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## Ebola Tips for Child Care Providers

For center-based and home-based child care providers, the recent reports of patients with Ebola Virus Disease in the United States can be understandably concerning. State, Territory, and Tribal Child Care and Development Fund (CCDF) grantees may receive inquiries from providers, child care resource and referral agencies, or families asking about the safety of children in care. CCDF grantees and partners are encouraged to use this fact sheet to answer questions staff may have and support staff, children, and families.

### What is Ebola?

Ebola is a serious illness caused by the Ebola virus. Ebola symptoms include fever, severe headache, muscle pain, vomiting, diarrhea, stomach pain, and unexplained bleeding or bruising. Symptoms may appear anywhere from 2 to 21 days after exposure, although 8 to 10 days is most common.

### How is Ebola Spread?

Ebola virus is spread through direct contact with the blood or body fluids (including but not limited to feces, saliva, sweat, urine, vomit, breast milk, and semen) of a person who is sick with Ebola. The virus in blood and body fluids can enter another person's body through broken skin or the eyes, nose, or mouth.

- **Ebola virus is not spread through air or by water, or by any food grown or approved for consumption in the United States.**
- **You cannot be infected by someone who has been exposed to Ebola but does not have symptoms.**

### Who is at Risk?

Health workers and the family and friends in close contact with Ebola patients are at highest risk because they may come in contact with the blood or body fluids of sick patients, for example, by changing sheets after an ill person has vomited.

**Children are at greater risk from seasonal influenza (flu) than they are from the Ebola virus.**

### What Can Child Care Providers Do to Help?

**Prevention:** Child care providers should continue to use good infection control practices. The same steps that prevent the spread of many other diseases help to prevent Ebola transmission:

- Wash hands often with soap and water for 20 seconds.
- Avoid touching eyes, nose and mouth with unwashed hands. Avoid close contact such as kissing, hugging, and sharing cups or eating utensils with people who are sick.
- Proper cleaning of equipment, toys, and surfaces such as countertops, doorknobs, sinks, and toilets help to prevent the spread of illnesses.
- Child care providers should separate soiled bedding from cribs, mats, cradles, or cots from other used laundry to avoid contamination. Soiled bedding should be washed separately using regular "hot" or "cold" washing cycles and regular drying cycles.
- Child care providers should wear gloves in cases where they may come into contact with blood or body fluids (e.g., treating a scrape or changing a diaper), and these gloves should be removed and disposed of properly to avoid contact. After removing gloves, staff should wash their hands again.
- Child care providers should follow their standard protocols for dealing with sick children. Children with a fever, vomiting, or diarrhea should remain home until they no longer have symptoms.
- Providers are encouraged to use the standards from [Caring for Our Children](#).

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- Providers can also help by providing prevention information to families they serve. Attached to this guidance is a fact sheet that can be shared with parents.

**Support Provider Staff:** In the unlikely case that center-based providers or staff have had contact with an Ebola patient, these employees may be asked by public health authorities to stay at home for 21 days. Providers should review their staffing plans to ensure adequate coverage, if needed. In the unlikely case that home-based providers have had contact with an Ebola patient and are asked by public health authorities to remain at home, they should refrain from caring for children during this period.

**Reduce Stigma:** Stigma can occur when people link a disease with a certain group of people, even though not everyone in that group is at risk for the disease. Children and families are not a threat simply because they have connections to West Africa. This stigma may also extend to individuals that have recently traveled to West Africa or to individuals that have had contact with an Ebola patient, or who live in an apartment building or neighborhood where Ebola cases have occurred.

When talking to providers and the public, CCDF grantees should stress that Ebola is caused by a virus, not a person, and that the virus is difficult to transmit (i.e., it is not airborne). CCDF lead agencies can provide public health information from the CDC or state public health authorities to providers. In doing so, careful attention to the images and messages shared can help to prevent negative stereotypes.

Child care providers that serve families with ties to West Africa can be helpful as a source of support and community connection. All people who have traveled to an affected country or may have had exposure to an Ebola patient should be undergoing monitoring with support of their local public health department. Providers can support families undergoing monitoring and encourage them to call the local health department if they begin showing any symptoms, such as an elevated fever.

In the unlikely case that a child or staff member is asked by public health authorities to remain at home, providers should stress that if individuals do not develop Ebola symptoms during the 21-day monitoring period they do not have Ebola and pose no risk when they return afterwards.

**Reduce Children's Fears:** Even young children may be exposed to media reports or overhear adults discussing Ebola. These steps may help child care provider staff support children's coping with Ebola-related fears:

- Be cautious about discussing Ebola where children may overhear. Limit children's exposure to media reports on the disease.
- If children have questions, make time to listen to their concerns and answer their questions.
- Be honest. Answer questions based on the facts.
- Speak in a calm tone of voice. Use reassuring words. Reinforce that parents, providers, and other adults in the child's life work together to keep children safe and healthy.
- Keep all explanations age-appropriate.
- Be clear about the differences between images they may have seen of West African countries and the situation in the United States.
- Reinforce hand washing and other disease prevention steps that children can take themselves. Good hygiene steps are not only beneficial for children's health, they also help children feel empowered and able to make a difference.

### [Support is Available for Providers and Parents, Too](#)

Child care providers and parents may feel stress or worry associated with Ebola, especially if there are cases identified in their communities. Immediate, confidential, and free crisis counseling is available to people concerned about Ebola virus reports through the [Disaster Distress Helpline](#) (1-800-985-5990 and

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TTY for Deaf individuals: 1-800-846-8517). [Tips on Coping with Stress during Infectious Disease Outbreaks](#) are also available online.

#### Where Can I Learn More?

- For more information on Ebola, consult your state or local public health agency or the [Centers for Disease Control and Prevention](#) Ebola page.
- The Administration for Children and Families provides additional resources on [helping early childhood programs prepare for communicable disease outbreaks or natural disasters](#).
- The Substance Abuse and Mental Health Services Administration (SAMHSA) has additional [Tips for Caregivers, Parents, and Teachers on talking with children about infectious disease outbreaks](#).