

Childcare Decisions 2020!\*  
June 3, 2020  
**Additional Resources**

1. Commonwealth of Virginia Child Care Guidelines for Phase II.
  - Published June 2, 2020
  - Effective June 5, 2020
2. Ready for New Normal: Eight Tips to Reopen Your Center
  - Prepared by webinar panelist Mrs. Cynthia Williams-Bey
3. Virginia Alliance for Family Child Care Associations: Crisis Response Coalition
  - Provided by webinar panelist Ms. Cheryl Morman
4. Webinar slide deck from Dr. Emily Godbout.
5. COVID-related resources curated by [Smart Beginnings Greater Richmond](#)

\*WEBINAR AVAILABLE FOR DOWNLOAD HERE: <https://bit.ly/C19ChildcareWebinar>



# COMMONWEALTH of VIRGINIA

## DEPARTMENT OF SOCIAL SERVICES

June 2, 2020

Dear Child Care Provider:

As we prepare to enter Phase II, we recognize child care and summer day camp programs are working diligently to continue and/or resume operations to help more children return to care and normalcy and support the reopening of Virginia. We understand this has been a challenging time for you, and we greatly appreciate your diligence in keeping children and families safe.

In preparation for Phase II, we engaged 100+ diverse stakeholders. We brought public health experts and child care and camp providers together to discuss how to best balance the health, safety and developmental needs of children and keep families and staff safe. Virginia's providers, especially those who have remained open throughout the crisis, shared insights on how they are implementing the enhanced guidelines, keeping kids and staff safe and serving the needs of working families across the Commonwealth. Providers expressed a deep commitment to health and safety but acknowledged that they cannot meet the needs of young children and working families without additional flexibility.

In response we have made a few key changes to our guidelines for Phase II. These changes enable our providers to serve more children responsibly, address the developmental needs of children and protect children, families and staff.

### **1) Group Size**

- Group size limit increases to 12 (including staff) for children under 4 years old provided age-based adult:child ratios are followed.
- For children age four and above, including school-age children up to age 13, group size maximum is 22 (including staff) as long as social distancing of six feet apart is maintained. Age-based adult:child ratios must be followed.
- Groups of children may share the same physical space (e.g. classroom, gymnasium) so long as social distancing of six feet can be maintained and children do not mix between groups.
- Groups of children can play outside at the same time if social distancing of six feet apart is maintained and children do not mix between groups. Maintain an overall limit of 50 people for all outdoor activities and recess.

## 2) **Swimming Pools and Water Activities**

- Pools, indoor and outdoor may be used according to Governor's Phase II limitations which is for exercise and instruction only, no more than two people per lane with 10 feet between each person, deck seating must be 10 feet apart and must be cleaned and disinfected between each use. Use of interactive water features, splash pads, wading pools, etc. is prohibited.

## 3) **Outdoor Activities and Playgrounds**

- Outdoor activities are encouraged as much as possible. Incorporate increased outside time as much as possible while adhering to current restrictions and allow ample time for fresh air.
- Groups of children can play outside at the same time if social distancing of six feet apart is maintained and children do not mix between groups.
- Community playgrounds may be used if cleaned and sanitized before and after use and if social distancing is maintained during play.

As a reminder, Governor Northam's recent [Executive Order 63](#) covers the use of facial coverings in indoor spaces as of May 29, 2020. The Executive Order does require family members who enter child care facilities to wear facial coverings indoors to protect children and staff. The Executive Order does not apply to employees or employers other than those specifically listed. Therefore it does not apply to children in child care or camps or child care teachers. As a reminder, our guidelines for facial coverings are based on CDC guidance and indicate:

- All staff and children over the age of two, when feasible, should wear cloth face coverings when inside the child care facility and when unable to maintain social distancing of at least six feet. Consider cloth face coverings for children over the age of two if it is determined they can reliably wear, remove, and handle masks following CDC guidance.
- Face coverings should be cleaned, following CDC guidelines, or a new disposable face covering should be used each day.

Please see the updated guidance document attached.

- To prepare for Phase III (where even more businesses will again be allowed to resume operations and we can expect the demand for child care to increase), the Virginia Department of Social Services will continue to work with public health experts. There is no set date for Phase III; the Commonwealth will shift to fewer restrictions when public health data supports this action.
- Adherence to these public health guidelines will help prevent the spread of COVID-19 and facilitate the process of transitioning to later phases.

We remain grateful for the commitment you have shown to children and families as we navigate this changing landscape. Thank you for safely serving Virginia's children and families at a time they need you the most. The Commonwealth has been able to sustain safe and accessible child care for children of essential personnel, and we are hopeful that

as Virginia begins to shift into recovery from COVID-19, the children and families of Virginia can continue to count on you.

If you have been closed and have reopened or are planning to do so, please advise your licensing inspector and [Child Care Aware](#). The Centers for Disease Control (CDC) offers guidance for reopening [Childcare Programs](#). For more information on Virginia's response to COVID-19 and relevant updates and guidance, see [VDSS COVID-19 Response](#), [VDSS COVID-19 \(Coronavirus\) Update and Resources for ChildcareVA](#), and the [Virginia Department of Health](#) website.

