



# COVID-19 Updates

May 26, 2020



# How to Stay Informed



- Watch your email and text for alerts from OECOSL
- Continue to check back to the OECOSL web page for updated guidance at <https://www.in.gov/fssa/2552.htm>
- Connect with your local CCR&R



- Updated child care guidance
- Guidance regarding Day Camps
- Temporary Assistance Grants
- Late Attendance



# Important Items to Note...



Day camps can begin June 1<sup>st</sup>.

Programs that wish to utilize space in a public or private school building that either receive funding from FSSA, are licensed and/or regulated through FSSA and/or meet an exemption as outlined in Indiana Code 12-17.2-2-8 are permitted to do so.

# Vulnerable Employees (*child care only*)



Those 65 and over and individuals with identified high-risk medical conditions should limit exposure at work and in their communities.

Those operators who are 65 and older should consider whether their age or any underlying health conditions might prevent them from being able to operate their child care safely prior to stage 5.

# Employee Screening *(for both setting types)*



Conduct daily health assessments of employees.

- self-assessment of symptoms before arrival in the workplace
- screening questions upon arrival
- daily temperature checks

**At least two procedures should be implemented every day.**

These procedures should remain in place through stage 5.

**Please see guidance documents for resources regarding testing sites.**

# Arrival and Pick Up Procedures

*(for both setting types)*



*Your plan should limit direct contact between parents and staff.*

- Staggering times
- Meet families at a designated location outside, or at the facility entrance, to escort the children as they arrive and depart.

These procedures should remain in place through stage 4, and be re-evaluated in stage 5.

# Child Screening *(for both setting types)*



Programs should check the temperature of each child and conduct verbal health assessment as children are dropped off and before the parent leaves.

Please see the guidance for examples of how to conduct the temperature assessments.



# Child Screening *(for both setting types)*



Children who have COVID-19 like symptoms should do the following:

- Self-isolate at home and not return to child care until they have been fever-free for at least 72 hours (3 days)
- **AND** have had improvement in their symptoms
- **AND** at least 10 days have passed since their symptoms first appeared.

*These practices should remain through Stage 5*



# What are COVID-19 Symptoms?

- Cough
- Shortness of breath or difficulty breathing
- Fever
- Chills
- Muscle pain
- Sore throat
- New loss of taste or smell

Other less common symptoms have been reported, including gastrointestinal symptoms like nausea, vomiting, or diarrhea.

# Visitors and Deliveries *(for both setting types)*



The same screening process as described for children and staff should occur for any visitor or person making a delivery.



# Social Distancing *(for both setting types)*



It is recommended that the same children be placed with each other each day, and with the same teacher each day. This group could be called a “unit.”

Units should be kept together, as much as possible, while doing activities indoors and outdoors each day.

# Personal Protective Equipment *(for both setting types)*



It is recommended adults and children/campers wear cloth face coverings.

***Please read the full guidance for the difference for young children.***

# Handwashing/Sanitizing (*camp only*)



- Education should be done regarding handwashing.
- If soap and water are not available and hands are not visibly dirty, an alcohol-based hand sanitizer that contains at least 60% alcohol may be used.
- Sanitizer stations may be set up in outside spaces.

# Group Size (camps only)



Small camper to instructor ratios should be adhered to. Children should be separated by age, when possible, with no more than 20 campers to 1 adult.



Why are keeping children in units important? *(for both setting types)*



Contact tracing is a key strategy for preventing further spread of COVID-19.

In contact tracing, public health staff work with patients who have tested positive for COVID-19 to help them recall everyone with whom they have had close contact during the timeframe while they may have been infectious.



# Contact Tracing when children are kept in units.



When one child in the unit and has been confirmed to have COVID-19, public health staff will warn the families of the other children in the unit and the educators of their potential exposure.

Those contacts are provided with education, information to understand their risk and asked to stay home for 14 days.

***In this scenario only that unit of children and their teacher are missing for those 14 days and after ensuring deep cleaning has occurred the program can remain open.***

# Contact tracing when children are not kept in units.



In this example when one child has been confirmed to have COVID-19, the same process would be followed, but there would be one major difference.

All of the children and teaching staff may now be missing from the program forcing it to close for at least 14 days. Resulting in loss of revenue, difficulties for families in finding alternate care and their loss of income, teaching staff without pay and ultimately many more children/campers and staff potentially exposed to COVID-19.

# Field Trips *(for both setting types)*



Stage 3: Playgrounds and Community Pools if open

Stage 4: Museums, Zoos, Bowling Alley's

Stage 5: Fairs and Festivals

For Stages 3 and 4: the child care must ensure it can transport children while maintaining social distancing practices such as sitting one child per seat.

For Stage 5: care can transport children while maintaining social distancing practices such as spacing children appropriately.

# Special Events *(child care only)*



Special events such as festivals, holiday events, and special performances should be canceled or postponed through stage 4. Special events are permitted beginning in stage 5 so long as group size and social distancing guidelines are followed.



# Common Areas (camps only)



- Limit the mixing of units and keep units separate for special activities such as art, music, or other enrichment activities.
- One unit at a time should occupy indoor spaces such as gyms, cafeterias, or auditoriums.

