

On the Road to Recovery Considerations for Early Child Care and Education
Navigating Through COVID-19

Module Features

Before you get started, take a moment to review the features of this module.

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On the Road to Recovery Considerations for Early Child Care and Education

Navigating Through COVID-19

Image: Photo of staff member wearing a mask, standing in child care room looking out the window.

National Center on Early Childhood Health and Wellness

How to Use This Resource

Explore the latest research- and science-informed resources and practices for caring for children during the coronavirus disease 2019 (COVID-19) pandemic. Early care and education directors and staff, and training and technical assistance staff, can use this tool as a guide to prepare programs to reopen. This tool is up to date as of July 1st, 2020.

Select the links for up-to-the-day information and guidance on health and safety best practices related to COVID-19:

- [Early Childhood Learning and Knowledge Center](#)
- [U.S. Centers for Disease Control and Prevention](#)

Image: Woman pointing to title

CDC Resources

U.S. Centers for Disease Control and Prevention (CDC)

CDC 27/7: Saving Lives, Protecting People™

Since COVID-19 is a new virus, scientists and physicians are learning more each day. The Center for Disease Control is the nation's health protection agency and its website maintains accurate, current information about COVID-19.

Center Image: Photo of CDC's Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools, and Homes tip sheet.

Left Image: Photo of CDC's Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools, and Homes tip sheet.

Right Image: CDC's Child Care Programs During COVID-19 Pandemic Decision Tree webpage.

Early Childhood Learning and Knowledge Center (ECLKC) Resource

The Office of Head Start works closely with the CDC. ECLKC is regularly updated with guidance and resources for Head Start and child care programs to help them to support staff, children, and families during this challenging time.

Image: Head Start Early Childhood Learning and Knowledge Center COVID-19 & the Head Start Community webpage

An important first step before reopening is to find what your local and state government bodies are requiring. Are they requiring face coverings in the program? Are your ratios requirements the same as before? [Find state-based guidance.](#)

Image: CDC's State Based Guidance for COVID-19.

Caring for Our Children

Many of the policies and procedures necessary for caring for children and staff during the pandemic should already be in place. Explore the relevant *Caring for Our Children (CFOC)* standards for a refresher on the strategies designed to keep children and staff safe.

Pandemic Policy

- 9.2.4.4 [Written Plan for Seasonal and Pandemic Influenza](#)
- 9.2.4.3 [Disaster Planning, Training, and Communication](#)
- 9.2.3.3 [Written Policy for Reporting Notifiable Diseases to the Health Department](#)
- 10.5.0.1 [State and Local Health Department Role](#)
- 7.1. [How Infections Spread](#)
- 7.3.3 [Influenza Prevention Education](#)

Programs Services

- 6.5.2.1 [Drop-Off and Pick-Up](#)
- 3.1.1.1 [Daily Health Check](#)
- 1.7.0.2 [Daily Staff Health Check](#)
- 3.6.1.3 [Thermometer for Taking Human Temperatures](#)
- 3.6.1.4 [Inclusion and Exclusion Due to Illness](#)
- 3.2.1.4 [Diapering and Changing Soiled Clothing](#)

Cleaning and Disinfecting

- 3.2.2.1 [Hand Hygiene](#)
- 9.2.3.10 [Sanitation Policies and Procedures](#)
- 3.2.2.5 [Hand Sanitizers](#)
- Appendix J [Selecting an Appropriate Sanitizer or Disinfectant](#)
- Appendix K [Routine Schedule for Cleaning, Sanitizing, and Disinfecting](#)

Let's begin.

Image: Staff member sitting in classroom with children in the background.

Are You Ready to Re-open?

Select the audio button to play audio.

Audio from Social Distancing in Early Care and Education.

Audio Transcript:

I think it's very important one of the ways we support each other is through good communication and good setting of expectations. Please go through the steps you need to complete before opening, Think about every single procedure you do. Write it down. It's easier to see it when it's written down as you start to plan and begin to create those communication tools. It's important to recognize that your staff is quite stressed out by all of this and to understand what you can do to help and support them. It's important to recognize the stress of the families, including your own family, and what you can do to reassure and to support them and to recognize the stress of the children and the needs that they have as we go forward. These stresses may be the novel COVID-19 is new, but things like this trigger people's old traumas and the stress of the racial biases that have been going on is also very triggering for most of our families so understanding how communication is very reassuring to them. Partner with your families' support staff and prioritize and individualize the support you're going to give to families who have special struggles and understand their struggles ahead of time. Try to head that off with your support. And of course, children with special health care needs, whether they are developmental or physical, may need different accommodations so understanding how they are going to join back at school ahead of time. And have all of this, these resources and communication plans ready for each group because as we socially gather but physically distance, I think you're going to find that it's going to relieve a lot of anxiety for people to know that you've thought about this and you're keeping them, their health and safety first and foremost, and help them to participate.

Image: Staff member wearing a mask putting hand sanitizer on preschooler wearing a mask.

Involve Your Health Services Advisory Committee (HSAC)

Head Start programs have a "Health Services Advisory Committee" usually composed of local health providers who represent a wide variety of local social services agencies. They may include pediatricians, nurses, dentists, nutritionists, and mental health providers. Head Start staff and parents also serve on the committee.

Image: Staff Member and Advisory Staff talking to each other.

Consider Forming a Reopening Committee

Include:

- Staff
- Parents Representation from your HSAC or invite local health care practitioners and representatives from the local health department,
- Your mental health consultants or community mental health providers

This committee can help program leaders identify strategies for keeping staff safe and preparing children for changed program services.

Image: Group of staff and parents meeting at a table.

Resource: <https://eclkc.ohs.acf.hhs.gov/publication/tips-family-services-staff-working-remotely-families>.

CDC Decision Tree

Image: Child washing hands in sink.

CDC Decision Tree

The CDC offers a decision tree for directors and administrators in making reopening decisions. Select the link to [explore considerations and questions](#) when using this tree.

Image: CDC's Child Care Programs During the COVID-19 Pandemic Decision Tree webpage.

