

Date: September 28, 2020
Attn: Office of Planning, Research, and Evaluation (OPRE) Reports Clearance Officer
OPREinfocollection@acf.hhs.gov
Re: 85 FR 45887, Proposed Information Collection Activity; National Survey of Early Care and Education COVID-19 Follow-Up (OMB #0970-0391)
Document No: 2020-16550

Submitted By: Local Initiatives Support Corporation (LISC)

Overview

Local Initiatives Support Corporation (LISC) appreciates the opportunity to submit written comments on proposed data collection activities for the National Survey of Early Care and Education (NSECE) COVID-19 Follow-up. As you gather data, we encourage you to include information on whether the quantity, type, condition, and quality of child care and early education spaces meets the needs of providers and the children that they serve. If you have any additional questions about our comments, or we can serve as a resource to you on child care and early learning facilities issues, please contact Nicole Barcliff, LISC Policy Director at (202) 739-9296 or nbarcliff@lisc.org, or Cindy Larson, LISC National Director of Child Care and Early Learning at (401) 519-5834, or clarson@lisc.org.

About LISC

Established in 1979, LISC is a national nonprofit and Community Development Financial Institution (CDFI), dedicated to creating inclusive communities of opportunity across America – great places to live, work, visit, do business and raise families. Over the course of four decades, we have invested \$22 billion in local communities, leveraging \$64.8 billion in total development. With local offices in 35 cities and 90 rural community partners across 44 states, our organization mobilizes corporate, government and philanthropic support to develop the leadership and capacity of partner organizations. We equip talent in underinvested communities with the skills and credentials to compete successfully for quality income and wealth prospects and invest in businesses, housing and other community infrastructure to catalyze opportunities for residents.

Quality child care and early learning programs are essential for healthy kids and families, and for robust local economies – now and in the future. Across the nation, there is need for more equitable access to affordable child care and early learning options, offered in facilities that support health, safety, growth and development. Through our signature Early Childhood Facilities Program, LISC has invested \$58 million in planning and developing 225 new facilities serving 24,000 children in urban and rural neighborhoods across the country. That investment has generated an additional \$233 million in public and private resources for these early learning centers.

BACKGROUND

Child Care and Early Learning Facilities Affect Health, Safety, and Program Quality

Those active in community revitalization believe that early care and education (ECE) programs are essential parts of every neighborhood – they prepare young children for success in school and life, support working parents, and improve the welfare of families. We also know that space is important: the quality of buildings and indoor and outdoor spaces profoundly impact the health, safety and well-being of providers and children, and directly influence child learning. A facility’s layout, size, materials and design features can improve program quality and contribute positively to child development while a poorly adapted and overcrowded environment undermines it.¹

Child care and early education providers have not been adequately resourced to address the conditions of the spaces where they care for young children. Poor indoor air quality, lack of natural light, and contaminants like lead, asbestos, and radon have long threatened the health and safety of young learners and program staff, and detracted from positive learning experiences. An investigation in 10 states conducted by the U.S. Department of Health and Human Services Office of the Inspector General found that 96 percent of child care inspected during unannounced visits had one or more potentially hazardous conditions and noncompliance with health and safety requirements.² Approximately 500,000 ECE facilities are not regulated under the Safe Drinking Water Act (42 U.S.C. 300f), and only 11 states and New York City require licensed ECE facilities to test drinking water for lead.³ Only two states –Massachusetts and Rhode Island, have conducted statewide ECE facilities needs assessments, and the results are alarming. Massachusetts’ 2011 assessment revealed excessive levels of carbon dioxide in ECE facilities throughout the state, insufficient ventilation systems, and furnishings containing formaldehyde. The 2014 Rhode Island assessment revealed that all surveyed centers visited had at least one playground safety hazard, that nearly 70 percent of centers visited had one or health and safety violation, and that centers in poor condition tend to serve higher rates of low-income, subsidized children. These states have since moved to remedy these issues, but the demand for capital improvements far exceeds funding availability.

