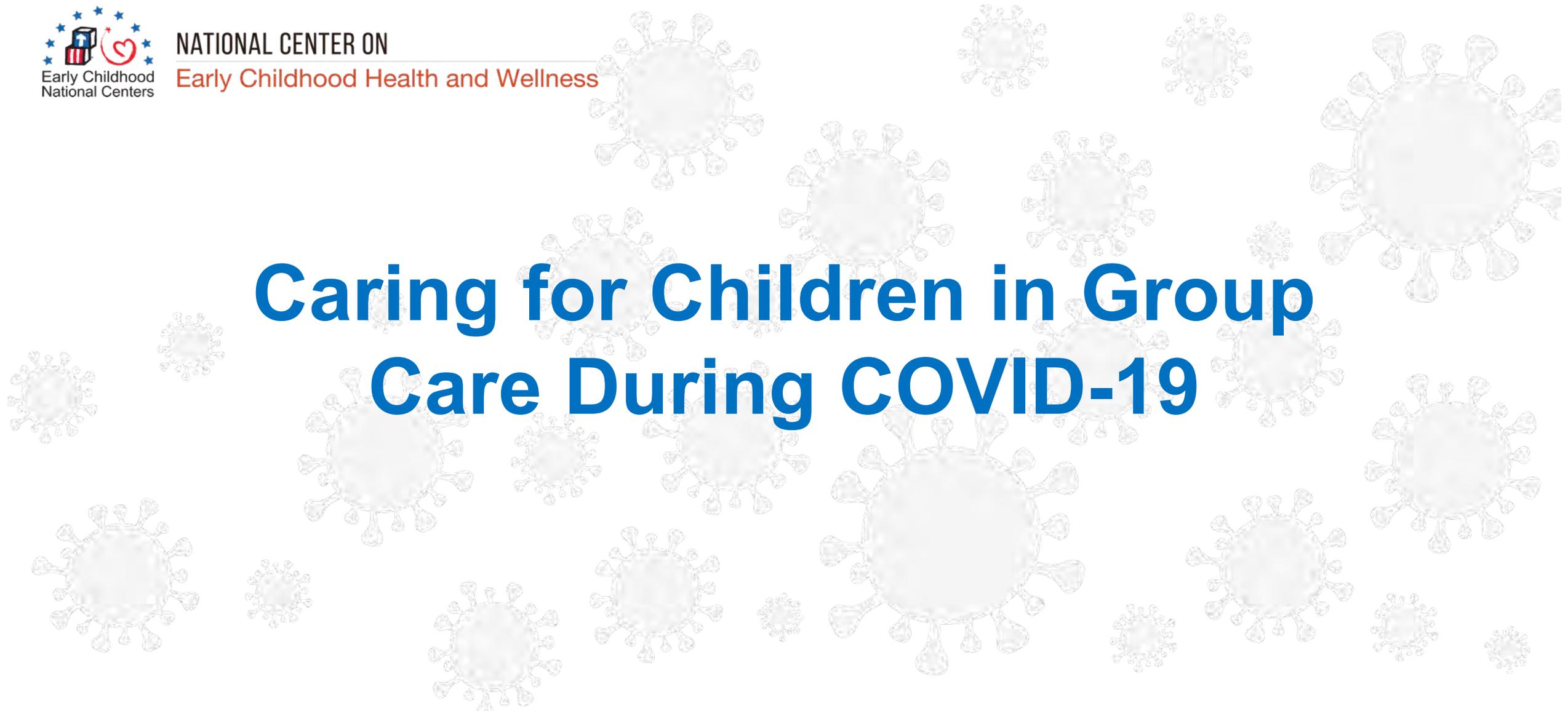


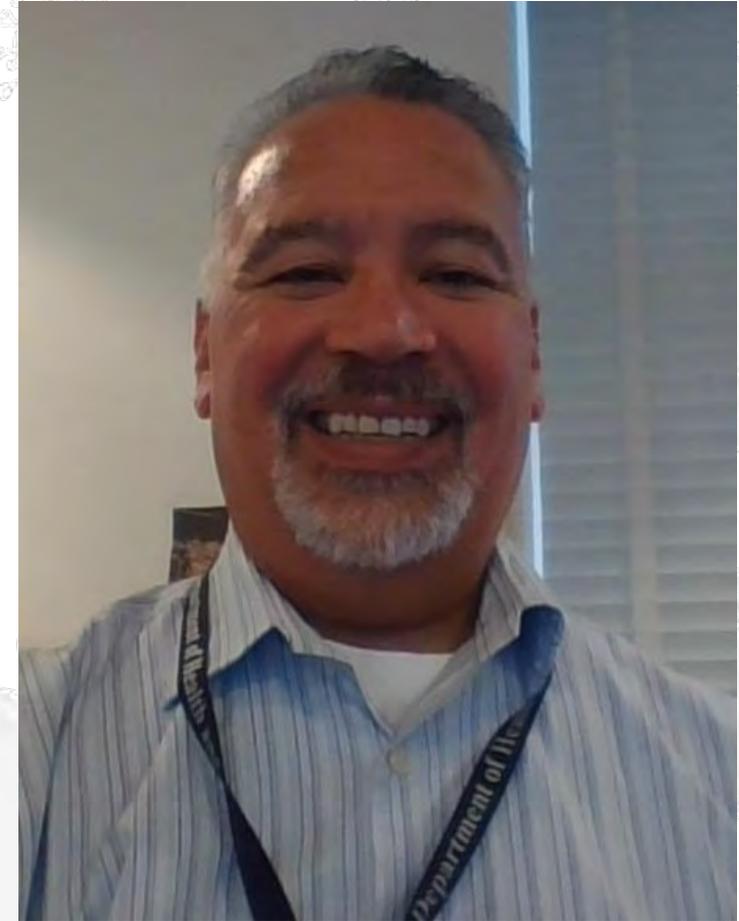


NATIONAL CENTER ON
Early Childhood Health and Wellness

Caring for Children in Group Care During COVID-19



Welcome!