**COVID-19 Reopening Child Care  
Phase II Guidelines and Information for Child Care  
June 2, 2020**

**General Guidance for Reopening Child Care Programs during Phase II**

- Consult your local health department for guidance on specific situations on whether it is appropriate for your program to open or reopen if there is a confirmed case of COVID-19.
- Group size limits for Phase II:
  - Group size limit increases to 12 (including staff) for children under 4 years old provided age-based adult:child ratios are followed.
  - For children age four and above, including school-age children up to age 13, group size maximum is 22 (including staff) as long as social distancing of six feet apart is maintained. Age-based adult:child ratios must be followed.
  - Groups of children may share the same physical space (e.g. classroom, gymnasium) so long as social distancing of six feet can be maintained and children do not mix between groups.
  - Groups of children can play outside at the same time if social distancing of 6 feet apart is maintained and children do not mix between groups.  
Maintain an overall limit of 50 people for all outdoor activities and recess.
- Have clear policies aligned with the health department and [Centers for Disease Control and Prevention](#) (CDC) guidance regarding when staff should stay home and when they are able to return to work after illness or exposure to COVID-19.
- Train and provide information to all staff on program policies and procedures associated with COVID-19.
- Encourage your staff and community members to protect their personal health.
- Educate your child care community and staff on the signs and symptoms of COVID-19.
- Check state and local health department notices daily about spread of COVID-19 in the area and adjust operations accordingly.
- Follow CDC's [Guidance for Schools and Child Care Programs](#).
- Implement enhanced social distancing measures (see below for guidance).
- Establish and continue communication with local and state authorities to determine current mitigation levels in your community.
- Adjust the HVAC system to allow more fresh air to enter the program space and ensure that ventilation systems operate properly. Increase circulation of outdoor air as much as possible by opening windows and doors, using fans, and other methods. Do not open windows and doors if doing so poses a safety or health risk (for example, allowing pollens in or exacerbating asthma symptoms) to children using the facility.
- Take steps to ensure that all water systems and features (for example, drinking fountains, decorative fountains) are safe to use after a prolonged facility shutdown to minimize the risk of Legionnaires' disease and other diseases associated with water.

## **Additional General Guidelines for Summer Camp Programs and Child care Programs Operating during Phase II**

- Teach staff, students, and their families to maintain distance from each other in the school. Educate staff, students, and their families at the same time and explain why this is important.
- Phase II prohibits the use of pools for recreational swimming. There is no evidence that COVID-19 can be spread to humans through the water. Proper operation, maintenance, and disinfection (with chlorine or bromine) of pools should kill COVID-19. Pools, indoor and outdoor may be used according to Governor's Phase II limitations which is for exercise and instruction only, no more than 2 people per lane with 10 feet between each person, deck seating must be 10 feet apart and must be cleaned and disinfected between each use. Use of interactive water features, splash pads, wading pools, etc is prohibited. State and local authorities will decide whether natural bodies of water and beaches or swim areas will be open. Please check with individual beaches or swim areas for specific details.
- Delay participation in field trips, inter-group events, and extracurricular activities.

## **Infection Control and Sanitation Practices during Phase II**

- Implement robust policies and procedures for handwashing and cleaning and sanitizing frequently touched surfaces.
- Consider touchless check in-check out procedures (i.e., handwashing, use of hand sanitizer) to eliminate or dramatically reduce multiple individuals touching the same surface.
- Advise children, families, and staff of practices to reduce the spread of germs, such as avoiding touching their eyes, nose, and mouth with unwashed hands and covering coughs or sneezes with a tissue.
- Take temperatures and check symptoms for staff and children upon entry each day and ask if medications were used to lower the child's temperature and if there are any household members with COVID-19. Conduct regular health checks of staff and children to look for symptoms of sickness or fever. Separate symptomatic individuals until they are picked up from the facility. If forehead or disposable thermometers are not available, ask the caregiver to fill out and sign a form that reports their child's temperature as taken at home (or affirming the child does not have a fever) and any symptoms.
- Clean (with soap and water) and disinfect surface with EPA-approved disinfectants, including porous and non-porous surfaces, electronics, linens and clothing according to the CDC's [Reopening Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools, and Homes](#) and [Cleaning and Disinfection for Community Facilities](#).
- Avoid using items (e.g., soft or plush toys) that are not easily cleaned, sanitized, or disinfected.

- Community playgrounds can be used if cleaned and sanitized before and after use and if social distancing is maintained during play.
- Post signs on how to stop the spread of COVID-19, properly wash hands, promote everyday protective measures, and properly wear a face covering.

### **Facial Covering and Other Protective Equipment during Phase II**

- All staff and children over the age of two, when feasible, should wear cloth face coverings when inside the child care facility and when unable to maintain social distancing of at least six feet distance. Consider cloth face coverings for children over the age of 2 if it is determined they can reliably wear, remove, and handle masks following CDC guidance.
- Face coverings should be cleaned, following CDC guidelines, or a new disposable face covering should be used each day.
- In addition to handwashing, use disposable gloves when within six feet of children when screening for illness.
- To the extent possible when washing, feeding, or holding very young children, wear an over-large, button-down, long sleeved shirt and wear long hair up or use a hairnet.
- The CDC provides [general guidance on the proper use of facial coverings and other personal safety equipment](#).