CDC Decision Tree

The CDC offers a decision tree for directors and administrators in making re-opening decisions. Select the [link to explore considerations and questions](#) when using this tree.

CHILD CARE PROGRAMS DURING THE COVID-19 PANDEMIC

The purpose of this tool is to assist directors and administrators in making (re)opening decisions regarding child care programs during the COVID-19 pandemic. It is important to check with state and local health officials and other partners to determine the most appropriate actions while adjusting to meet the unique needs and circumstances of the local community.

Should you consider opening?

- Will reopening be consistent with applicable state and local orders?
- Are you ready to protect children and employees at [higher risk](#) for severe illness?
- Are you able to screen children and employees upon arrival for symptoms and history of exposure?

(Right Arrow) ANY NO (Right Arrow) DO NOT OPEN

If ALL YES, MOVE TO NEXT CHECK (Down arrow)

CDC Decision Tree

Are recommended health and safety actions in place?

- Promote [healthy hygiene practices](#), such as [hand-washing](#) and [employees wearing a cloth face covering](#), as feasible.
- Intensify [cleaning, sanitization, disinfection](#), and ventilation.
- Encourage [social distancing](#) through increased spacing, small groups, and limited mixing between groups, if feasible. For family child care, monitor distance between children not playing together and maintain distance between children during nap time.
- Adjust activities and procedures to limit sharing of items such as toys, belongings, supplies, and equipment.
- Train all employees on health and safety protocols.

(Right arrow) ANY NO (Right arrow) (Right arrow) MEET SAFEGUARDS FIRST.

If ALL YES, MOVE TO NEXT CHECK (Down arrow).

Image button: Icon for Mental Health

Select icon for mental health information

Pop Up

Support families for re-entry. Encourage families to:

- Talk with their child about may be different when they come back
- Practice new school routines
- Reassure their child

Resource: <https://www.zerotothree.org/resources/3413-what-comes-next-back-to-child-care-following-shelter-in-place>

CDC Decision Tree

Is ongoing monitoring in place?

- Develop and implement procedures to check for signs and symptoms of children and employees daily upon arrival, as feasible.
- If feasible, implement enhanced screening for children and employees who have recently been present in areas of high transmission, including temperature checks and symptom monitoring.
- Encourage anyone who is sick to stay home.
- Plan for if children or employees get sick.
- Regularly communicate and monitor developments with local authorities, employees, and families regarding cases, exposures, and updates to policies and procedures.
- Monitor child and employee absences and have a pool of trained substitutes and flexible leave policies and practices. For family child care, if feasible, have a plan for a substitute caregiver if provider or a family member in the home gets sick.
- Be ready to consult with the local health authorities if there are cases in the facility or an increase in cases in the local area.

(Right arrow) ANY NO (Right arrow) (Right arrow) MEET SAFEGUARDS FIRST.

If ALL YES, MOVE TO NEXT CHECK (Down arrow), OPEN AND MONITOR.

Determining Level of Contagion

How can you find the number confirmed cases are in your area? You can use the [CDC state data tracker](#) to find state statistics regarding cases by county, age, and number of new cases. You will also be able to find any posted changes to Child Care Resource and Referral (CCR&R) and other relevant licensing changes on these state websites.

Image: CDC State Data Tracker US Map

Resource: <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html>

Screening Children Upon Arrival

Daily Health Check

- Helps provider check-in with child and parent/ guardian.
- Helps children feel comfortable.
- Fosters communication with parents.
- Slows the spread of disease by excluding children with signs of illness.
- Do not admit children with a fever (over 100.4° F), cough, trouble breathing.

Image button: Icon for Mental Health

Select icon for mental health information

Pop Up

Help children with separation anxiety.

Resource: https://challengingbehavior.cbcs.usf.edu/docs/Stay-Calm_Infographic.pdf

Image: Parent and child having digital temperature taken.

Screening Children Upon Arrival

What's New? CDC's Three Screening Methods

Select each image and the audio button.

Left Image: Mother taking child's digital temperature

Method No. 1

Social/Physical Distancing

- Child's temperature is taken at home.
- Parent or guardian confirms child does not have fever, shortness of breath, or cough.
- Visual inspection of child for signs of illness, including flushed cheeks, rapid breathing, fatigue, or fussiness.

Audio Transcript:

And this is the one that includes most of the screening being done at home and less being done in the ECE program. So the child's temperature is supposed to be taken at home, but as we mentioned by Dr. Fisher, not everyone has a thermometer at home. And maybe not everyone is as accurate as we would like them to be in telling us what the degrees are and being able to read it. So this might be an opportunity for us to provide thermometers or to give instructions about how to read a thermometer. The parent or the guardian confirms that the child does not have any of the exclusion criteria that I just talked about so that they would have to tell you that the child does not have a fever, shortness of breath, or a dry cough. The ECE provider's job is to do the visual inspection, to look at the child for signs of illness, looking for flushed cheeks, rapid breathing, fatigue, or fussiness.

Center image: Child getting digital temperature taken.

Method No. 2

Barrier/Partition Controls

- Stand behind a physical barrier.
- Make visual inspection of the child for signs of illness.
- Conduct temperature screening.
- Use clean pair of gloves for each child unless using a non-contact thermometer.
- Clean and disinfect thermometer between each use.

Audio Transcript:

Method No. 2 that CDC is recommending is called the Barrier Partition Control. It's where the child care providers in the facility would be standing or sitting behind a physical barrier. They would make a visual inspection of the child for signs of illness, conduct the temperature screening, and it's recommended that they move their arms around and reach out to the child to put the thermometer under their arm or in their mouth. The child care provider would use a clean pair of gloves for each child unless they are using a non-contact thermometer. They would clean and disinfect the thermometer between each use.

Right Image: Masked Staff Member looking out window.

Method No. 3

Personal Protective Equipment (PPE)

- Use PPE if within 6 feet of a child.
- Wash hands, put on facemask, eye protection, disposable gloves, possibly gown.
- Make a visual inspection of the child.
- Take the child's temperature.
- After screening, remove and discard or wash PPE, wash hands.
- If no experience using PPE, see CDC recommendations.

