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Recommendations for Safer, Effective Emergency Childcare for Children of Essential Workers

The following guidance is intended to inform policy and practice for childcare providers who remain open during the COVID-19 public health emergency to provide childcare services for essential personnel. The current emergency requires close coordination between childcare professionals and local health officials as well as elected officials and community leaders particularly around monitoring and closings. This guidance reflects consensus based on public health principles and review of guidelines from the federal government, several states, and the American Academy of Pediatrics.[1] [2] [3] [4] The guidance begins with the first principle that state regulation and guidance for emergency childcare should "do no harm" by seeking to minimize health risks from childcare based on current knowledge.

The second principle shaping this guidance is that effective provision of childcare for essential workers requires a systemic approach with aligned changes in policy and practice. A systemic approach should address the entire childcare ecosystem in both homes and centers within a state or region. States will have to set new—if temporary standards—and ensure that adequate funding and other supports enable providers to meet such new standards and to adopt new practices. From a systems perspective we do not expect total costs to state and federal governments to rise at this moment. The entire childcare sector is stabilized currently by the opportunity (in lieu of layoffs) to temporarily redeploy much of the workforce to care for fewer children in smaller groups in a specified and well-organized manner. Although the focus here is on health, the guidance is informed by and consistent with what is needed to meet children's learning and developmental needs. Coordination with public education and Head Start for children who have been displaced from their programs should take place to work with their temporary care providers (and parents) to support education and safe childcare.

The third principle is that policy and practice must systematically collect and use information in order to improve. As the COVD-19 pandemic illustrates, knowledge and understanding can change quickly. There are many uncertainties. The use of data regarding the implementation and impact of this guidance will promote the correction of error, the ongoing development of better guidance as our understanding improves and uncertainties decrease. Data can stimulate virtuous cycles of learning and improvement, where good becomes better in a systematic and ongoing way. In this way, our practices and their impacts will become the foundational knowledge for the future.

1. **Provide options for emergency care delivery settings—including the child's own home, a caregiver's home, and school buildings—that vary based on the specific needs of children and families.**
    a. Essential workers who work with COVID-19 patients may pose sufficiently high risks that their children should be cared for by one adult in their own homes.
    b. Care in homes is commonly used, especially for the youngest children, and typically has only one adult caregiver which limits exposure.
    c. Care in the child's home and family child care homes can be staffed by childcare center employees under center administration.

[1] https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html
https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/groups-at-higher-risk.html
[2] https://www.kingcounty.gov/depts/health/communicable-diseases/disease-control/novel-coronavirus/childcare.aspx
[3] https://cchp.ucsf.edu/content/guidance-california-child-care-providers-caring-children-essential-workers-during-covid-19
[4] https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/guidance-related-to-childcare-during-covid-19/

d. School buildings can offer large indoor and outdoor spaces for care, and if appropriately set up for young children could be staffed by teachers from centers in order to facilitate distancing.

e. In-home and family child care home providers not employed by centers should be connected with them to facilitate guidance in new procedures, support under increased stress, and access to materials and supplies that may be difficult or impossible for individuals to purchase on their own especially in the context of high demand, limited availability, and imposed limits on the number of items that can be purchased from retail stores during the pandemic.

2. Screen children and providers for risk and for potential COVID-19 illness.

a. Individuals at elevated risk for serious complications of COVID-19 (e.g., older adults, individuals with chronic health conditions especially cardiovascular disease and respiratory conditions like asthma) should not provide emergency childcare.

b. Instructions for families and staff

i. **Monitor** themselves and their children for symptoms and check temperatures before leaving their home. If symptoms (fever, sore throat, cough, shortness of breath, loss of smell or taste, or diarrhea) or temperature >100.4° F (adult) or > 99.8° F (children) are present do not come to the Center.

ii. **Report** daily whether they have household contacts with COVID-19, symptoms (fever, sore throat, cough, shortness of breath, loss of smell or taste, or diarrhea), or have given children medicine to lower temperature. If so, do not enter the Center.

iii. **Screen:** Parents-Take their own temperature and their child's temperature before entering if elevated temperatures are present do not allow the child to proceed into the center. Staff-Take their own temperature before entering center; if elevated temperature do not proceed into the Center.

iv. **Drop off:** Under ideal circumstances scheduling staggered individual drop off times and/or locations should be encouraged. When caring for an individual child or children from the same family, the staff assigned to the child should meet the child(ren) at the door. Otherwise one staff member should be dedicated to greeting and escorting each child into the facility ensuring hand washing before and after each contact.

v. **Ensure** social distancing during off-hours.

vi. **Use of personal protective equipment (PPE):** The safety of staff and children is the utmost priority and intensive precautions are required even when PPE is in short supply. Options and examples of screening plans are available from the CDC website with and without PPE: https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html