### **Social Distancing during Phase II**

- To enable social distancing, providers must limit group sizes. For Phase II:
  - Group size limit increases to 12 (including staff) for children under 4 years old provided age-based adult:child ratios are followed.
  - For children age four and above, including school-age children up to age 13, group size maximum is 22 (including staff) as long as social distancing of six feet apart is maintained. Age-based adult:child ratios must be followed.
  - Groups of children may share the same physical space (e.g. classroom, gymnasium) so long as social distancing of six feet can be maintained and children do not mix between groups.
  - Groups of children can play outside at the same time if social distancing of 6 feet apart is maintained and children do not mix between groups. Maintain an overall limit of 50 people for all outdoor activities and recess.
- Providers must also comply with all age-related adult:child ratios.
- Practice social distancing to the maximum extent while still allowing for the care and developmental needs of children. Staff need to be in close proximity to children when providing care; however, programs should keep children at least 6 ft. apart from each other and limit physical proximity as best as they are able.

- Those providing transportation to child care facilities should maximize space between riders (e.g., one rider per seat in every other row). Keeping windows open may reduce virus transmission.
- Achieving “social distancing” with young children is challenging. Do not combine groups and maintain the same groups from day to day. Programs should try to keep groups of children together with consistent staff so that if there is an exposure, a limited group of children and staff is impacted.
- Implement small group activities and encourage individual play/activities.
- Physically rearrange the room to promote individual play.
- Feed children in their individual classes. If meals must be provided in a lunch room, stagger meal times, arrange tables to ensure that there is at least six feet of space between groups, and clean and disinfect tables between lunch shifts.
- Outdoor activities are encouraged as much as possible. Incorporate increased outside time as much as possible while adhering to current restrictions and allow ample time for fresh air.
- Groups of children can play outside at the same time if social distancing of 6 feet apart is maintained and children do not mix between groups.
- Community playgrounds may be used if cleaned and sanitized before and after use and if social distancing is maintained during play.
- Limit item sharing, and if items are being shared, remind children not to touch their faces and to wash their hands after using these items. Limit shared teaching materials to those that can be easily cleaned and disinfected at the end of the day or more often as needed.
- Keep each child’s belongings separated and in individually labeled storage containers, cubbies, or areas and have belongings taken home each day and cleaned.
- Ensure adequate supplies to minimize sharing of high touch materials to the extent possible (art supplies, equipment etc. assigned to a single camper) or limit use of supplies and equipment to one group of children at a time and clean and disinfect between uses.
- Avoid sharing electronic devices, toys, books, games, and learning aids.
- Prevent risk of transmitting COVID-19 by avoiding immediate contact (such as shaking or holding hands, hugging, or kissing).

### **Covid-19 Testing and Symptomatic Individuals during Phase II**

- Notify the local health department and your licensing inspector and follow all recommendations if there is confirmation of a positive case of COVID-19. Make sure to keep a list of all individuals who may come in contact with children if notifications are needed. For contact information for local health departments, see <http://www.vdh.virginia.gov/local-health-districts/>.
- If children, staff, or parents develop COVID-19 symptoms, VDSS recommends that child care programs follow the guidance of the CDC, VDH, and federal and state officials.

- Staff or children with fever of 100.4° F or higher, cough, or shortness of breath must be excluded from child care facilities and isolated from others. Children with household members who are known to have COVID-19 should be excluded from the child care facility. Licensed programs are already required to follow these guidelines.
- Facilities with a confirmed case of COVID-19 among their population may need to close classrooms or the facility temporarily. This will be determined in consultation with the local health department.

### **Additional Resources for Phase II**

- Programs should contact their assigned licensing inspector or the nearest regional licensing office with questions.
- For more information on Virginia’s response to COVID-19 and relevant updates and guidance, see [VDSS COVID-19 Response](#), [VDSS COVID-19 \(Coronavirus\) Update and Resources for ChildcareVA](#), and the [Virginia Department of Health](#) website.



# READY FOR NEW NORMAL

EIGHT TIPS TO REOPEN YOUR CENTER



It is no secret, many of you have concerns about reopening your centers safely as well as how to minimize your liability risks in the wake of the COVID-19 pandemic. You are scared and rightfully understandable in the current climate of our world.

Who would have ever imagined the world would witness a crisis of this magnitude? This year has challenged us in every way imaginable, and it is ok if you do not have all the answers; It is ok to feel scared or a little unsure, and it is ok if you have felt overwhelmed and uncertain. You are not alone in this storm, and you are more prepared than you think.

Remember, you are a childcare professional, and as an expert, you are trained and equipped to handle operational obstacles and deal with infectious diseases. Believe it or not, you have the majority of the tools required to overcome this hurdle.

### **So, Why Do You Need A Checklist?**

I designed this checklist to share the steps used by my team and I to keep my daycare, Heaven Sent Child Care opened during Covid-19. The checklist will help reinforce some strategies you already know and introduce some tips to help you reopen with confidence.

### **You are ESSENTIAL, and families NEED YOU.**

As the economy reopens and parents return to work, they will rely on daycare providers even more. Our parents need to know that although the world has changed, we are still capable of meeting the needs of the families who rely on our services.

