A study of **57,000 childcare providers** across the nation examined self-reported COVID-19 infections and hospitalizations among workers whose programs stayed open against those whose programs had closed in April and May 2020. **No difference** in COVID outcomes was found between the two groups. Researchers conclude that childcare providers **did not face any “heightened risk”** from their workplaces so long as core health and safety practices were followed.


**WHAT WE KNOW**

**WHAT PEDIATRIC HEALTH CARE PROVIDERS CAN DO**

- Review the Massachusetts Department of Early Education and Care (EEC) testing guidance for COVID contact and symptoms. There are specific contact and symptom scenarios in the EEC COVID-19 Child Care Playbook available at https://sforce.co/3eqm2Yy and the QR code above. From the perspective of pediatric health care providers, it is **very similar** to the school age guidance from DESE.
- If you have COVID testing available at your office, offer guidance to families and send the child care facility a helpful explanation of the testing results and/or an acceptable alternative diagnosis for the child.
- If you don’t have COVID testing available at your office, guide the family to facilities that **do** test young children:
  - Map
  - List
  - “Stop the Spread”

**TEST FOR COVID!**

- **A Rhode Island study of reopened child care programs during low SARS-CoV-2 transmission identified possible secondary transmission in only four of the 666 programs** that had been allowed to reopen, all in the last 2 weeks of July, when community transmission was rising. The apparent absence of secondary transmission within the other 662 childcare programs was likely the result of the public health response efforts to contain transmission and child care programs’ adherence to strict requirements, in particular maximum class sizes and use of face masks for adults.


**WHAT CHILD CARE PROVIDERS DO**

- Child care programs **may return** to pre-COVID licensed ratios.
- Child care programs **may return** to pre-COVID-19 licensed maximum group size with 42 sq ft licensed space per child.
- Early educators/child care providers must wear face masks at all times when at child care unless outside and maintaining 6 feet of physical distance.
- Face mask use for children continues to be encouraged.
- Childcare facilities must have a “Monitoring and Response Plan” that includes:
  - Screening of symptoms in children and staff
  - Isolation and discharge of symptomatic individuals
  - Board of Health Engagement
  - Program Closing and Absences
  - Medication Administration Plan
  - Transportation Plan

Other important steps pediatric health care providers can do to keep child care safe

- Ensure all children are up to date on routine pediatric vaccines
- Update Asthma Action Plans to preferentially recommend metered dose inhalers (MDIs) and holding chambers. Nebulizers are allowed when absolutely necessary but a program must have a plan to administer the treatment in a separate space, ideally with a door that can be closed, and PPE, including mask, eye protection, gloves, and gown or additional outer garment.
- Advise all families (both parents and children over 6 months of age) to receive the seasonal influenza vaccine as soon as possible.
- Educate families on masking, social distancing, hand hygiene, types of COVID tests, and other important public health facts. **More tools** from the MCAAP for families and healthcare professionals in multiple languages can be found in the MCAAP School Reopening Toolkit and at the QR code here:

**COVID & KIDS in Child Care**

November 2020