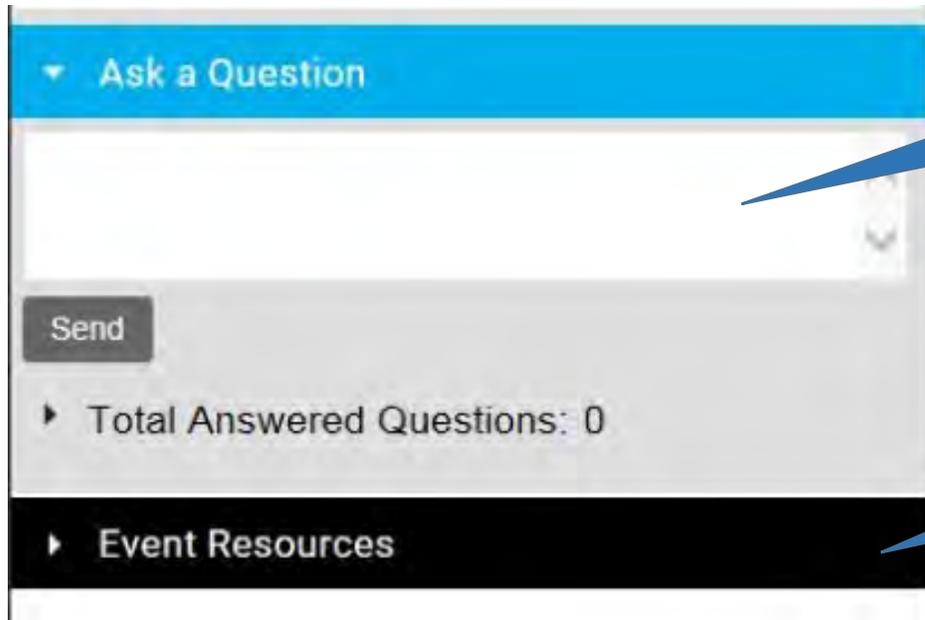


Marco Beltran DrPH
Senior Program Specialist
OHS



NATIONAL CENTER ON
Early Childhood Health and Wellness

Please use the left side bar to ask questions, submit comments, or download handouts



Ask your questions and submit your comments here

Download handouts from Event Resources

For questions about the presentation content email to health@ecetta.info

For technical questions about registration or access to the webcast, to webcasts@hsicc.org



Deborah Bergeron PhD
Director Office of Head Start
(OHS)
And Office of Early Childhood
Development (OECD)

Head Start programs may support emergency child care

- By law, Head Start funds can only be used to provide Head Start services to eligible children and families.
- Head Start facilities, equipment, materials, and supplies can be used to support emergency child care, subject to cost reimbursement or replacement.
- Head Start staff may also have the option to support emergency child care operations in addition to the work they are doing to continue Head Start services.
- Find out more at ECLKC.ohs.acf.hhs.gov/coronavirus

More ECLKC resources to support programming

Home » COVID-19 and the Head Start Community

Share  Print 

Outline

Responding to COVID-19

Sites Currently Serving Children

Staff Wages and Benefits

Health and Hygiene

▼ [Programming During Remote Service Delivery](#)

- [Planning for Program-Wide Needs](#)
- [Engaging Families and Children](#)
- [Supporting Economic Stability](#)
- [Engaging Community Partners](#)
- [Remote Home Visiting](#)
- [Providing Meals, Snacks, and Diapers to Children](#)
- [Professional Development](#)

► [Resources for Parents and Families During Remote Service Delivery](#)

Programming During Remote Service Delivery

There are a number of things Head Start programs can do to support children and families while their communities are maintaining social distance. These resources can be shared with families to support home activities and family health. Staff should be in regular phone and electronic communication with families to the extent feasible, providing engagement and other program services. This section is regularly updated with the most relevant resources. All published resources are listed under [Recent Updates](#).

OHS has empowered grantee leadership to make decisions that support Head Start children and families first, and also help others in need. We have full confidence you will do what you can to support your community needs and ensure your program's mission is still the first priority.

- [Planning for Program-Wide Needs](#)
- [Engaging Families and Children](#)
- [Supporting Economic Stability](#)
- [Engaging Community Partners](#)
- [Remote Home Visiting](#)
- [Providing Meals, Snacks, and Diapers to Children](#)
- [Professional Development](#)

Topic: [About Us](#)

Keywords: [Social distancing](#), [Community assessment](#), [Program planning systems](#)

 [Give us feedback](#)

Announcing New Features on ChildCare.gov!



- State-by-State resources to help emergency/essential workers find child care
- Links to the CDC Guidance for Child Care Programs, including the Supplemental Guidance for Programs that Remain Open during the health emergency
- Government Response to Coronavirus, COVID-19 – Links to full range of resources across all government agencies and programs

Shannon Christian
Director, Office of Childcare (OCC)

For our CCDF COVID-19 Resources, visit

www.acf.hhs.gov/occ

Ask the Expert Series

- Answering your questions about COVID-19
- Well-child visits, immunizations, and using telehealth
- Social Distancing in Early Care and Education
- Home Safety During COVID-19
- Helping Parents Manage Stress During COVID-19
- Caring for Children with Special Health Care Needs During COVID-19
- Health Equity and COVID-19

Check the ECLKC upcoming events page for dates and registration links

<https://eclkc.ohs.acf.hhs.gov/upcoming-events>

Bug Busting COVID-19



Margaret "Meg" Fisher MD, FAAP
Clinical Professor, Pediatrics
RWJ Barnabas Health