Together, we will reopen and rebuild a stronger childcare industry, and reassure our families that we are still capable of providing a safe, clean, and healthy environments for our little people. Remember, do what you have always done best - protect and care for your families and your community.

Best Regards,

*Mrs. Cynthia Williams-Bey*

Owner, Heaven Sent Child Care





# prayer

The Governor of Virginia has done an excellent job of leading us during the COVID-19 pandemic. Although our state government guidance is helpful, you may have additional concerns and questions that our government is unequipped to answer. I did not decide to remain open solely on my knowledge as a childcare expert and a seasoned business owner. I prayed for guidance, wisdom, and direction from God to ensure I made the RIGHT choices for my families, staff, and business. My prayer life provided me with the confidence I needed to remain open, and leadership required to help my team through this tumultuous period. Prayer has been the key to overcoming my fears and uncertainty. I encourage you to incorporate prayer and seek God for guidance if you need more peace as it relates to reopening your center.

2

# PREPARATION

You need a vision with a solid plan.



# GET PREPARED.

How do you see your business? Before you consider reopening or staying open, you have to take time and think about how your business will operate in the new normal. Here are a few questions to consider to help you map out your success.

1. First, are your family needs met in your home during your operational business hours?
2. Do you have sufficient staff to cover and maintain your classrooms?
3. Are any of your staff parents? And, do your staff care for relatives at home that could impact their stability and ability to work?
4. Do you have sufficient protection gear and cleaning supplies for your staff and the center?
5. Are you able to hire a professional cleaning company for deep cleaning in your business?



# GET PREPARED.

## The state permits the following group size in Phase II:

- Group size limit increases to 12 (including staff) for children under 4 years old provided age-based adult: child ratios are followed.
  - For children age four and above, including school-age children up to age 13, group size maximum is 22 (including staff) as long as social distancing of six feet apart is maintained. Age-based adult: child ratios must be followed.
  - Groups of children may share the same physical space (e.g. classroom, gymnasium) so long as social distancing of six feet can be maintained and children do not mix between groups.
  - Groups of children can play outside at the same time if social distancing of 6 feet apart is maintained and children do not mix between groups. Maintain an overall limit of 50 people for all outdoor activities and recess.
6. Is your current space conducive to separating the staff and kids to practice social distancing?



# GET PREPARED.

7. Do you have a consistent form of communication to keep parents updated and make them feel safe?
8. Do you have an updated emergency plan, and are your staff current CPR, First aid? Is your team equipped to handle an emergency?  
**Note:** I took my staff through a refresher Daily Health Observation Class - (DHO) course to prepare them for the classroom.
9. Will you open your doors to new clients or only provide services to your current families?
10. Will reopening your center cost you more, or do you need to consider remaining closed.
11. Have you revisited your budget? Have you identified steps to help your business financially? For example, will you still provide meals or have parents prepare their child's meal to save funds?
12. How many families do you have committed to receiving care?



# move

WITHOUT FEAR

Put your plan in motion – don't allow fear to stop you. You must move forward even if you are uncomfortable and do not have all the answers. If you do not know, you and your center are essential to the world. What would families do if they didn't have superheroes like you and your team watching after their kids in a safe, loving, and clean environment? We all play an essential role. We all need each other to get through this pandemic. So, put your plan in motion, stay current with the CDC guidelines, and move forward with clear and concise processes and procedures.



# 4 BUILD

## RELATIONSHIPS

If you do not already have a relationship with your local grocery store managers, you need to establish one. My staff and I stalked our local store managers for supplies. Through our grocery store partnerships, we learned our store's delivery and restock days. Also, we worked as a team, and our parents participated in helping our center meet our supply needs.

The parents and staff worked cohesively together by keeping our needs in mind while they were out shopping and purchased sanitizer and cleaning supplies to help meet our center's needs. Also, you need to join a wholesale warehouse to access supplies not available to the general public. All of these coordinated efforts were vital to ensuring our center provides a safe, clean, and healthy environment for our kids.

5

FILTER YOUR INFORMATION

Seek Reliable Information.



Do not panic !!!



Find **Reliable Information** and Updates on COVID-19

## BE SELECTIVE.

Filter your information- Limit the amount of information you view on the news and social media as it relates to COVID-19. Viewing too much information on the pandemic is overwhelming, and you may not receive all the facts or full picture of the effects of COVID-19.

For example, we see the death tolls rise, but rarely see the good news about recoveries. Filter your information and get your information from trusted, reliable sources like the CDC and World Health Organization.

This approach will help you make a sounder decision regarding reopening, minimize your fear and stress.

[Click Here to a list of reliable information of COVID-19.](#)



# learn

FROM OTHERS

Some countries are bouncing back and making strides in the right direction to reopening their society. Although we all have our unique differences in facing this pandemic, we can still learn from other countries and implement what worked for them. I looked for daycares outside of the United States to learn about what other providers were doing in their centers. Remember, we are not alone in this fight, and we all face some of the same challenges, so look for outside resources to help you win in your business.



Over 6,472,729 **CORONAVIRUS CASES**  
Over 2,985,908 **RECOVERED**  
381,699 **DEATHS**

YOUR STAFF

# matter

You are not operating your business by yourself. Your staff members have fears, and when you keep them out of the loop - exclusion may escalate their worries, which will affect your day-to-day operations. They need to know you value their concerns and their feedback. Keep your team informed and address concerns immediately. The more confident they are about your operation and your vision for reopening your center - the more confident they feel about resuming their roles in the classroom. Stay committed to creating security and trust for everyone.