3. Reduce risk for transmission within the Center.

a. **Social distancing:** Staff members should exercise social distancing with other staff. While not always possible structure environment and activities to facilitate as much social distancing between children as possible (e.g., space cribs 6 feet apart, do not have children wait in lines, eliminate family style eating for snacks and meals). Limit sharing of objects. Encourage outdoor play in staggered groups. Disinfect equipment in between groups. Wash hands after outdoor play.

b. **Limit personnel:** No ad hoc or daily volunteers; students, or visitors should not be allowed into the Center.

c. **Signs**: Post signs on door listing screening procedures and symptoms.

d. **Drop off procedure:** Minimize entry of parents into the Center. Have staff members sign in for parent to avoid sharing of pens or use of electronic equipment. If required to document attendance, teachers can take a dated photograph. Encourage the same parent to drop off and pick up.

e. **Hand washing:** Children and staff should wash hands upon entry, before and after mealtimes, and frequently throughout the day.

f. **Intensify cleaning and disinfection:** Develop a schedule for cleaning and disinfecting. Additional guidance and examples are available at the CDC website (https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html). Do not use toys that cannot be cleaned. Disinfect high touch outdoor play equipment.

g. **Masks**: Decisions regarding the use of masks should be applied at an individual basis balancing the protection that a mask may provide with challenges of having children wear masks and adults wearing them in the presence of children.

h. **Infants and toddlers:** Care of infants and toddlers requires close contact. Use smocks and face shields when coming in contact with body fluids. Special care including surface disinfection and hand washing are critical during diaper changes and toileting as there is some evidence the virus is shed in stool. Masks can pose a risk for the youngest children and are not recommended for children under age 3 in this guidance.

i. **Sick child or staff member:** If child or staff develops symptoms during the day remove from contact with other children and notify family to pick them up.

j. **Confirmed COVID-19 cases among staff and children:** Upon learning of confirmed COVID-19 illness in a child or staff member, the Center should close for 24-hours and then undergo cleaning and disinfection before child care resumes (https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fprepare%2Fdisinfecting-building-facility.html). Children and adults in the group of the confirmed case and anyone else who came in close contact with the individual should quarantine and not be allowed back into the Center or any other Center for 14 days. Monitoring for remaining staff and children will be essential as well as coordination with local public health agency.

k. **Return to center after confirmed COVID-19 illness:** Guidance on discontinuation of isolation is evolving. Available guidance from the CDC should be followed (https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html)

4. **Reduce opportunities for multiplication of exposures**. Centers should adhere to local, state, and/or federal mandates regarding the allowable number of persons gathered in a group as this number can change based on level of community transmission.

    a. Develop groups of staff and children. The same staff member should be assigned to the same children every day. Siblings should be kept in the same groups. The desired ratio for infants is 1:1. The largest recommended ratio regardless of age is 1 adult: 3 children. If two adults are needed the ratio should not exceed 2 adults: 4 children. Groups should not be combined at any point during the day.

b. Staff should stay with the same group and should not "float" between groups either during the day or from day-to-day.

c. If needed allow for longer hours per staff member per day to reduce the number of staff members who come in contact with groups of children.

5. Monitoring

a. Monitor family and staff departures from policies**.** Learning will be enhanced by accurate and non-punitive handling of the reports of exceptions to policy.

b. Request families provide information on COVID-19 positive cases. Monitor and report number of cases associated with the Center.

c. To facilitate monitoring and learning the State should develop a data system for tracking and analyzing usage, implementation, transmission, frequency and type of exceptions to policy and occurrence of COVID-19 in this population.

6. **Additional guidelines for care in the child's own home and family child care homes.** While there are inherent differences across center and home settings, the same intensity of precaution should be applied by providers in homes as by those in a center setting. While there is substantial overlap, some additional guidance is highlighted below.

a. Providers and parents should exchange daily reports regarding symptoms and temperatures by phone before the provider enters the home or children enter the family child care home.

b. Providers should not come in contact with anyone besides the parents and children during the hours of care and exercise social distancing during off hours.

c. Providers and children should wash hands upon the entry of the provider into the home, before and after mealtimes, after diaper changes and toileting, and frequently throughout the day.

d. Intensify cleaning and disinfection beyond typical circumstances particularly during meal times, diaper changes, and toileting as there is some evidence the virus is shed in stool.

e. If child or provider develops symptoms the parents should be notified immediately to return home.

f. Providers should provide care for a consistent group of children throughout the day and from day-to-day. In the ideal circumstance, only children from one family should be taken into another home for care. If children are from different families, no more than 2 children in addition to the provider's own should be cared for in the home.

g. Providers should have a formal connection with a center to help facilitate the flow of meals/food, PPE, supplies, and information including changes in recommended practices, and monitoring and reporting of COVID-19 positive cases.

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