a lot easier to digest and palate as we start to kind of noodle about what the future might look like.

**Dr. Sarah Vanover:**

And those child-care regs in many states, they're there to prevent the worst-case scenario. But as state administrators, what we don't want is them to prevent the best-case scenario, also. And it's hard to find that balance. If you're going to have a policy about whether or not pets are in child-care programs, you

don't want dogs to bite in family child-care homes. You don't want that to prevent a NAEYC-accredited center from having living creatures that they take care of. And when we try and craft those regulations, we work so hard to make sure that the worst-case scenario doesn't happen, but we have to make sure that we explore all the best-case scenarios also. And it can be a fight, and the struggle is long-term to change regulation and statute, but child care is changing too.

And so, there are always things that we have to have pointed out. But remember it's about partnerships too. When you want to have policies changed in your state, do it with a partnership perspective. Reach out to the state in a partnership way, and say, "Let me tell you about what is working at my center, and then let me tell you about things that I wonder if in the future we could look at changing." Now a lot of us from the state perspective, we have a lot of federal rules that we have to change, and Sam can back me up. Rhian, there are some things that we have put in policy that we can't change because the federal rule and the child development block grant funding has said this is a no-go, this is a deal breaker. But then the state has a little bit of flexibility too. And if we can use that flexibility to help better our centers, then we want to do that.

**Dr. Nadia Jones (01:23:16):**

Wow, these are all great perspectives.

**Dr. Reginald Harrison Williams:**

It's one of the things that I want to interject briefly, ladies, when it comes to your child-care centers, is that keep in mind that for centers around our area, for example, my colleagues and we have had to help our centers to collect data to do things in that regard from an expert level. And part of what we do as professors is we have to provide service like that free of charge. So if you have a college close by, and you need some help, it's not a bad thing to ask them, "Can you help us?" And we are supposed to do that for free. They're supposed to give you \$1,000 worth of consulting for free, because that's what we're supposed to do as part of our job in order to provide services, as part of our research, teaching, and service part of tenured professors. So, I tell my people all the time: give me a call. I'll help you because my children might end up in your school sometime.

**Dr. Nadia Jones (01:24:15):**

So that's a huge golden nugget Dr. Williams just left with you there. So I hope everybody picked that up. Whatever colleges and community colleges are in your area, give them a call and they can help you collect data, do research, because that is a part of their obligation. Get started sitting in that community. So great segue.

Reggie, I was actually gonna go to you next. I got a question in here from a participant that thinking about online school, online programs wants to be a teacher and wants to know if that's a good thing to do.

**Dr. Reginald Harrison Williams:**

The online programs are much better than they were, of course, 10 or 20 years ago. In fact, as some of them are much more rigorous in terms of how they train you than some of our brick-and-mortar schools. The key to make sure to do when it comes to an online school is making sure to temper expectations. Online training will never, of course, be like face-to-face training, being in the class and with children, even though a lot of schools have been very fortunate at this age we have so many wonderful entrepreneurs out there that have provided all kinds of gadgets and software that allow you

to do a teacher observation without even being in the classroom. Now, some of those are very expensive, some of those are affordable, and those help bridge the gap, but you just want to make sure that you provide yourself with the right expectations.

Secondly, make sure that your online program has the right accreditation. There are a lot of colleges out there that are really degree mills, especially online colleges. I'm going to give you one particular organization for those people that want to be organized is make sure first that your online college is accredited by the NAEYC Higher Education Commission, if necessary. Because they accredit a lot of colleges that are non-licensure programs that are child-care centers and things like that, and they often might have a, a component on there that might allow them to be accredited from that perspective. Also there's accreditation called CAEP that is the Council for Accreditation for Educator Preparation. And those credits you, if you are one, that's going to be training people to be in the public-school classroom. But even if you're not going to go into public-school classrooms, you can be sure that those standards that you're going to be training for are going to be solid. And they're going to align with any other competencies toward that.

And lastly, make sure that it's regionally accredited. Here in South Carolina, it's called SACS. Every single region has their own region accreditation. That's accredited by the Council for Higher Education Accreditation, CHEA. Okay. Make sure that you have a CHEA-accredited institution because they are going to conform to a set of high-quality standards. And when you finish, you're going to be fine. Ask them about financial aid too, now. Okay, because a lot of these online schools tend to be a little bit more expensive. So make sure you explore any type of financial aid that you can so that you can get through. But as long as you keep those communication lines open, those programs are going to give you what you need.

**Dr. Nadia Jones (01:27:04):**

Thank you so very much, again, this has just been the most amazing conversation that I've had in a very, very long time. And I feel so excited and blessed to have had it with you, my colleagues, from all different parts of the world. So if we can close out, we've gotten a lot of questions in the chat, I see here to my right, just asking again our names and what organizations we support, and then we will close out. So, we can start with you, Commissioner Sam.

**Samantha Aigner-Treworgy:**

Yes. So, I am Sam Aigner-Treworgy. I am the commissioner for the Department of Early Education and Care in Massachusetts. And it's been a real pleasure to talk with you all about this today. And I, like Nadia, just feel so honored to be with such a passionate group of people looking to really improve things. So thank you.

**Dr. Nadia Jones (01:27:59):**

Next, Sarah.

**Dr. Sarah Vanover:**

So, I'm Dr. Sarah Vanover. I'm the director for the Division of Child Care in the Commonwealth of Kentucky. And I'm also an author for Gryphon House.

**Dr. Nadia Jones (01:28:19):**

Ms. Jennifer.

**Jennifer Washburn:**

I am Jennifer Washburn. I am the owner and executive director of iKids Childhood Enrichment Center, a NAEYC-accredited center here in far-western Kentucky. And I'm very proud to have had this opportunity to share this platform today. Want to make sure that then I give a good squeeze hug to all directors who are watching, all teachers who are watching, all staff who are watching—every single one of you are essential. You're exhausted, you're tired, but again, no one can do their job without you. So, so thank you. Thank you. Thank you for all that you do. And thank you to all the panelists here for sharing our voices and giving us this stage.

**Dr. Nadia Jones (01:29:02):**

Ms. Michelle.

**Michelle Jackson:**

Once again, I'm Michelle Jackson, the center director at Allegro Child Development Center in partnership with Bright Horizons and Jackson Healthcare. I am also the VP of public policy for GAEYC, the Georgia Association for the Education of Young Children, who is also an affiliate of NAEYC.

**Dr. Nadia Jones (01:29:16):**

Thank you. Rhian.

**Rhian Evans Allvin:**

I'm Rhian Evans Allvin. I'm the CEO at NAEYC. It's been an absolute pleasure to be with all of you. I hope that you feel inspired to engage with NAEYC. We need you. We hope that you need us, and we would love to be your professional membership association and love to have you reach out to us. Thank you so much. And Sarah, I can't wait to read your book. Congratulations.

**Dr. Nadia Jones (01:29:46):**

And last, but certainly not least, Reggie.

**Dr. Reginald Harrison Williams:**

Right? I've already ordered your book, Sarah. So thank you so much. I wanted to thank you all for being here. I'm Reginald Williams, associate professor and CAEP accreditation assessment coordinator, graduate coordinator. So many different titles of early education at South Carolina State University in Orangeburg, South Carolina. Again, it's been a pleasure being on this panel with all of these hall of famers and legends and all stars, rock stars. Thank you. Bless you.

**Dr. Nadia Jones (01:30:14):**

And again, I'm Dr. Nadia Jones from Gryphon House and Kaplan, and this has been our America's Child-Care Crisis panel discussion, part one! So stay tuned. We look forward to continuing the conversation and thank you so much, again, for your time today.