# 8



Many parents have value concerns about whether they should return their children to daycare. They worry about whether their children are more at risk for exposure.

It is your job to make your families feel safe by keeping your parents informed about how you plan to keep their little people safe while in your care. Remind them that you are an expert, and you as well as your staff, have been trained to handle infectious diseases. Remind them that you will continue to provide the same excellent care you have provided before the pandemic.

Keep your parents in the loop and update them when changes affect how you conduct business. Communication is key to building and restoring trust.

# EDUCATE

YOUR PARENTS

# just ask

Remember, you are not alone. Form a support group and share information as well as your success. We all need each other, and families need ALL of us.

# stay connected

Do you want to stay connected with Mrs. Cynthia Williams-Bey? [Join the tribe](#) and Mrs. Williams-Bey's mailing list and stay up to date with the latest childcare industry news, tips, and more.

Also, follow Cynthia on social media @ Do you want to stay connected with Mrs. Cynthia Williams-Bey? Join the tribe and join Mrs. Williams-Bey's mailing list and stay up to date with the latest childcare industry news, tips, and more.

Also, follow Cynthia on social media @ MrsWilliamsBey

**Visit [mrswilliamsbey.com](https://mrswilliamsbey.com) today!**





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## About the Crisis Response Coalition

On April 22, 2020, the board of directors for the Virginia Alliance for Family Child Care voted to form a coalition to support family child care (FCC) business owners as they cope with the unprecedented challenges brought on by the COVID-19 pandemic.

From its beginning, the vision of the Coalition has been to bring together the vast array of stakeholders that impact the success of FCC business owners. While much of the focus to date has been on maintaining the availability of safe, high-quality child care for Virginia residents, the Coalition recognizes that the over two thousand family child care providers in the state are also over two thousand small, mostly women-owned businesses. Their survival affects not only the availability of child care but the economic engine of their communities.

The Coalition is working to bring in stakeholders from across the state who represent a diversity of interests, but all agree on the necessity to both sustain and grow high-quality FCC business in the Commonwealth.

As of late May, the Coalition has moved forward on numerous fronts. We have established the following goals for our initiative.

- Help FCC business owners find and/or utilize the information and resources they need to cope with near term challenges created by the coronavirus pandemic.
- Help FCC business owners prepare to be successful once the pandemic is no longer a threat.
- Enhance the cooperation and collaboration among the myriad of agencies and organizations in the Commonwealth that seek to support and connect FCC business owners.
- Continually refine our efforts to support FCC business owners and partners as we develop a better understanding of the need.

These goals are distilled in the mission of our initiative: *through a dedicated network, provide reliable information and resources to empower our diverse FCC providers to survive and thrive through and beyond COVID 19.*

### Structure of the Coalition

The Coalition is organized around various teams with specific areas of responsibility, guided by the Coalition Steering Committee.

#### Steering Committee

Cheryl Morman, VAFCCA President, FCC Business Owner (FCCBO)

Sonnica Jones, VAFCCA Treasurer, FCCBO

Julie Payne, VAFCCA Board member, HeadStart Teacher

Bill Hudson, VAFCCA Board member, Project Lead, Family Child Care Associates

## **Teams**

### **Communications**

Team Purpose: To create and maintain communication channels that enable two-way communications between the Coalition, FCC business owners across the state, and other stakeholders/potential partners.

### **Emergency Financial Support**

Team Purpose: To insure ensure information about federal, state, local, and private sources of financial support for FCC business owners is distributed to all business owners. To facilitate support for FCC business owners that need assistance in getting access to financial support grants, loans, etc.

### **Local Associations and State Agencies**

Team Purpose: To engage and maintain relationships with family child care associations in the state. To keep the Coalition, FCC business owners and partners informed about new programs created by the state, as well as potential changes to state regulations and programs that could impact FCC business owners.

### **Resource Mapping**

Team Purpose: To ensure information about federal, state, local and private sources of support for FCC business owners is widely distributed. To facilitate support for FCC business owners that need assistance in getting access to financial support grants, loans, etc.

### **Safe Operations**

Team Purpose: Ensure FCC business owners have what they need to operate as safely as possible in an environment where the Coronavirus is a threat.

### **Success 2022 and Advocacy**

Team Purpose: Work to determine what needs to happen in Virginia over the next 24 months for FCC business owners to be successful in the fall of 2022. To coordinate advocacy with local, state, and national organizations to support the work of Crisis Response Coalition teams.

## **Please Join Us**

The Coalition is actively looking for partners and supporters for our effort. We are recruiting FCC business owners, FCC association leaders, as well as local, state and national agencies and organizations that are interested in: child care, economic development, public health, small business development, and workforce development.

As new partners join our effort, we hope they will enhance our work, refine our efforts and, in the end, help ensure that family child care businesses across the Commonwealth not only survive the pandemic but are positioned to succeed in a post-COVID-19 world.

Please do not hesitate to contact us at [info@vafcca.net](mailto:info@vafcca.net).