American Academy of Pediatrics

Guidance Related to Childcare During COVID-19

Critical Updates on COVID-19 / Guidance Related to Childcare During COVID-19

- Q. How should I conduct daily health checks? The Caring for Our Children (CFOC) standards do not suggest taking temperatures daily but I see many programs have added this?
- Q. Should I change my child to staff ratios?
- Q. How do I select the appropriate sanitizer for cleaning my program?
- Q. How much physical space do I need per child?
- Q. If I am serving children of health care workers, should I be using PPE?
- Q. Should I encourage families to keep their well-child appointments?
- Q. How can I prepare families for telehealth appointments?
- Q. How do I keep myself safe while caring or children?
- Q. I'm seeing communities looking to match first responders with volunteer childcare providers. I am guessing some of these volunteers will have very little formal training on caring for children. And even if they do (such as teachers who are out at the moment), they probably would benefit from some short, practical training on how to protect their own health and the health of the family they are working with.
- Q. How can I continue to feed children during center closures?
- Q. I was wondering what the protocol is regarding the use of hand sanitizers with the 3- and 4- year olds due to Coronavirus. We do not use hand sanitizers with the children at all. Should It be used during this crisis?
- Q. How do I develop a plan for a pandemic?

American Academy of Pediatrics

Guidance on Providing Pediatric Ambulatory Services via Telehealth During COVID-19

Critical Updates on COVID-19 / Guidance on Providing Pediatric Ambulatory Services via Telehealth During COVID-19

Well-child care should be provided consistent with the [Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents](#) (4th Edition) and the corresponding [Bright Futures/AAP Recommendations for Preventive Pediatric Health Care](#) (Periodicity Schedule). Well-child care should occur in person whenever possible. Well-child care should occur within the child's medical home where continuity of care may be established and maintained.

Where community circumstances require pediatricians to limit in-person well visits:

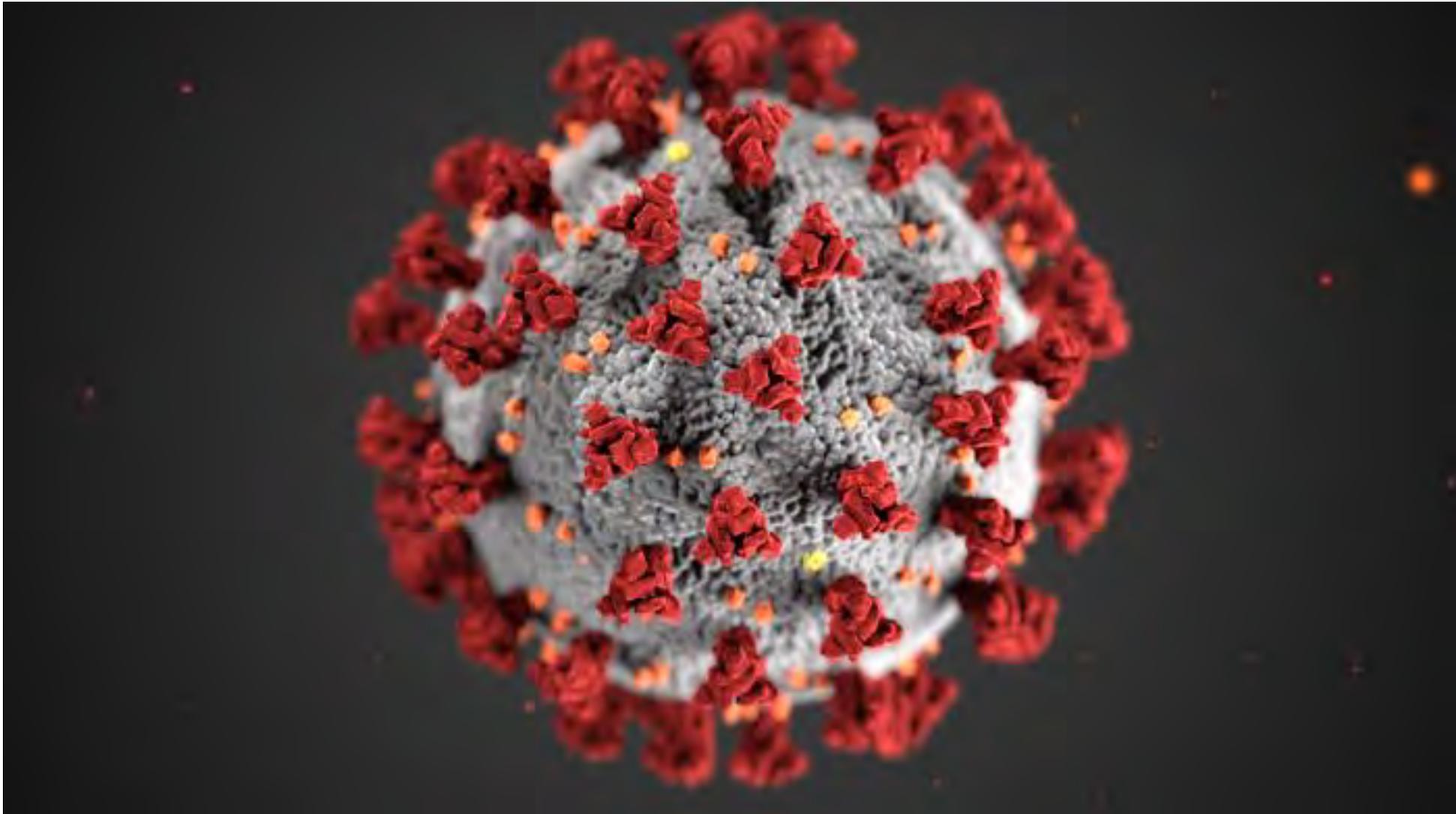
- Clinicians are encouraged to prioritize in-person newborn care, and well visits and immunization of infants and young children (through 24 months of age) whenever possible.
- Well visits for children may be conducted through telehealth, recognizing that some elements of the well exam should be completed in clinic once community circumstances allow. These elements include, at a minimum: the comprehensive physical exam; office testing, including laboratory testing; hearing, vision, and oral health screening; fluoride varnish; and immunizations.