Audio Transcript:

The third method is the one where you're [illegible] PPE and wash your hands. If you don't have experience using PPE, CDC has on their website some very specific information on how to put on and take off and clean PPE.

Screening Staff Upon Arrival

Screening is the most effective method to conduct daily staff health checks. Your screening procedures should ask staff:

- Did you have a fever over 100° F the last 24 hours?
- Did anyone in your household have a fever over 100° F in the last 24 hours?
- Do you have a cough?
- Are you experiencing shortness of breath or difficult breathing?
- Do you have at least two of these symptoms (including fever)?
 1. Chills
 2. Muscle pain
 3. Headache
 4. Sore throat
 5. New loss of taste or smell

Image button: Icon for Mental Health

Select icon for mental health information

Popup

Help staff transition back to the program.

Resource: <https://www.cdc.gov/coronavirus/2019-ncov/prepare/managing-stress-anxiety.html#parents>

Image: Woman wearing a mask taking digital temperature of another woman wearing a mask.

Decision Tree Step 2

Am I ready to:

- Promote healthy hygiene practices, such as hand-washing and employees wearing a face covering as feasible?
- Intensify cleaning, sanitation, disinfection, and ventilation?
- Encourage social distancing?
- Adjust activities and procedures to limit sharing of items such as toys, belongings, supplies, and equipment?
- Train all employees on health and safety protocols?

Image: Person washing soapy hands in sink.

Who Should Wear Masks?

Current Guidance

- Adults and children over 2 should wear a cloth face covering that covers the nose and mouth when in the community.
- A cloth face covering prevents the spread of the virus from the user to another person. It also prevents the user from touching their nose and mouth.
- A mask does not protect the wearer from droplets in the air spread by another person or child.
- Children may not be able to reliably wear, remove, and handle masks.
- Do not wear masks when engaging in vigorous physical activity, while sleeping, or at naptime.
- Masks worn in the community may be cloth coverings; N95 masks are only for healthcare providers.

Image: Surgical mask.

Face Coverings in Young Children

Select the audio button.

Image: Audio button.

Audio Transcript:

The older children wear face coverings as well in the facility. It is not recommended that children who are under the age of 2, for example babies and young toddlers, they should not be wearing the face coverings because of the danger of suffocation. The reason why we wear face coverings is to limit the spread of the person wearing them in case they have the virus and don't know that they have the virus. It's not actually meant as a protection for the person who is wearing it. It's to make it so that they don't spread to other people. They should fit snugly and uncomfortably against the sides of the face, allow for easy breathing even while they're on, and be able to be laundered and machine dried without damage or changes to shape. And really if people are wearing them regularly, they need to be washed and laundered regularly.

Image: Child having a cloth mask put on her face.

Cleaning and Disinfecting

Select the audio button.

Image: Audio button.

Definitions

Clean: To physically remove dirt, debris, and sticky film by washing, wiping, and rinsing.

Disinfect: To kill nearly all of the germs on a hard, non-porous surface.

Audio Transcript:

For the facility, I mentioned as one of the key preventive actions was cleaning and disinfecting and in your Caring for Our Children Standards there's whole section on this and a Schedule K in the back that talks about this as well. But just to remind you, there's a difference between cleaning and disinfecting. Cleaning is physically removing the debris and sticky film by washing, wiping, and rinsing and you can do that with soap and water. Disinfecting then kills nearly all the germs on the hard, non-porous surface. For COVID-19, we always want to clean and disinfect. The cleaning may physically take away some of the virus, and then the disinfecting will help to kill some of the virus left there. Some of the disinfectants don't work well unless you keep clean first and so that's why it's really important to do that cleaning and then disinfecting.

Image: Disinfecting and wiping door handle.

CFOC Schedule K: <https://nrckids.org/files/appendix/AppendixK.pdf>

What Surfaces Should Be Cleaned

Always clean before applying a disinfectant

- Toys
- Bedding
- Floors
- Clothing (including hats)
- Cribs, cots, and mats
- Play equipment
- Refrigerators

Image: Cleaning child toys with disinfectant.

What Surfaces Should Be Disinfected?

- Drinking fountains
- Door and cabinet handles (high-touch)
- Surfaces that have been soiled with body fluids
- Mouthed objects (collect mouthed toys in a tub)
- Toileting and diapering areas:
 - Diaper changing tables and diaper pails
 - Counter tops in bathrooms
 - Potty chairs
 - Hand-washing sinks and faucets
 - Toilets
 - Bathroom floors

Image: Staff member putting on non-latex gloves.

Bleach as a Disinfectant

- It is a low cost, effective (if used correctly), and readily available.
- Use an U.S. Environmental Protection Agency (EPA)-registered disinfectant.
- Mix daily; follow directions on the label for disinfecting.
- Label the bottle with the date and the product.
- Wear gloves and protective eyewear when diluting.
- Mix in well ventilated areas.
- Use a funnel when mixing to decrease the amount of bleach inhaled.
- Mix bleach into cool water to reduce fumes (rather than adding water to bleach).

<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19>

Select the audio button to play the audio.

Image: Bleach bottle.

Audio Transcript:

The mixing solutions and the concentrate...the amount of water to be added to bleach does vary depending on which concentration you buy. But please follow directions for any EPA-registered disinfectant. After you've mixed it, label the bottle with the date and the product. Wear gloves and protective eye wear when you're diluting and mix in a well-ventilated area. One of the greatest recommendations that I think has really helped is to use a funnel when mixing to decrease the amount of bleach that is inhaled. We want to protect your health. Mix the bleach into cool water to reduce the fumes rather than the water to the bleach.

Always Use Caution with Disinfectants

- Provide ventilation.
- Hold the bottle at a safe distance away from the nose and mouth when spraying.
- Label spray bottle dilutions with product and date.
- Keep products out of children's reach, in a locked cabinet.

Select the audio button to play the audio.