# COVID-19 and Kids: What You Need to Know!

Emily Godbout, DO, MPH

06.03.2020

# Objectives

1. Discuss the epidemiology and transmission of COVID-19 in Kids
2. Describe the clinical presentation in Kids with COVID-19
3. Review the optimal infection prevention strategies to keep our kids and families safe

# Epidemiology of COVID-19 in Kids



Image: Jeff Crawford

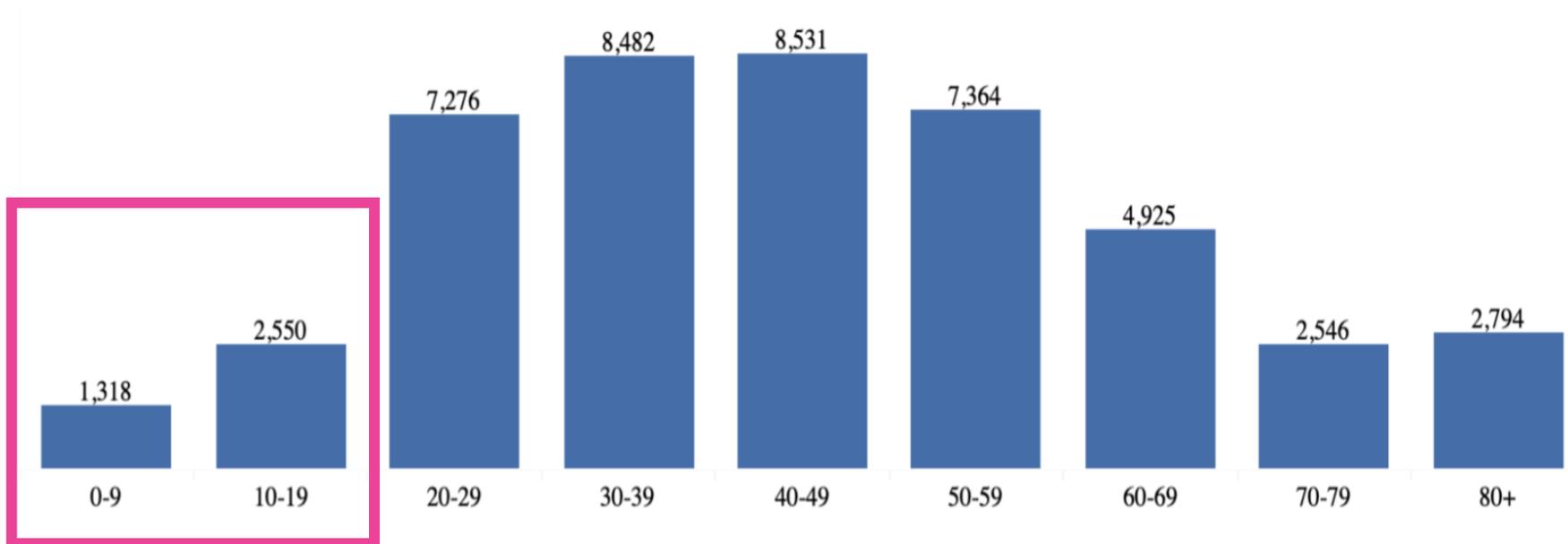


Image: Ryan Sweeney

# COVID-19 Cases by Age Group (VA)

In the US, children make up 2% of all infections

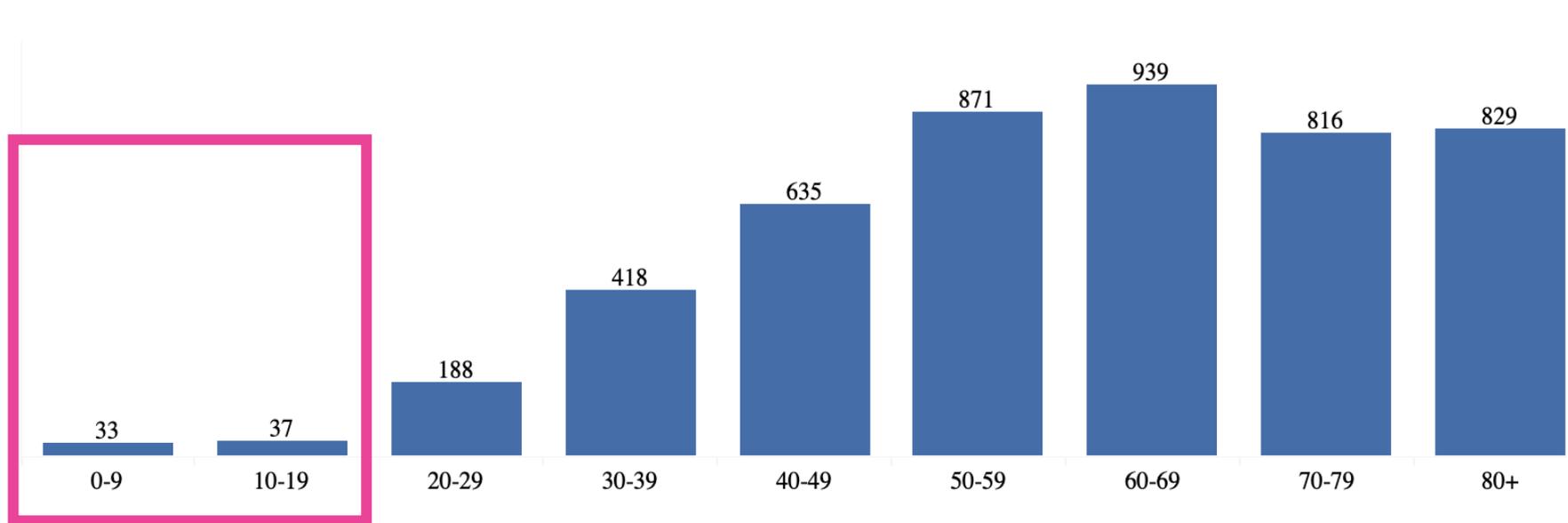
Cases by Age Group - Virginia



Virginia Department of Health

# Hospitalizations by Age Group (VA)

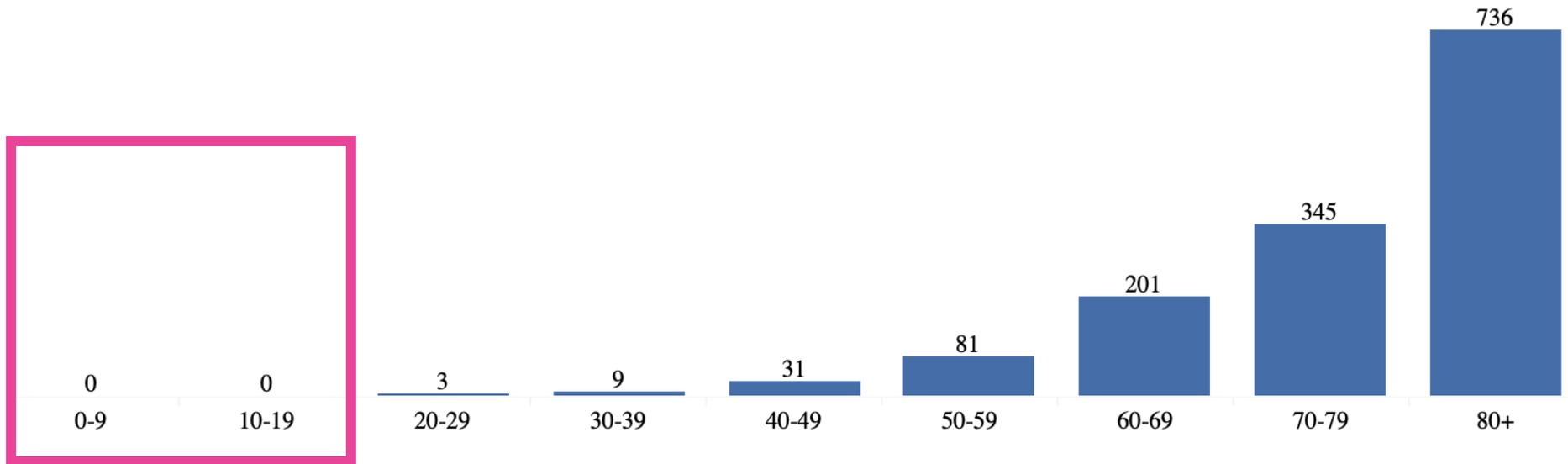
Hospitalizations by Age Group - Virginia



Virginia Department of Health

# Deaths by Age Group

## Deaths by Age Group - Virginia



Virginia Department of Health

# How does the virus spread?

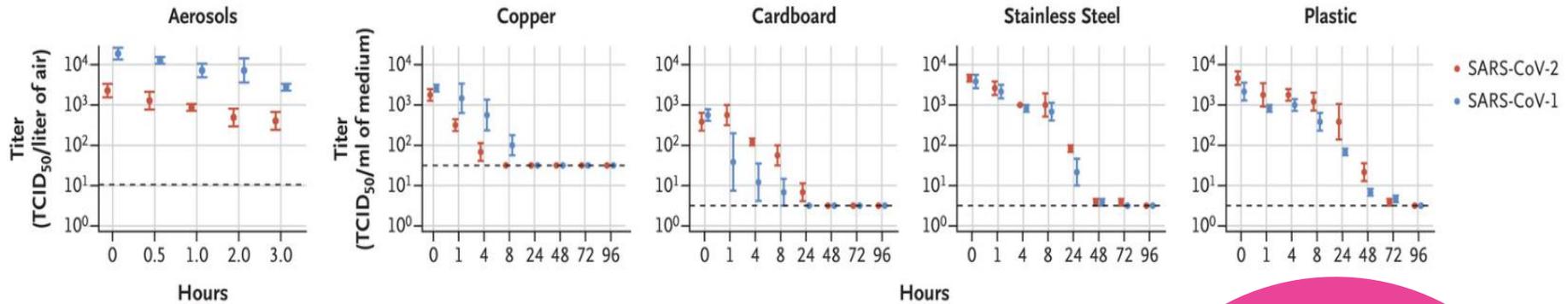
# Transmission: Respiratory Droplets Among Close Contacts

- The primary and most important mode of transmission for COVID-19 is via **respiratory droplets**
  - These are **HEAVY**, they tend to spread 3-6 feet & fall to the ground
  - **Droplets do not linger in the air; not airborne**
  - Sneezing, coughing, ?talking



# Can the virus be transmitted on surfaces?

## A Titers of Viable Virus



N van Doremalen et al., NEJM 2020

- There is talk about COVID-19 being spread **fomites/surfaces**
  - Copper: 4 hours
  - Cardboard: 24 hours
  - Plastic/stainless steel: 72 hours

This is not the main way the virus is spread



IMAGE: Emily Godbout

# Do we need to worry about the virus being found in stool? Diapers, etc?!



IMAGE: Britannica

Infectious virus has not been cultured from stool. Stool as a potential source of transmission poses minimal if any risk. If any risk, can be prevented by good hand hygiene (WASHING YOUR HANDS).