Visit [aap.org](https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/) to find COVID-19 guidance

<https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/>



Managing Infectious Disease



Background

- COVID-19 is caused by a “new” coronavirus.
- Since it is new, people don’t have immunity to the virus.
- Some people have mild cases, older people and people with chronic health problems are at risk of getting sicker.

Background

Germs spread easily among young children...

- By breathing in germs that are in the air
- By touching other people and surfaces with germ

Studies show that young children in ECE programs have symptoms of illness one third to one half of the days in the year. Young children get an average of 6 colds a year.



COVID-19 and Children

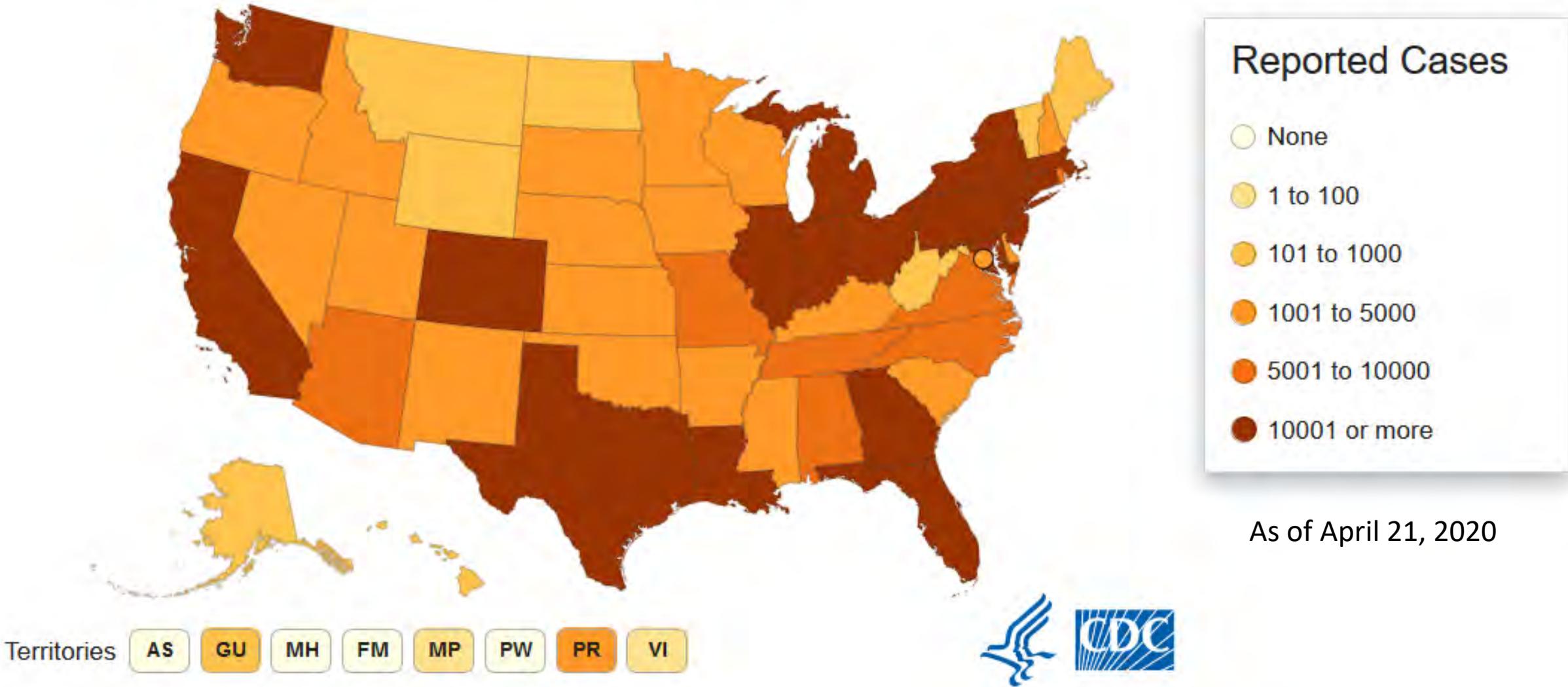
- Recent research shows that children experience lower rates of severe COVID-19 illness than adults.
- Infants are more vulnerable to severe COVID-19 illness than older children.
- Children can still spread the disease when they have mild cases or no symptoms at all.

Hong H, Wang Y, Chung HT, Chen CJ. Clinical characteristics of novel coronavirus disease 2019 (COVID-19) in newborns, infants and children. *Pediatr Neonatol.* 2020;61(2):131–132.

Ludvigsson JF. Systematic review of COVID-19 in children shows milder cases and a better prognosis than adults [published online ahead of print, 2020 Mar 23]. *Acta Paediatr.*

She J, Liu L, Liu W. COVID-19 epidemic: Disease characteristics in children [published online ahead of print, 2020 Mar 31]. *J Med Virol.* 2020;10.1002/jmv.25807.

States Reporting Cases of COVID-19 to CDC*



How Is COVID-19 Spread?

- Person to Person
- On surfaces



COVID-19 Transmission

- 1. Air:** The virus is mainly transmitted person-to-person spread via respiratory droplets. Lasts up to 3 hours.
- 2. Surfaces:** The virus may live on cardboard for 1 day; plastic and stainless steel 2-3 days; in the refrigerator for over 6 hours.
- 3. Bodily Fluids:** The virus has been found in feces. It is unclear whether infection can be spread via body fluids (e.g. blood, stool).

Who is Vulnerable?

- Children with special health care needs;
<https://www.cdc.gov/childrenindisasters/children-with-special-healthcare-needs.html>
- Adults with serious underlying medical conditions
- Older adults: over 65 years of age
- Pregnant women
- Infants under the age of 12 months

Signs and Symptoms



Who is an Asymptomatic Carrier of COVID-19?