Audio Transcript:

Solution with one-third cup of bleach and a gallon of water. Realize that if you do use bleach, it has to be made fresh daily, and again, always make sure to store all these solutions in a place that is accessible to the teacher but out of reach of any child. The recommendations during the COVID-19 pandemic is to intensify cleaning and disinfecting efforts. So I know in your schedules, in Appendix K, you have a routine schedule that you do in your

facility so this intensifies cleaning and disinfecting. There's no one number of how often. It really depends on how often certain items are touched. The things more frequently touched need to be more frequently disinfected.

Image: Spray bottle of bleach and water solution.

Always Use Caution with Disinfectants (Continued)

- Wear PPE such as gloves and eyewear.
- Disinfect while children are not in area.
- The surface should be dry by the time children return to the area.
- Do not mix products or reuse bottles for different products.

Never mix ammonia or vinegar with bleach!

Image: Ammonia bottle with poison label.

Image: Bleach bottle.

Red line: Cross out bottles.

Physical NOT Social Distancing

- Stay 6 feet apart = Safe Physical Distance.
- Social Engagement is IMPORTANT!!
- Let's keep physically distant and socially engaged!

Select the audio button to play the audio.

Audio Transcript:

Marco Beltran: ...and social engagement? What are your thoughts?

Dr. Danette Glassy: I think your tone of voice and your eyes and your body language communicate a whole lot more than we realize. I've been shocked because we're wearing these masks for months now, and even babies who are starting with their social smile, they're just getting to be that 2-4 months old and doing a reciprocal smile with us, I've had babies where I've been looking right at them with my big old mask on, and I'm smiling big, and I'm chatting with them, and all they can see are my eyes and hear my voice and see my body moving, and they smile. I was so worried that a mask would ruin that reciprocal social smile, the first sort of evidence of language and emotional connection, and I have to tell you, it's more complicated than just our lips and so I don't want people to be afraid to express their social connectedness with the children and that it's coming through in other ways and that with your mask on and washing your hands and maybe a smock, you will be able to be socially engaged and to share that joining and be a better teacher through that even during this COVID time. I am convinced. I was truly worried about masks and smiling and babies and their social interactions but I don't know. There was a model who talked about "smeyes," you know making your eyes smile, and we must do that because these babies know you're smiling.

Image: Woman and man social distancing 6 feet apart.

Physical Distancing: Infants and Toddlers

- Infants under 1 year of age are more vulnerable when sick with COVID-19.
- It is not possible to care for infants or toddlers from a distance.
- Provide clean smocks for staff and change children's clothing when soiled with secretions or body fluids.

Image: Staff member wearing a mask with a toddler outside.

Physical Distancing

- Arrange furniture to give children more space.
- Open windows for fresh air.
- Place cots and cribs a good distance apart (6 feet, if possible) with children facing head to toe at naptime.

Image: Illustration showing 4 preschoolers napping head to toe and distanced 6 feet apart.

Reduce Clutter and Shared Toys

Image: Preschool classroom

- Discourage items coming from home.
- Limit shared toys to items that can be cleaned and disinfected easily.
- Store items you don't use.
- Provide as much open space as possible.
- Keep surfaces clear so you can clean and disinfect them easily.

Image button: Icon for Mental Health

Select icon for mental health information

Popup

Be alert for signs of trauma in young children.

Resource: <https://childmind.org/article/signs-trauma-children/>

The Importance of Schedules and Routines

<https://eclkc.ohs.acf.hhs.gov/about-us/coronavirus/importance-schedules-routines>

Children with Special Healthcare Needs

Image: Special needs child in wheelchair wearing a mask and staff member pouring hand sanitizer in child's hands.

Select the "Play button to play the video.

Audio Transcript:

As you all are working towards opening or perhaps already are opening and how you might think about some of this guidance from the frame of kids with special health care needs. So social distancing is a big challenge, and that is a challenge. And in childcare, regardless of whether or not you have a special health care need. So obviously, if you are caring for infants and toddlers, you cannot be maintaining a six-foot distance. Frankly, it is very hard for me to imagine an early childhood classroom with children sitting neatly six feet apart with face masks, with their hands on their laps all day, that it is just not going to happen. So, I think the other quick comment I want to make is that there really is a nice emphasis now on switching from the terminology of social distancing to physical distancing. So, again, remember the, remember the purpose of this strategy.

So, we know that our children are still going to need our comfort. They are going to need play. They need to interact. They need to be physically active. And you may have kids, a special health care needs who will require hands-on care throughout the day. So maybe that is a young child who needs hands-on support to use a nebulizer with a spacer. Maybe that is a child with a physical disability such as cerebral palsy, who maybe uses a

wheelchair or equipment for mobility. And you need to physically support them to do that. Or a child who uses alternative communication strategy like a text board or a device. There are circumstances for this population where it just will require Hands-on care. So, I think be thoughtful about that as you are thinking about how to group your children and providers. There has been some nice advice within this guidance about thinking about small ratios, keeping the same kids and providers together day to day to limit those contacts.

If you know, you have a child who is going to have to have a medication administered, think about who is going to do that. And do you really want children that need medications administered cycling in and out of one particular space? Or how do you want to handle that? I think that is something important to think about. Also think about substitute caregiver situation. So, what if that staff gets sick? What if that staff who had that particular connection, maybe with that child with autism to help them be successful in the classroom or had a really good understanding of working with a child with a physical disability or again, working with a child who needed a medication administered. Be planful about that. And what happens if those caregivers are not able to be at work because they are sick? Think about drop off and pick up and screening procedures. So, as you are considering how to stagger coming and going, you are thinking about how to distance from kids whose parents are dropping off. You may need to take into consideration things like that child that may arrive with equipment in their car that needs to be transferred from the car into your program. So, plan for that ahead of time along with the parent to understand the best way to make that happen. Things like screening procedures at arrival.

So, depending on how you decided to implement this, it is possible that coming into your center will be a very different experience than it has ever been before. You know, it might be that depending on the procedure that you decide to implement, maybe you even have staff that are standing in PPE outside of your facility taking temperatures. Perhaps you have staff that are greeting and transferring kids that are in safe mat. There are not the same staff that normally met the child. Perhaps the route that the child is now entering the program is different than it was before. So, if I am a child who has underlying anxiety or who has autism spectrum disorder. So, kids with autism often really struggle with adjusting to changes in routine, procedures like this could be really upsetting and distressing. So, think about that ahead of time. Maybe you want to take some photos of what the what the center now looks like, how the entrance has changed. Maybe you want a couple of photos of those favorite staff in their face coverings so that the kids can see them ahead of time and know what to expect. Families could walk through those photos or sort of the simple social story so that kids know what to expect. So those are some things to think about as you are planning these new procedures.