# What symptoms do kids have?

# Symptoms in Kids

- Illness among pediatric cases appear to be mild, with most cases presenting with symptoms of upper respiratory infection such as:
  - Fever
  - Cough
  - Nasal congestion
  - Rhinorrhea
  - Sore throat
  - Sometimes: nausea, vomiting and diarrhea
  - **All the above symptoms overlap with other respiratory illnesses and childhood diseases**

**Some children  
may have no  
symptoms at  
all!**

# Multisystem Inflammatory Syndrome in Children (MIS-C)

## COVID-19 Cases in Virginia: Multisystem Inflammatory Syndrome in Children

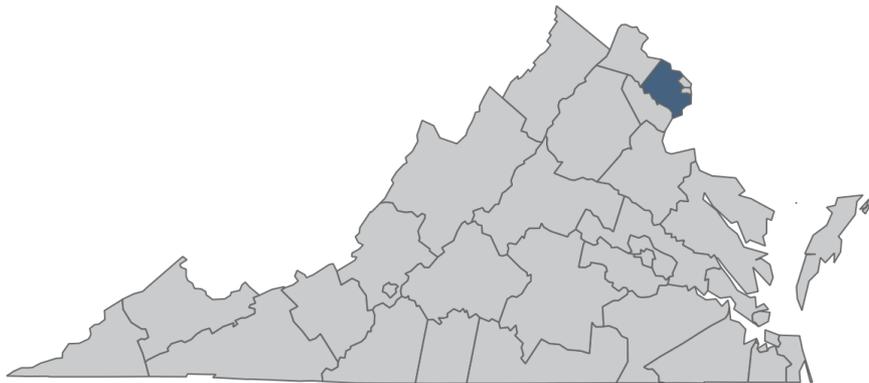
Dashboard Updated:  
6/2/2020  
Data entered by 5:00 pm the prior day

**Total Cases**

**2**

**Total Deaths**

**0**





# Childcare for Kids

# 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?

**ANY NO**



**ALL YES**

## 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

**ALL YES**

**ANY NO**



## 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

**ANY NO**



**ALL YES**



# Child Care: What to Look For

- Opening is consistent with local and state laws
- Screening of children and employees
- Promotion of hand hygiene
- Masking for employees, if feasible
- Intensified cleaning, sanitation and disinfection protocols
- Encouragement of social distancing
  - Increased spacing
  - Smaller groups
  - Limited mixing of groups
- Adjustment of activities to limit sharing of toys, supplies, equipment

# Why Cloth Masks?

- Cloth face coverings may slow the spread of the virus and help people who may have the virus and do not know it from transmitting to others

**No masks  
under the age  
of 2**



IMAGE: CDC

# Take Home Points

- Most children infected with COVID-19 have no symptoms or mild symptoms
- Children are less likely to be hospitalized and less likely to have complications (compared to adults)
- Severe disease/complications can occur but they are rare
- Good infection prevention strategies are key

# How does the virus spread?

The main way this sickness spreads  
through little droplets that go  
into the air when someone coughs



## COVID-19: Get the facts (and a little fun!)

- [chrichmond.org/COVID19](https://chrichmond.org/COVID19)  
Articles, videos and downloadable resources
- [chrichmond.org/COVIDcolor](https://chrichmond.org/COVIDcolor)  
Free COVID-19 activity and coloring book (English and Spanish)

Thank you

## **Resources for families:**

Text Food or Comida to 877-877 or search below to find a feeding site near you  
<https://schoolmealfinder.hoonuit.com/>

Learning plus on Virginia's home for Public Media (VPM)  
<https://vpm.org/articles/11759/va-tv-classroom>

Looking for child care? Child Care Aware of Virginia  
<https://vachildcare.com/>

DSS parent page for subsidy  
<https://www.dss.virginia.gov/cc/parents/index.html?pageID=4>

Zero To Three Parent Resources  
<https://www.zerotothree.org/resources/3210-tips-for-families-coronavirus>

## **Resources for providers:**

VADSS-Covid 19 updates and guidance  
<https://www.dss.virginia.gov/cc/covid-19.html#guidance>

National Association for the Education of Young People (NAEYC)  
<https://www.naeyc.org/resources/topics/covid-19>

Zero To Three Provider Resources  
<https://www.zerotothree.org/resources/3291-coronavirus-resources-for-early-childhood-professionals>

CDC guidance for child care programs  
<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html>

National Association for Family Child Care (NAFCC)  
<https://www.nafcc.org/coronavirus>