- Children and adults can be asymptomatic carriers of COVID-19.
- COVID-19 testing is not available to everyone.
- Asymptomatic means that children and adults do not show the signs of COVID-19, but if they were tested they would have a positive COVID-19 test result.
- How do we protect ourselves from aerosol droplets that are transmitted in the air from an asymptomatic carrier?

Who Should Wear Masks? When?



Masks: Current Guidance

- Adults and children over 2 years should wear a cloth face covering that covers your 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.
- Masks worn in the community may be cloth coverings; N95 masks are only for health care providers.

What are the Different Thermometers?

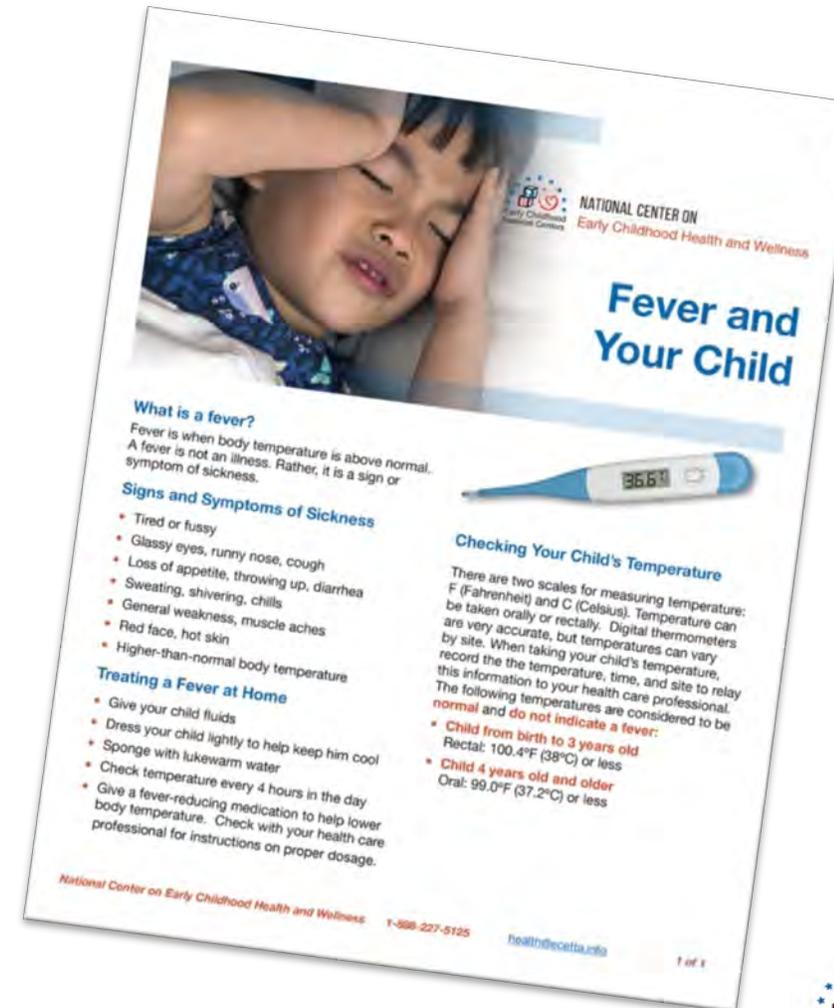


- Non-contact thermometer
- Axillary digital thermometer
- Oral digital thermometer with disposable probes

Threshold for 'Fever' is 100.4°F

Family Reported Daily Temperatures

- Do families have access to a thermometer?
- Do they know how to appropriately use the thermometer?

