# Agenda

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<td>1:00</td>
<td>Welcome and Review of Agenda (Kathy Glazer)</td>
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<td>Health Updates – COVID-19 and Children (Dr. Emily Godbout)</td>
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<td>Phase 2 Guidance for Child Care (Jenna Conway, Tara Ragland)</td>
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<td>Navigating COVID-19: Perspective from a Community-Based Provider (Taren McCoy)</td>
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<td>Navigating COVID-19: Perspective from a Home-Based Provider (Maria DeGregory)</td>
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<td>Parent Decision-Making (Toni Addison)</td>
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Dr. Emily Godbout
DO, MPH, VCU Health
COVID-19 and Kids: What You Need to Know!

Emily Godbout, DO, MPH

06.08.2020
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.
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?
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?

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

N van Doremalen et al., NEJM 2020

This is not the main way the virus is spread
Do we need to worry about the virus being found in stool? Diapers, etc?!  

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!
Severe Symptoms in Kids

- Infants < 1 year of age and children with certain serious underlying conditions may be at higher risk of severe disease
  - Medically complex children
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
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?

**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, sanitation, 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.

**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.

**Open and Monitor**
- Any "No" result indicates "Do Not Open."
- All "Yes" results indicate "Open and Monitor."
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
COVID-19: Get the facts (and a little fun!)

- chrichmond.org/COVID19
  Articles, videos and downloadable resources

- chrichmond.org/COVIDcolor
  Free COVID-19 activity and coloring book (English and Spanish)
Thank you
Jenna Conway
Chief School Readiness Officer

Tara Ragland
Director, Division of Licensing Programs, VDSS
Early Childhood Update for Phase II
June 8, 2020
OVERVIEW

• Current Situation

• Key Updates
  • Tracking Child Care Capacity as Virginia Reopens
  • Phase II Guidance: Key Changes for Child Care and Day Camps
  • Phase II Guidance: Group Size
  • Phase II Guidance: Facial Coverings
  • Preparing for Phase III and Additional CARES Act Funding
Current Situation in the Commonwealth

• As of 6/4/2020,
  • 60% of child centers are closed
  • 60% of religious exempt preschools are closed
  • 20% of family day homes are closed

Altogether, ~2,500 child care programs are closed - a loss in capacity of ~195,000. 418 programs have indicated that they have a reopening date.

• Child care is allowed to be open for all working families and child care educators are essential personnel.

• Current priority areas:
  1. Ensuring there is enough child care as all types of personnel return to work
  2. Using the $70 million in CARES Act Child Care funding to support the field

• 2158 programs have been approved for the CARES Grant.

• Important note: financial losses experienced far exceed new federal funding available.
Tracking Capacity as Virginia Reopens

In partnership with Child Care Aware of Virginia, we are maintaining a map to reflect the current state of child care in Virginia in response to community needs.

- Map enables community planners, partners, the child care workforce and others to see what is happening in their localities and across the Commonwealth.

- This map highlights programs that have closed and those that remain open – differentiating between those serving only children who were enrolled prior to the COVID-19 crisis (still serving a need), and those who report willingness to take in new children, as well as available vacancy data that Child Care Aware of Virginia is now collecting.

https://vachildcare.com/data/va-child-care/
Phase II Guidance: Key Changes

On June 3, the Department of Social Services issued guidance for child care and day camps in preparation for Phase II.

- Similar to general state guidance, these guidelines focus on physical distancing, enhanced cleaning and disinfection and enhanced safety best practices including use of facial coverings.
- There are three key changes:
  1. **Group Size (see next slide)**
  2. **Swimming Pools and Water Activities**
     - Pools, indoor and outdoor, may be used 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 use and if social distancing is maintained during play.
Phase II Guidance: Group Size

Virginia adjusted group sizes to enable our providers to serve more children responsibly, address the developmental needs of children and protect children, families and staff.

- 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.

### Phase II in Virginia: Facial Coverings

Facial coverings can help keep Virginians safe. **Executive Order 63 requires** facial coverings in certain circumstances while CDC and state guidance **recommends** use of facial coverings.

<table>
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<tr>
<th>Who MUST wear facial coverings</th>
<th>Who SHOULD wear facial coverings</th>
<th>Who MAY wear facial coverings</th>
<th>Who SHOULD NOT wear facial coverings</th>
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| • Family members who enter child care and camp facilities.  
• Other visitors to child care and camp facilities.* | • All staff and children over the age of two, when feasible, **when 1) inside** and **2) unable to maintain social distancing of at least six feet.** | • Staff and children over the age of two may wear facial coverings **outside and/or in socially-distanced settings inside** if required by their program or desired by families. | • Children age two and under.  
• Anyone who is sleeping.  
• Anyone who has trouble breathing, or is incapacitated or otherwise unable to remove the cover without assistance. |

*Outside visitors are strongly discouraged unless essential*
Preparing for Phase III

In partnership with the Virginia Department of Health, the Department of Social Services and Department of Education are preparing for the next phase of reopening.

- State continues to ensure all reopening guidelines and timelines reflect broad public-private stakeholder input.
- Public health officials are involved at every stage in order to ensure keep children, families and providers safe.
- Stakeholders have indicated that financial impact of COVID 19 continues to be significant challenge; state is determining how additional CARES Act funds can be used to support the field.

Taren McCoy
Small Steps Academy, Owner and Executive Director
Navigating COVID-19: Perspective from a Community-Based Provider

• Tell us about your center(s). How many children do you typically serve, and how many are you currently serving?

• What process did you follow in making decisions when the pandemic disrupted operations? How did you pivot to address the COVID-19 requirements for maximum group size, disinfection, physical distancing, etc.?

• What have the financial implications been for your program, and how have you navigated to make sure that you aren’t operating at a deficit?

• What are the most important things you’ve done to build parents’ confidence in the safety of your care, and to continue to support learning and emotional support for the children in your care?

• What advice do you have for providers who are working to navigate these challenging times?
Maria DeGregory
Home-Based Provider
Navigating COVID-19: Perspective from a Home-Based Provider

• Tell us about your program. How many children do you typically serve, and how many are you currently serving?

• What process did you follow in making decisions when the pandemic disrupted operations? How did you pivot to address the COVID-19 requirements for maximum group size, disinfection, physical distancing, etc.?

• What has been the financial impact for your program, and how have you made your budget work?

• What are the most important things you’ve done to build parents’ confidence in the safety of your care, and to continue to support learning and emotional support for the children in your care?

• What advice do you have for providers who are working to navigate these challenging times?
Toni Addison

Parent
Parent Decision Making

• What is your current child care situation with your children?

• What were the factors you considered when you were deciding about returning your children to care?

• What were your greatest fears and concerns, and how did you address them as you re-enrolled your children?

• What has your child care provider done that has built your confidence and comfort level?

• What would you say to other parents who are in the process of making this decision?
Questions?