Lead, asbestos and radon-free spaces with sufficient natural light are only one aspect of what constitutes a sound early learning facility. Bathrooms adjacent to classrooms, accessible cubbies, and child-sized sinks, counters, furnishings and fixtures increase children’s autonomy and competence while decreasing the demands on teachers. Early learning spaces with ample classrooms divided into well-configured activity areas support uninterrupted self-directed play and exploration, help foster staff retention by using teachers’ time more efficiently, and facilitate professionally rewarding interactions with children, parents, and co-workers. The physical configuration of ECE spaces – both home based and center based – directly affect adult / child interaction, health and safety, and influence how children grow and learn.

COVID-19 Exacerbated Existing Facilities Challenges

¹ http://www.lisc.org/docs/publications/2007_nieer_cick_facilities_brief.pdf

² Office of Planning, Research & Evaluation. National Survey of Early Care and Education 2010-2015. <https://www.acf.hhs.gov/opre/research/project/national-survey-of-early-care-and-education-nsece-2010-2014>

³ <https://www.epa.gov/dwreginfo/lead-drinking-water-schools-and-childcare-facilities>

The COVID-19 pandemic has created a new sense of urgency to address the condition and quality of the physical spaces where care and education for children take place. Providers operating in facilities with longstanding inadequacies now have to adapt to evolving health and safety best practices in order to and protect the health and safety all those interacting in their physical spaces, including children, working parents, and staff. COVID-era guidelines that require more frequent handwashing, deep sanitization of spaces, and decreased class sizes demand facilities adaptations.⁴

Sufficient Facilities Data is Vital to Addressing Health and Safety Challenges

Well-designed facilities are essential to helping providers limit COVID-19 spread and supporting quality programming. For example: small, stable group sizes in are a key research-based predictor of program quality and distinct classroom space configurations can help prevent COVID-19 transmission;⁵ crowded spaces negatively impact mental and physical health, and also limit the ability to socially distance;⁶ well-designed entry and common spaces welcome families and children and ease transitions, and can also enable child drop off and health checks in a safe environment;⁷ spaces with flooring, fixtures, windows, and even walls built with easily cleaned materials encourage children to be children and fully engage in meaningful, messy, interactive exploration, learning, and play, while also facilitating sanitization;⁸ access to fresh air is essential to disease control and also promotes good mental and physical health;⁹ and well-designed outdoor spaces not only provide the developmental benefits of exercise and play, but also facilitate increased social distancing and are associated with decreased risk of COVID-19 spread.¹⁰

There is no comprehensive national data on the quantity, type, condition, and quality of ECE facilities. Providers serving low-income families in the communities that we support aren't being encouraged or required to document facilities' costs or needs in a way that links the quality of buildings to basic health and safety standards or the quality of programs. As providers adapt to conditions created by the coronavirus, it is even more important to have data to determine the extent to which the pandemic has exacerbated or created immediate infrastructure needs that must be addressed in order for providers to comply with public health guidelines.

Sufficient national data on facility needs have the potential to garner both public and private sector attention that result in direct funding to remedy problems. There is no dedicated federal source of capital to help ECE programs develop well-designed facilities suitable for our youngest

⁴ <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html>

⁵ <https://childcare.gov/consumer-education/ratios-and-group-sizes>

⁶ <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html>

⁷ <https://childcareta.acf.hhs.gov/infant-toddler-resource-guide/preparing-environment>

⁸ <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html#SocialDistancing>

⁹ https://www.lisc.org/media/filer_public/06/51/0651584f-6cc6-489d-be01-5a510edd20a5/2011_cick_school_age_guide.pdf

¹⁰ https://www.lisc.org/media/filer_public/ef/02/ef02cf88-eef9-4091-9f96-aa03f88931cb/2005_cick_guide_vol2_designing.pdf

¹¹ <https://pubmed.ncbi.nlm.nih.gov/17661928/>

¹² <https://www.naeyc.org/resources/pubs/yc/may2019/outdoor-play-is-essential>

learners, and very few states and localities have dedicated resources. Programs serving low-income communities are highly dependent on public operating revenues that don't cover the cost of building renovation, rehabilitation, acquisition or construction. An April, 2020 Federal Reserve Bank of Minnesota article contends that prior to COVID-19, child care balance sheets weren't "pandemic-ready" despite strong demand for ECE services.¹¹ Without a consistent and effective financing system or capital subsidies, providers pursue piecemeal approaches, cobbling together small donations and grants from a variety of sources. This prevents the early learning field from addressing its physical facility needs and creating the kind of environments that support health, safety and high quality programs.