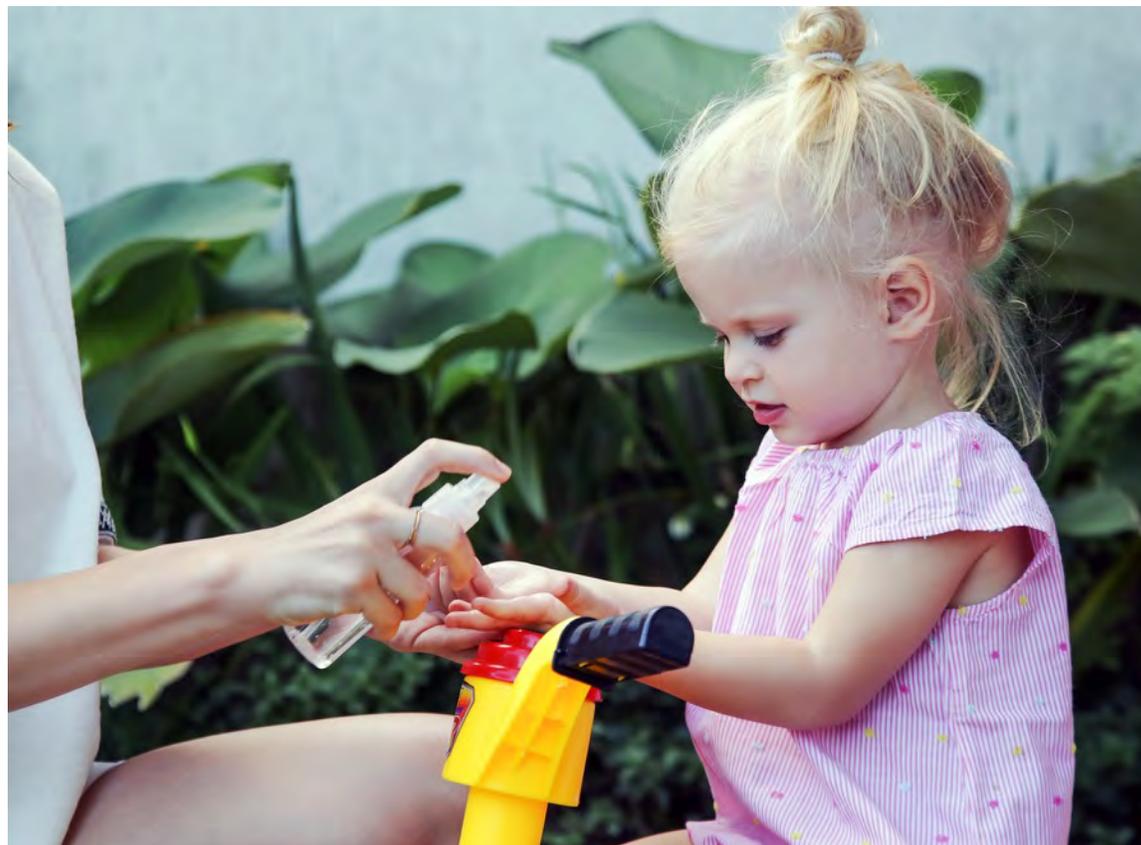


Caring for Our Children Supporting Standards

3.2 Hygiene



Can We (Or Should We) Use Hand Sanitizers With Young Children?



Diapering

Caring for Our Children **supporting standards**

- 3.2.1. Diapering and Changing Soiled Clothing





Abbey Alkon, RN, PNP, PhD

Professor, University of California, San Francisco (UCSF) School of Nursing

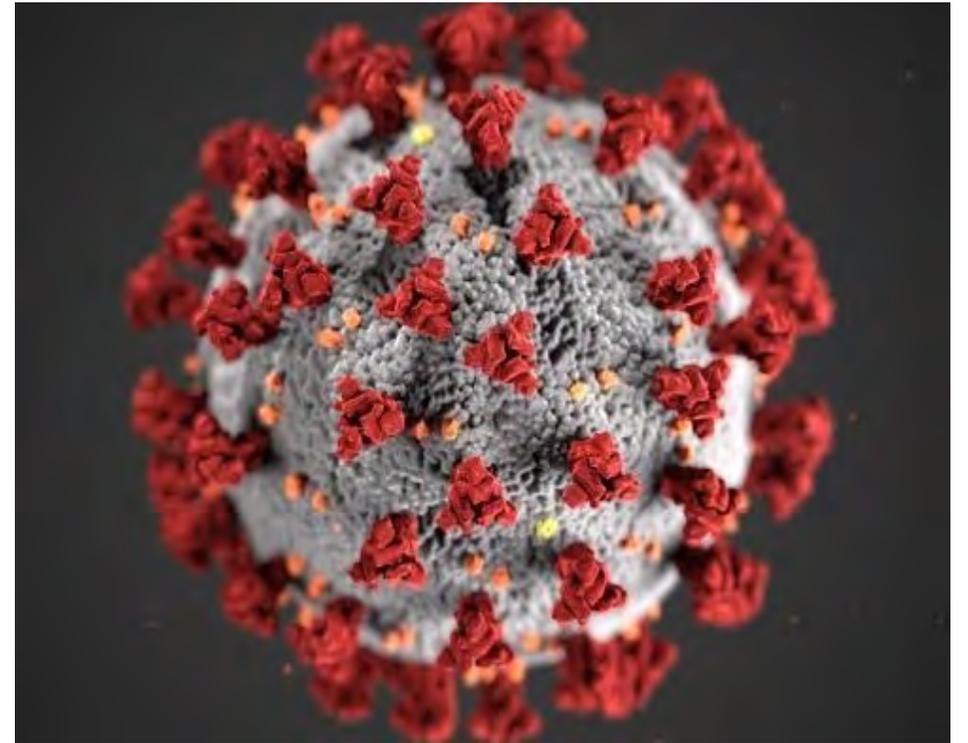
Director, California Childcare Health Program (CCHP)

Investigator, UC, Berkeley Center for Environmental Research on Children's Health (CERCH)



Overview

- What best practices are the same?
- What practices are different?
- Emerging issues



How Do We Stay Healthy and Safe?



Centers for Disease Control and Prevention: Supplemental Guidance

4/1/2020, Updated 4/12/2020

Centers for Disease Control (CDC) Supplemental Guidance for Child Care Programs that Remain Open:
<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html>

All ECE Programs Should Follow Best Practices and Standards

- Head Start Program Performance Standards (HSPPS)
- Child Care Development Fund (CCDF) requirements
- *Caring for our Children (CFOC)*
- State licensing regulations
- State and local public health departments recommendations

Caring for Our Children Online Standards Database



Caring for Our Children

National Health and Safety Performance Standards
Guidelines for Early Care and Education Programs

<http://nrckids.org/CFOC>

What Are ECE Programs' Best Practices?

| Best Practice | CFOC Standard # |
|---------------------------------------|---------------------------|
| Drop off and pick up | 6.5.2.1 |
| Communication with families | 9.2.4.10, 2.3.1.1 |
| Health screening | 1.7.0.2 |
| Exclusion criteria | 3.6.1.1, 3.6.1.4 |
| Cleaning, sanitizing and disinfecting | 3.3.0.1, Appendices J & K |
| Regular hand hygiene | 3.2.2.1, 3.2.2.2 |
| Adequate nutrition | 4.5.0.2 |
| Physical activity | 3.1.3.2 |
| Support ECE providers | 1.7.0.4 |

General Preparedness

- Determine if program should remain open (CDC decision tree).
- Mostly programs are open for children of ‘essential workers’.
- Do not allow visitors.
- Provide virtual child care health and mental health consultation (*CFOC* Std. 1.6.0.1).
- Attend to mental health needs.
- Identify supplies needed.
- Ventilation (*CFOC* Std. 5.2.1.1.).
- Protect the health of ECE providers.