I have already talked quite a bit about physical care. I think you are very familiar with, you know, diapering and cleaning and holding and hugging when it comes to infants and toddlers. And I think that it is important to remember for older children, especially with developmental disabilities, but also with some medical or health care needs. They may also require diapering or those sorts of hands-on procedures. So, you just need to be planful about that when you are thinking about how you're grouping kids in classrooms, how you're setting up your resources and supplies, gloves, those sorts of things. A word on hand hygiene. You guys in childcare, I think do a great job with this. You know, you are already, like, keenly aware of the issue of having little germ factories in your rooms on a daily basis.

So, you are already probably pretty top of the game at teaching this stuff. And so basically, it is just time to step it up a little bit. And oftentimes, kids who understand a little bit about what is going on, they can really buy into the idea of doing a good job of washing their hands with soap and water for 20 seconds if they know that it is something that they can do to help keep themselves safe and to protect their families. So, you know, this is a great time to think about how you are implementing creative strategies. You know, maybe you no longer use the button that the kids push on the wall that plays a song for 20 seconds because we do not want all the kids pushing a button on the wall. It just adds another high touch surface. But maybe there is a song or a game that you play with your kids to help them get that 20 second rule down. And then, of course, remember to be diligent about hand hygiene yourselves. A quick word on eating. You will definitely have kids with different abilities that do have needs related to feeding that may need to be fed. Again, that is going to require some hands-on care.

You will also have kids that have sensitivities to textures in food. Strong food preferences, issues related to exploring new foods. And so, we want to make sure that those kids still have a semblance of mealtime. We know feeding and eating is a really social activity. You just want to think, you want to be real thoughtful about how to face kids. You want to be thoughtful about presenting meals in a separate way for each child. But you still want

those children to have that social experience because that is going to help those kids that are struggling continue to develop these skills. Cleaning and disinfection again, you guys are the stars that thinking about this already and it really is just a matter of intensifying those efforts. And as I have mentioned, for kids with special health care needs, while in both cases you are probably saying, you know, no toys, nothing coming from home. Again, they may be coming with devices or equipment that they really need to use during the day. I do want to quickly comment on communication devices, maybe use of the text card system that is laminated or, you know, an iPad or something like that. We really need kids to be able to communicate.

And so, if those are the strategies that they are able to use, I think we just need to be thoughtful about how we, how we keep things clean and disinfected. But we really do not want to impair communication abilities that that can lead to lots of other trouble, including behaviors that, again, can put folks at risk for more potential contact with virus. And then I quickly want to comment on face covering children under two, of course should not be wearing face coverings. But really, anyone that cannot remove the face covering themselves should not be wearing a face covering. It is just not safe. So, if you have children, for example, who have maybe a condition like cerebral palsy that affects their motor movement, they really, they should not be wearing a face covering. You also might have children, again, who have anxiety or conditions like autism or just typical children who really do not tolerate the face coverings. And if those children are constantly reaching up and under the face covering and touching their nose, touching their mouth, taking it off, leaving it around the room, then then it's almost worse to use the face covering that it is to just forget about it. And kids are probably going to be a lot less likely to be messing with their faces. So that's food for thought on that topic. So, communication is key, I am preaching to the choir with the early childhood community.

It is really important that we are talking directly with our parents about any of these special health care needs. Parents know their kids the best. They understand the underlying health conditions. And they really are the ones to go to as you are trying to make plans for these kids. You also really want to talk to your parents about how kids are coping. This is gonna be great information for you to have. It is going to be really helpful to understand who is really struggling. It's going to help you to kind of, you know, to take that, take that trauma based approach when you're thinking about kids who really may be having a hard time so that you have the ability to understand where they are coming from and respond appropriately. Some of our kids are still receiving services and support from folks such as speech, occupational therapist or a behavioral therapist, and they can be resources to you.

You know, they may or may not, depending on your set up, be providing hands-on support in the classroom like they did before, but may still be able to provide quite a bit of assistance for families at home, as well as for you in a child care setting. Maybe through a Teleservice, phone consultation, you know something like that. So, think about that. And we have already talked a little bit about social determinants. But remember, you know these families well. In some cases, you may be their only solid connection to their community, and you may be the one that has the opportunity to really uncover something that a family is struggling significantly with. And you can point these families to the best community resources that can help meet their needs at this time. So, this is really a specific strategy for communicating in a really direct way about children's needs. One thing I did mean to mention on the prior slide, also make sure that your families know how to talk to you.

So, you know, the days of standing on the sidewalk or in the classroom talking directly to a parent standing in close contact are gone. You know, you really do want to be distance from parents. So how are you going to be communicating with parents? Are phone calls best? Are emails best? are you using some sort of a video modality, you know, make sure your parents know how to get a hold of you and then care plans can be a really useful tool at this time. There are a whole variety of templates for this type of a plan that that exists out there. You can find them online. Lots of them are available, totally free without any, without any charge. Again, this is a great example of something that somebody like your childcare health consultant could help you with, your health services advisory committee, if you are part of Head Start, could help you think about this. You probably have families who have great care plans that just need to be reviewed and updated. This is also a great opportunity to develop one if that family of a child with special health care needs has never gone through this process. And so, these plans can include critical things like contact information for providers, information about allergies, about medications, about how to administer medications. You know, what is the most successful strategy for administering that inhaler and spacer for this particular child? What are those sort of routines or maybe special quirks that that kids have? Triggers things that might set off behaviors or strategies that parents use at home that they know can really offer

comfort and calm kids and can prevent behaviors. All that kind of stuff could potentially go into a care plan. And I think many folks are quite familiar with Asthma Action Plan.