Historically, private financial institutions have not made significant infrastructure investments in early learning facilities – particularly in economically distressed areas. Few mainstream banks, credit unions, and lending institutions are willing to finance early childhood facility projects, which tend to require relatively small, complex loans often characterized by uncertain future funding for repayment through government operating subsidies. The projects generally have little to no equity, and limited collateral value. Furthermore, private banks typically don't employ staff with specialized knowledge of the child care sector, and consequently are unable to understand the needs of child care or preschool centers and assist program directors lacking experience with real estate development and financing. Certified CDFIs, like LISC, working in market niches that are underserved by traditional financial entities are among the small number of organizations who have made investments in ECE physical spaces. We have a proven track record in economically challenged regions and are experienced with providing a unique range of financial products and services that spur private investment in their target markets. Unfortunately, given the limited funding available to CDFIs to carry out their comprehensive mission, demand for early childhood facilities capital far outstrips supply.

Recommendations re: NSECE COVID-19 Follow-up

(c) The Quality, Utility, and Clarity of the Information to be Collected

Federal data collection efforts related to the COVID-19 pandemic and ECE program quality should reflect the important role that physical environments play in early childhood programs. As OPRE conducts the NSECE COVID-19 Follow-up and collects information about the supply of child care and early education available to families in order to understand the national impact of the COVID-19 pandemic on the country's ECE supply and workforce, LISC strongly encourages the collection of data related to child care and early education facilities in the Home-based Provider Interview, Center-based Provider Interview, and Workforce Interview. As you gather data, it would be helpful to craft questions that allow providers to share information about whether their ECE facilities meet the health, safety and program quality needs of staff, children, and families who utilize their spaces.

¹¹ Gruenwald, Rob. *COVID-19 Challenges the Child Care Market*. April 2020.
<https://www.minneapolisfed.org/article/2020/covid-19-challenges-the-child-care-market>

In addition to collecting information that quantifies expenses related to occupying a facility, we recommend that the NSECE pose questions that assess the quantity, type, condition and quality of early childhood facilities, and how the pandemic has affected the facilities needs of providers.

Responses to the following questions would help fill existing data gaps related to identifying what providers need to improve the quality of their facilities.

Suggested/Sample Questions

- Does your program currently have facility acquisition, construction or renovation needs?
 - o Yes
 - o No
- If yes, are the facilities needs related to:
 - o Quality (ex: Bathrooms adjacent to classrooms, accessible cubbies, and child-sized sinks, counters, furnishings and fixtures)
 - o Capacity (Do you need more space to serve a waiting list for additional children?)
 - o Auxiliary Spaces for Teaching Staff (teacher preparation/ resource storage space, teacher lounge, adult-sized toilet facilities)
 - o Health & Safety (ex: Lead paint, mold, electrical upgrades, ventilation, access to water / sinks for sanitation, etc.)
 - o All of the Above
- What type of improvement is needed?
 - o More Space
 - o Upgraded Space
 - o Repairs
 - o Playground Renovation
 - o Other
- Can you estimate the total capital costs of addressing these needs?
 - o Yes
 - o No
- If yes, what is the estimated cost, and how did you arrive at that number?

Conclusion

Without question, the physical environment plays a large role in supporting the quality of early learning programs, healthy early childhood development, and the health and safety of ECE staff. Documenting the needs and condition of facilities will help providers develop strategies that allow them to adapt to the challenges presented by the coronavirus, demonstrate the link between facilities and program quality, and provide information critical to securing dedicated financial resources for facilities improvements.