What Practices Are Different Now?

| Best practices | New practices |
|---------------------------------------|-------------------------------------|
| Drop off and pick up | Minimize contact |
| Communication with families | 6 feet distance and socially engage |
| Health screening | Screen children and staff |
| Stable groups | Maintain separate groups |
| Exclusion criteria | Fever, cough, short of breath |
| Regular hand hygiene | Vigilant 20 seconds handwashing |
| Cleaning, sanitizing and disinfecting | Clean and disinfect |
| Food preparation and nutrition | Serve children individually |
| Physical activity | Outdoor time, New activities |
| Support ECE providers | Identify vulnerable groups, masks |

Drop Off and Pick Up Protocol

- Stagger arrival and drop off times.
- Plan arrival and drop off outside the facility.
- Provide hand sanitizer for sign-in/out.
- Limit direct contact with parents/guardians.
- Designated parent or person should not be a 'vulnerable' person.
- Refrain from hugging and shaking hands.



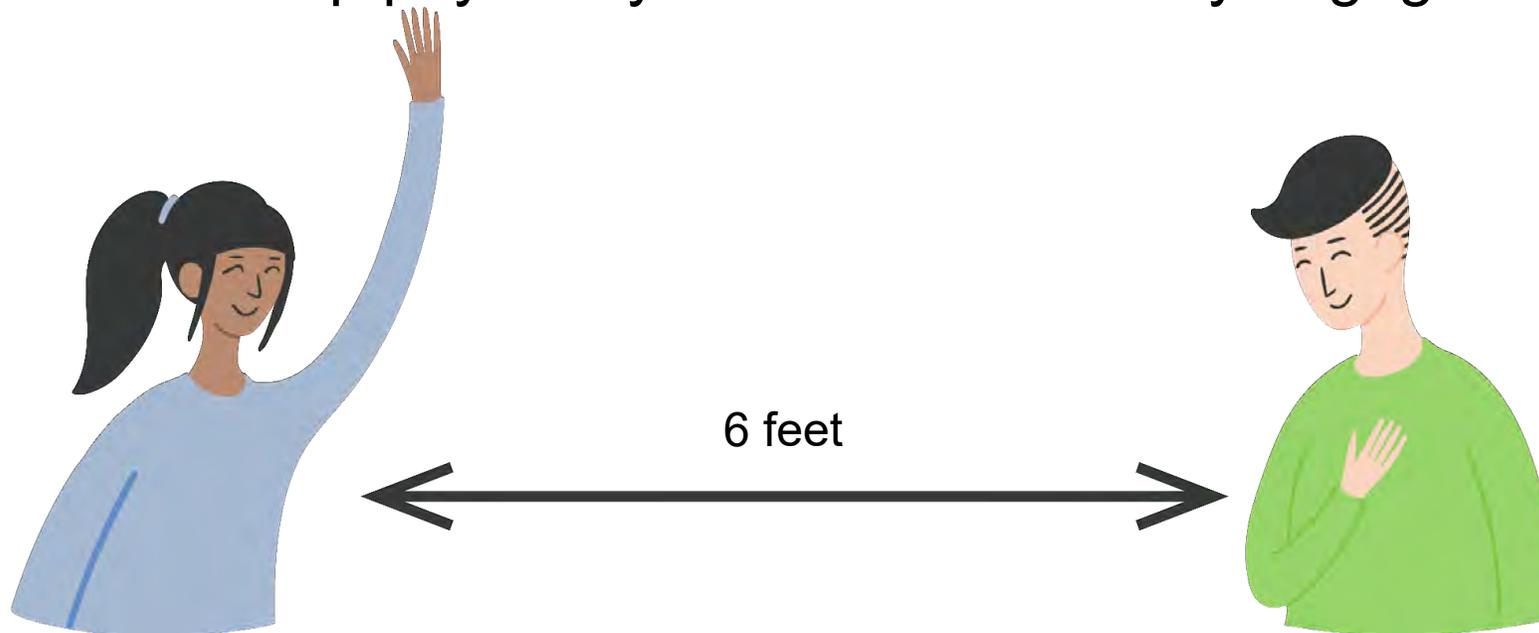
Communicate with Families

- Update emergency contact information.
- Inform families about your policies during the COVID-19 pandemic emergency response.
- Check-in with families.
 - Food insecurity
 - Housing
 - Financial stability



Physical NOT Social Distancing

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



Goal: Reduce the Risk of Getting COVID-19

- Reducing the risk is different than 100% preventing the spread of COVID-19.
- We can't stop the spread of COVID-19 at this time.
- We can focus on health practices and lifestyles to reduce the risk of getting COVID-19.





REDUCE THE RISK OF COVID-19

Wash your hands often with soap and running water.



Avoid touching your eyes, nose or mouth.



Avoid close contact with people who are sick. Open windows for fresh air.



Stay home from work, school and public places when you are sick.



Cover your mouth and nose when coughing or sneezing. Cough and sneeze into your sleeve or use a tissue.



Practice good health habits. Eat nutritious food, exercise, and get plenty of sleep.



Group Size: Stability and Ratios

- Ratios
 - CFOC Standards 1.1.1.1, 1.1.1.2, 1.1.1.3
 - State Licensing
 - Exemptions during the Pandemic
- Stability
 - Keep group sizes small (max =10).
 - Children and staff should not change groups or mix groups.
 - Assign groups their own room.
 - Keep siblings together, if possible.



Physical Distancing: Infants and Toddlers

- Infants under one 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.



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.**





MORNING HEALTH CHECK



Signs to Observe:

- General mood and changes in behavior
- Fever or elevated body temperature
- Skin rashes, unusual spots, swelling or bruises
- Complaints of pain and not feeling well
- Signs/symptoms of disease (severe coughing, sneezing, breathing difficulties, discharge from nose, ears or eyes, diarrhea, vomiting etc.)
- Reported illness in child or family members

Use all of your senses . . .

- **LOOK** - for signs
- **LISTEN** - for complaints
- **FEEL** - for fever
- **SMELL** - for unusual odor

What's New? CDC's 3 Screening Methods

Method #1

Social/ Physical Distancing

- Child's temperature is taken at home.
- Parent/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.



What's New? CDC's 3 Screening Methods

Method # 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.

What's New? CDC's Screening Method #3



Method #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.