And one of the big comments I wanted to make here is that is really important to be following these plans at this time. So, if we are managing underlying health conditions, well, we are you know, we are going to be reducing risk. We are going to be keeping kids healthier. It is a good time to keep kids healthy and out of the hospital and out of clinics. But at the same time, we want to make sure that our kids are accessing their health care providers so that they are staying on things like control or meds and they are staying healthy. So, we will talk a little bit more about that in a minute.

A quick comment about at-risk population. The list of conditions that is written on this slide are the list of conditions that is currently published by the Centers for Disease Control. In the case of children, at this time, it seems that children with chronic lung disease, children with heart disease and also, conditions that affect the immune system seem to be the group of kids that are at the highest risk. It is still true that children in general are faring quite well during this pandemic. Kids just do not get as sick. They do get COVID, but most kids just don't get as sick and may not even carry the kind of viral load that adults do and may not be the spreaders, the same spreader type of spreaders that adults are. So, it has been a very interesting time to be in pediatrics. You know, often our kids are more vulnerable. And in this case, that has just not been true. However, there is some evidence that of the population of kids who have required hospitalization and certainly the children that have required intensive care, those kids generally are kids who have underlying complex health conditions. I also wanted to just very briefly mention the Multisystem Inflammatory Syndrome in children. This is the Kawasaki like syndrome that is in the news. I wanted to bring it up because it is the current hot topic. The CDC is working really hard to understand what is going on in this syndrome. And the health care community is working hard to make sure we are reporting cases. We still do not really understand who is at the most risk for this condition. But I think this is a great example of an area where we will be learning more.

All right. So, let's talk a little bit about the challenges faced by families. When I was commenting on ADMA, I have already alluded to the fact that this is a really important time for families to stay connected to their health care providers and health care providers and health care systems are using telehealth depending on the system. Providers are doing video visits. They may also be doing visits by phone call for families that cannot access video visits for whatever reason. This can be a little challenging to navigate. For parents, it may be a little bit different in terms of how you get a hold of your health care provider. There might be issues with Internet access. Some of these systems could be a little tricky. Families might have to load an extra app onto their phone or iPad or computer. So, this is a great example of a place that you can really provide support for families if they are having a hard time staying connected with their providers. But remember, we want kids to stay healthy and well.

So, it really is critical that they continue to stay connected. Families also need information about access to testing centers. This is a great example of something that varies widely from community to community. So, this is a good thing to stay informed about and help families to understand if there are places like drive up centers that are offering COVID testing, should that become something that they need to access? I think I have alluded to this, but we really want to make sure that the kids have access to their medications at this time. So, part of that comes by making sure you stay connected with your providers. CDC is recommending that we, the families have 30 days' worth of medications stored at home to make sure that meds do not run short. They may also want to consider things like a 90-day script for chronic medications if they have not thought about that before and also want to be making sure that they have adequate medical supplies. And again, their health care providers can help with this. Pharmacies can also help families navigate some of these things as well. So, again, these are sort of conversations you can be having with families.

And if you realize they are struggling, you can, you can help provide them support and that can really make a difference in keeping kids healthy. The last comment I wanted to make on this slide is we know that families of children with special health care needs, those parents are often the true care coordinators for those children. And even though, yes, many of our health care systems and community systems offer different types of care coordination, oftentimes it really is the family that is pulling all this together. And that is complicated in usual times. But imagine the level of complication in this currently stressful time. So those families, just like many of you on this call, have probably also become teachers for their, for older kids in their family. They are probably still

working. They are facing all of these same stressors. And so, I think it is important to acknowledge that. And again, it is something for you all to be aware of and you can really step it up and provide important support.

I have to mention access to services. This has been a real crisis for some of our kids with special health care needs. I have already talked quite a bit about the importance of continuing to access the health care system. My immunizations bullet on this slide is to remind me to mention to this group that ongoing well, childcare continues to be important, especially for our youngest kids and especially for our kids with underlying complex medical conditions who really need to still get access to things like immunizations. So, this is an important message that you can help us send. And I alluded a little bit to support through the education system. So, you will have kids within your programs who do have IEP or IFSP and continued access to those critical services has been really variable for our families. Some families feel like the rug has just been pulled out from under them. Other families have been able to navigate Teleservices from their districts. It is really varied all over the place. And so, again, these are connections that you can help make within your community.

We have also definitely had children who have had challenges accessing evaluations to get set up for those ISFP and IEPs. We know that we are still responsible for identifying kids who have developmental delays are at risk for things like developmental disabilities. And so, again, you could really serve a role for a child that, you know, is struggling to help that family connect with the school district and figure out how that evaluation is going to happen if you are concerned about those risks. Same thing in an early intervention. We want to make sure we are still, those early signs of things like autism and global delay and behavior concerns are still presenting. But referrals into systems like early intervention are down. So, again, you guys can play that critical role. Keep doing your developmental screening. Use resources that are out there to monitor and refer those kids. A quick word on helping children understand COVID.

This is another good way to mitigate risk if kids understand the importance and why they're doing this hand washing, why they need to be separated, it can really go a long way to making a difference. Remember that kids with developmental delays and young children may have really concrete ways of thinking. So, you want to be to make sure you are giving really simple answers. You want to answer questions that children are asking, and you want to correct misunderstandings that might be causing fear or anxiety in children. And you want to be really calm and reassuring. Children definitely pick up on your cues. This is another great example of a topic where there's tons of resources out there, cool social stories.

This particular one on the slide is about wearing a mask. There are eBooks that have been created on the topic, videos, all kinds of stuff. So, lots of ways to help teach your children this message, even your children that may have some differences in how they communicate or understand things. I have to present this information to this group. I think it is super important. I know that you are all fully aware that behavior is often communication. But I think it is really important to emphasize this when we're talking about population of kids with special health care needs. They really may have specific reasons why their communication abilities are quite limited. And so, in this time of increasing stress, significant change, these kids are, you are likely to see increased behaviors at this time. And so, again, you know, I mentioned before remembering those trauma-based approaches that you have learned about before. Try to understand where these behaviors are coming from. They are not bad kids. They are kids under stress. And so, we need to be providing support, remaining calm, setting a positive, calm atmosphere. And we can really go a long way to prevent negative behaviors.

You can also certainly get your mental health consultants involved if you need help if you do not know how to find those resources. Think about reaching out to your childcare resource and referral agencies or again, your health services advisory committee if you are a Head Start program. I am almost finished because I know want to leave time for questions. Routine, routine, routine. So, this is another mantra that I know you all are highly familiar with. Being an early childhood professional, you know very well how important it is for kids to be able to anticipate what is happening next during their day, for kids to be able to understand things like, okay, if I can make it through this non-preferred activity, I can look and I know that the next thing that is going to happen is I get to go outside.

So, I bring up this topic here because again, just like some of these other considerations this is especially critical for kids who have different special needs, especially related to development and behavior. You really want to keep kids busy and engaged. This is a time to get creative. You know, how are you going to keep kids moving,

keep kids active and really work on some of the physical distancing? There are really some creative games and ideas that you may be able to think of to accomplish that. And you want to consider the kids that might be in your classroom who might have needs related to movement. You know, again, maybe add a child with cerebral palsy. It is really important that we keep those kids moving and not just for their emotional well-being, but for their physical wellness as well. And again, those kids might require some hands-on assistance to keep moving, but it is super important. So, think about those activities as you're setting up your day and how you are going to engage these special populations. You definitely want to add in some stress reducing activities.

This is a great time to dip your toe in things like kiddie yoga if you have never done it before or, you know, breathing exercises. And remember, for kids, that physical activity, getting outdoors when you can, running, that is so important not just for their bodies, but for their brains, for their development, for their behavior. And again, this is another preaching to the choir comment, I am sure. But remember to use that strategy of choices when possible during stressful times. It is really important that children continue to feel that they have some sense of control of what is happening around them.

So, I promised I had to had mentioned that this is my friendly reminder to you that while you are professionals working in this area and trying to make all of these plans and decisions and set these policies, you are also, moms and dads, you are grandmas and grandpas, you are daughters and sons. And you are living this right along with everyone else in your community. Your family may be facing significant financial stress, job loss. You may be struggling to teach your own kids at home. You are still doing the laundry, you are cooking the food, etcetera, etcetera. It is an incredibly stressful time and you really do need to take care of yourself. And I think you can really help each other by reminding each other about this and asking each other. Hey, how did you get moving today? What did you do to take a break and take care of yourself? And remember, it is not social distancing.

It is physical distancing, connect with friends and loved ones. Those relationships are what keep us healthy and well. I wanted to end with this really nice statement. Be flexible. Be creative. Empower parents and be forgiving. So, we know that we are still learning every day. Guidance is changing all the time related to our response to this situation. Probably by the time we hang up on the call there will be something new or different that has been posted on the CDC website. We are all doing the best that we can. You will implement things that will not work and you are going to have to be flexible and change and go with the flow and just do your best every day. Be creative. Again, this is a real opportunity.

You know, who would have thought we would see the kindergarten classes on zoom call? You know what? What a riot. And it really, there are some real positives that are coming out of this. Please do not forget to empower your parents who are struggling. They are doing their very best. And they need lots of positive reinforcement, just like just like kids do. And please be forgiving of each other. And remember the stress that that we are all under. And be sure that you are taking care of one another. So here are a variety of resources that we have put together for you that I think you'll find useful.

This, this is the tip of the iceberg with each of these. When you dig into them, you will find additional length to great information that hopefully you will find useful. Again, sticking to these evidence-based resources is highly recommended. And again, that is not just for you. You know, think about what you may want to provide your families to ensure your families are also operating from the same appropriate level of information.

Train All Employees on Health and Safety Protocols

Before reopening, pull together staff to ensure they understand and are ready to implement these new policies and procedures. Consider what new tasks they are asked to perform when designing training. Also, leave time to ask staff their concerns, areas of needed support and training, and strategize methods of implementing these new protocols that will work best for them in the classroom.

Training resources:

- [COVID-19 and Group Care](#)
- [Ask the Expert Series handout](#)
- [Temperature slide set](#) and [Spanish](#)

Image: Ask the Expert Series branding

Image button: Icon for Mental Health
Select icon for mental health information

Popup

Staff may need training on additional skills such as talking with children about grief and loss. Find these resources for more.

Alan Wolfelt: Helping Infants and Toddlers When Someone They Love Dies:
http://griefwords.com/index.cgi?action=page&page=articles%2Fhelping26.html&site_id=70

You can't protect your kids from the pain of loss of a loved one, but you can help build healthy coping skills:
<https://childmind.org/article/helping-children-deal-grief/>

Sesame Street: Explaining Death to Children: <https://sesamestreetformilitaryfamilies.org/topic/grief/?ytid=XI4-8ZQ1PRE>

The Do's and Don'ts of Talking with a Child About Death: <https://www.psychologytoday.com/us/blog/two-takes-depression/201612/the-dos-and-donts-talking-child-about-death>

Train All Employees on Health and Safety Protocols

- Develop resources for families to use at home with their children to prepare for re-opening.
- Use the time with staff to prepare social stories to send home about re-opening, create short videos welcoming children back and explaining what they can expect when they return, how things will be different, but also reinforcing what will be the same and familiar to reassure children.
- The more information families can share with their children prior to re-open, the easier the transition will be for children and families.

Consider How to Support Staff and Their Self-care

- You can't pour from an empty cup
- Provide more frequent breaks
- Practice mindfulness and other relaxation strategies.

Resources

Mindfulness Toolkit for Early Educators: <https://www.zerotothree.org/resources/2896-getting-started-with-mindfulness-a-toolkit-for-early-childhood-organizations>

Managing Stress and Anxiety: <https://www.cdc.gov/coronavirus/2019-ncov/prepare/managing-stress-anxiety.html#parents>

Supporting yourself during a pandemic tip sheet:
https://challengingbehavior.cbcs.usf.edu/docs/Pandemic_Supporting-Yourself_tipsheet.pdf

Image: Staff member taking a coffee break checking her phone.

CDC Decision Tree: Ongoing Monitoring in Place

Is ongoing monitoring in place?