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 ECE programs may be dependent on staffing levels, outbreak levels in the community and severity of illness in infected individual.

What's New?

- Exclusion criteria for COVID-19 includes a temperature of 100.4° F and/or dry cough and shortness of breath.
- If child or staff becomes ill during the day, isolate them in a separate room or space.
- Put a mask on the child, if possible.
- Provider must stay with ill child; wear a mask and protective clothing.
- Wash hands often.
- Ask parent/guardian to come immediately to pick-up the ill child.



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.



Cleaning and Disinfecting

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.



What Surfaces Should Be Cleaned?

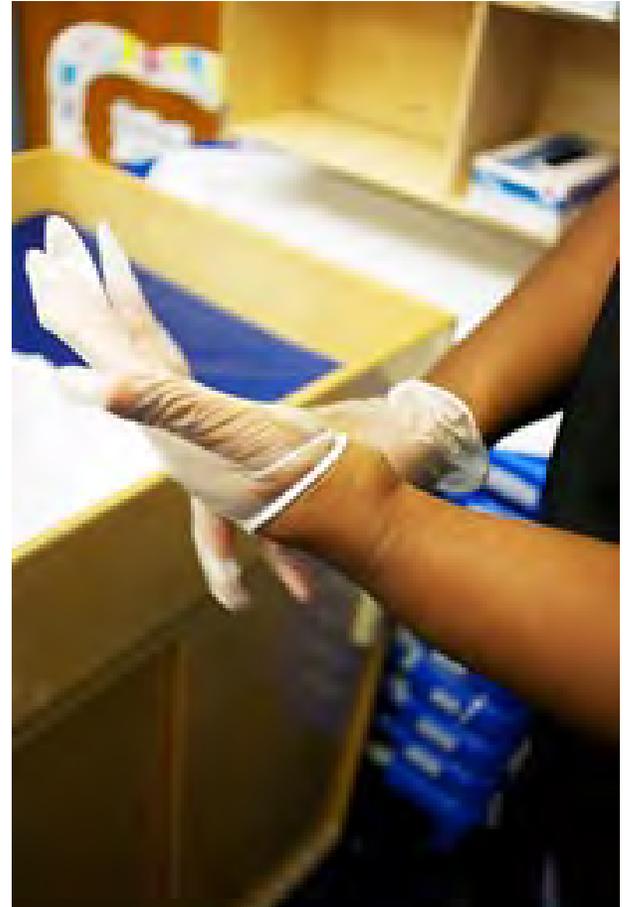
Always **clean** before applying a disinfectant

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



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
 - Handwashing sinks and faucets
 - Toilets
 - Bathroom floors



Bleach as a Disinfectant

- It is low cost, effective (if used correctly), and readily available.
- Use an 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).



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.

Always Use **Caution** With Disinfectants

Continued...

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

Never mix ammonia or vinegar with bleach!



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 to eat.
- Sanitize food surfaces before eating.
- Children wash hands prior to and after eating meals.
- Seat children farther apart (6 ft) at mealtimes.
- **Serve each child individually.**
- **Wear gloves when serving food.**
- **Multiple children should not use the same serving utensils.**



Reduce Clutter and Shared Toys

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



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 CACFP Association
<https://cacfp.ispringcloud.com/acc/a6v1jvU0NDYzOA/s/44638-uWjzs-d0E7Q-6puDA>



Should Toothbrushing Continue in Open Programs?





On Hold...

- Bringing toys from home
- Hugs

Sesame Street:
How to Self Hug with Abby Cadabby

https://www.youtube.com/watch?v=Xa_qNH8u3OM

Emerging Issues

- When can a person with COVID-19 return to the program?
- For programs that are currently closed, what may be different when programs re-open?
- Please use the chat to share your questions.

When Can a Person with COVID-19 Return to the Program?

- A person with COVID-19 must be isolated for a minimum of 7 days after symptom onset and 72 hours after their fever resolves without fever-reducing medications.
- For example, if the fever and symptoms resolve on day 7, staff can return on day 10.

| Sun | Mon | Tue | Wed | Thu | Fri | Sat |
|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| 29 | 30 | 31 | | | | |

What May Be Different When Programs Re-open?

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



A close-up photograph of two hands, one larger and one smaller, gently cupping a bright red, glossy heart. The hands are positioned in the lower right and bottom center of the frame, with the heart resting in the palm of the larger hand. The background is a soft, out-of-focus greyish-blue.

Head Start Heals Trauma: Responding to Crises and Fostering Recovery

Head Start Heals Office Hours

Building Resilience in the Face of Trauma and Adversity

Monday, May 4, 2020

1–2 p.m. ET

Partnering with Families to Address Domestic Violence: Thursday, May 14, 2020

Supporting Families Impacted by Substance Use: May 21, 2020

Family Engagement and Child welfare Child Welfare: May 28, 2020

<https://eclkc.ohs.acf.hhs.gov/mental-health/article/trauma-responding-crises-fostering-recovery>



A Collaborative Platform for the Early Care and Education Community

MyPeers is a virtual learning network where you can brainstorm, exchange ideas, and share resources with early childhood colleagues from across the country. It was created by the Office of Head Start (OHS) to help you connect and learn with people who share your interests and program responsibilities. These informal connections can be a great source of encouragement and insight.

<https://eclkc.ohs.acf.hhs.gov/about-us/article/mypeers-collaborative-platform-early-care-education-community>

Welcome Back

Select the button below to access the login page.

Access MyPeers

Register to Learn More About MyPeers

Select the links below to join a webinar. You don't need to sign up for MyPeers before joining us for any of these sessions:

- MyPeers Orientation [↗](#)
- Making the Most of MyPeers [↗](#)

Create an Account

New to MyPeers?

Sign up for your free account.

Once you've joined, you will be able to add new communities to meet your specific needs.

Join

National Center on Early Childhood Health & Wellness Contact Information

Email: 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>