- Develop and implement procedures to check for signs and symptoms of children and employees daily upon arrival, as feasible.
- If feasible, implement enhanced screening for children and employees who have recently been present in areas of high transmission, including temperature checks and symptom monitoring.
- Encourage anyone who is sick to stay home.
- Plan for if children or employees get sick.
- Regularly communicate and monitor developments with local authorities, employees, and families regarding cases, exposures, and updates to policies and procedures.
- Monitor child and employee absences and have a pool of trained substitutes and flexible leave policies and practices. For family child care, if feasible, have a plan for a substitute caregiver if provider or a family member in the home gets sick.
- Be ready to consult with the local health authorities if there are cases in the facility or an increase in cases in the local area.

(Right arrow) ANY NO (Right arrow) (Right arrow) MEET SAFEGUARDS FIRST.

If ALL YES, MOVE TO NEXT CHECK (Down arrow), OPEN AND MONITOR.

Policies and Procedures

Here is a list of the many ways your program may change to re-open. Strategies for several of these have been offered previously. Choose “Next” to highlight additional policies and procedures not yet explored.

What May Be Different When Programs Re-open?

- Ratios/staffing
- Physical distancing
- Vigilant hygiene
- PPE
- Exclusion criteria
- Daily health checks
- Space for ill children and staff
- Serve children individually
- Supplies

Image: Child washing soapy hands in sink.

Oral Health

There is a possibility of transmitting the virus to others via salivary droplets from spitting into a sink or a cup. To reduce the risk of COVID-19, it is recommended that toothbrushing be suspended until it is considered safe again.

Encourage parents to brush their child's teeth with fluoride toothpaste before they come to your program and before bedtime. Share resources about toothbrushing with families.

Resources: <https://eclkc.ohs.acf.hhs.gov/oral-health>

Image: Father and child brushing their teeth at home.

Food Preparation and Mealtime

- In center-based programs, food preparation should not be done by the same staff who diaper children.
- Providers wash hands before preparing food and after helping children eat.
- Sanitize food surfaces before eating.
- Children wash hands prior to and after eating meals.
- Serve each child individually.

- Wear gloves when serving food.
- Multiple children should not use the same serving utensils.

Image: Child at the sink putting soap on her hands.

Physical Activity

- Remember to keep groups separate.
- Provide more time outside.
- Maintain distance between children at 6 feet, when possible.
- Plan activities that limit close physical contact, sharing of equipment, and waiting in line.

Activities ideas for children from the National Child and Adult Care Food Program Association

<https://cacfp.ispringcloud.com/acc/a6v1jvUONDYzOA/s/44638-uWjzs-d0E7Q-6puDA>

Early Childhood Learning and Knowledge Center (ECLKC): <https://eclkc.ohs.acf.hhs.gov/about-us/coronavirus/supporting-childrens-learning-development-through-summer-learning-programs>

Image: Child at the sink putting soap on her hands.

Image: Two children running outside apart from each other racing.

Procedures to Check for Signs and Symptoms of Children and Employees Daily Upon Arrival

Screening is the most effective method to conduct daily health checks. Your screening procedures should ask:

- Did you have a fever over 100.4° F the last 24 hours?
- Did anyone in your household have a fever over 100.4° F in the last 24 hours?
- Do you have a cough?
- Are you experiencing shortness of breath or difficult breathing?
- Do you have any of these symptoms (including fever)?
 - 1) Chills
 - 2) Muscle pain
 - 3) Headache
 - 4) Sore throat
 - 5) New loss of taste or smell

Image: Woman holding her head and checking a thermometer for fever.

What About Testing Staff?

There are some things to consider before requiring staff to be tested for COVID-19 in order to resume program activities.

Testing does not determine if someone is contagious. It is possible to receive a positive result for COVID-19 but not be currently contagious.

What will you do with the test results? If a staff member tests positive for COVID-19, they should go home and stay home. But it is not recommended to close a program for one positive test result. If you choose to test your staff, you will need to decide how you will use the results to inform your decisions. Remember, you can close the program for deep cleaning but do not need additional services or cleaning more than what you would normally do. The coronavirus is killed easily with [EPA disinfectants](#).

- PCR testing can miss someone who has recently been infected.
- Testing can take several days to receive results.
- Regular and consistent testing can be hard to access.

Compare Testing Methods

Select the photos to reveal information.

Left Image: PCR Test Used to diagnose people who are currently sick with COVID-19

PCR Test

- Used to diagnose people who are currently sick with COVID-19.
- Uses a sample of mucus from a person's nose or throat.
- Reliable but rapid tests are less accurate.

Right Image: Antibody Blood test to Identify people who have previously been infected with COVID-19.

Antibody Test

- Identify people who are previously been infected with COVID-19.
- Blood test.
- Quality and accuracy are concerns.

Plan for if Children or Employees Get Sick

Encourage anyone who is sick to stay home.

- [10 Things You Can Do to Manage Your COVID-19 Symptoms at Home](#)

Build staff coverage plans to ensure you have substitutes and employees have adequate sick time.

Image button: Icon for Mental Health

Select icon for mental health information

Popup

Resource:

Why Can't I Go to School?: https://challengingbehavior.cbcs.usf.edu/docs/why-cant-i-go-to-school_Story.pdf

Answering Your Young Child's Questions About Coronavirus: <https://www.zerotothree.org/resources/3265-answering-your-young-child-s-questions-about-coronavirus>

Image: Woman holding a cardboard sign that says Stay at Home When You are Sick.

Communicate with Your Local Public Health Department

- Contact your local public health department immediately if you are aware of confirmed COVID-19 cases among staff or children.
- Your local health department will provide guidance on when the infected person can return to the facility and if the facility needs to close.
- The duration of closures due to COVID-19 illness in early care and education programs may be dependent on staffing levels, outbreak levels in the community, and severity of illness in infected individual.

National Center on Early Childhood Health and Wellness

Email: <mailto:health@ecetta.info>

Website: <https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health>

COVID-19 Health Information: <https://eclkc.ohs.acf.hhs.gov/physical-health/coronavirus/health-hygiene>