***Outdoor activities are preferred over indoor activities and camp schedules should be adjusted to accommodate this whenever possible.***

# Nap Time and Meal Service



## Nap Time (Child Care only)

Through Stage 3, children's naptime mats (or cribs) should be spaced out as much as possible, ideally 6 feet apart.

Beginning in stage 4, distancing between naptime mats and cribs should follow licensing rules, though 6 feet is still encouraged when possible.

## Meal Service (for both settings)

If a cafeteria or group dining room is typically used, meals should be served in classrooms instead.

Programs should not participate in family style meals and should practice social distancing during meal times, ideally 6 feet apart.

*These procedures should remain in effect through stage 5.*

# Cleaning and Sanitizing *(for both setting types)*



Please read all sections of the updated guidance under “Maintaining Healthy Operations.”

- Diapering
- Toys
- Clothing
- Bedding

# Cleaning and Sanitizing *(for both setting types)*



- Ensure adequate supplies to minimize sharing of high touch materials to the extent possible (art supplies, equipment etc. assigned to a single child) or limit use of supplies and equipment by one group of children at a time and clean and disinfect between uses.
- Avoid sharing electronic devices, toys, books, and other games or learning aids when possible.



# Contact Sports (*camps only*)



Sports in which campers necessarily come into contact with one another should be avoided. Skills training, drills and games must be modified to eliminate all contact.



# Swimming and Aquatics (camps only)



The use of pools shall be in accordance with CDC guidance and at 50% capacity. No food service should be offered pool side.



# Temporary Assistance Grants



Grant Round	Providers Supported	Amount Spent
1	1,172	\$5,131,752
2	2,243	\$14,262,879
3	2,513	\$15,358,826
4	1,938	\$7,166,397
<b>Total</b>		<b>\$41,919,854</b>

# Temporary Assistance Grants



## Beginning June 1<sup>st</sup>

- Public, non public and charter schools that are not licensed centers or registered ministries will no longer be eligible for this grant.
- Providers who remain closed and will not re-open by June 14, 2020 will **NOT** be eligible for this grant.

# Temporary Assistance Grants



- In order to remain eligible for funding, providers must re-open by June 14, 2020 with children in attendance by this date.
- If a provider is not open on June 1, 2020 but will be re-open by June 14, 2020 they may be eligible for funding, but will be expected to explain how this grant cycle's funds will be used.

# Temporary Assistance Grants



What data will guide our decisions moving forward?

By County:

- % of providers open
- # of Unemployment Insurance Claims now and in February of 2020
- # of children receiving CCDF subsidy
- Of those providers currently open, capacity left to serve
- Census data

# CCDF Late Attendance



- Additional 21 personal days have been added
- Reminder: Only 3 entries are required each week to ensure full weekly reimbursement
- Resources for providers regarding late attendance can be found at <https://www.hoosierchildcare.com/eccpw/>

# CCDF Late Attendance



- Late attendance will need to be approved by parents beginning June 7, 2020.
- Resources for families on how to approve late attendance can be found at <https://www.hoosierchildcarefamily.com/ecccwp/>
- New one page resource on how to approve late attendance is posted on OECOSL website and on all eligibility office websites.
- OECOSL will begin to send out reminder messages to families to approve late attendance at least 2 times prior to payment processing.



# CPR and TB Testing: Please see updated guidance on OECOSL website



All child care programs are required to have a TB screening for all employees/volunteers and individuals that may reside in a home before they begin employment or reside in the home.

OECOSL will temporarily allow child care providers to complete the online component of the CPR certification through AHA and ARC. Documentation of completion of the online component needs to be placed in the child care provider's official files

# What is next?



- How do you make families feel comfortable about returning to child care?
- How do you assess the increased costs associated with the recommended practices?
- How do we assess the good changes and keep those?

***How do we stay connected?***



**THANK YOU**

**GRACIAS**  
**ARIGATO**  
**SHUKURIA**  
**JUSPAXAR**

**MAAKE**  
**GRAZIE**  
**MEHRBANI**  
**PALDIES**  
**BOLZIN**

**TASHAKKUR ATU**  
**SUKSAMA**  
**EKHMET**  
**SPASIBO**  
**DENKAUJA**  
**NEMACHALHYA**

**YAQHANYELAY**  
**TINGKI**  
**BIYAN**  
**SHUKRIA**  
**MERCY**

**DANKSCHEEN**  
**SPASSIBO**  
**CHALTU**  
**WADEEJA**  
**MAITEKA**  
**HUI**  
**UNALCHEESH**  
**HATUR**  
**GUI**  
**SIKOMO**  
**MARKETAI**  
**MINMONCHAR**  
**FAKAAGE**  
**AGUYJE**  
**GOZAIMASHITA**  
**EFCHARISTO**  
**TAVTAPUCH**  
**MEDAWAGSE**  
**BAINKA**  
**ATTO**  
**DIHANYABAD**  
**ANHA**  
**SAKCO**  
**MERASTAMHY**  
**GAEJTHO**  
**LAH**  
**KOMAPSUMNIDA**  
**YUSPAGABATAM**  
**YUSPAGABATAM**  
**UNALCHEESH**  
**SIKOMO**  
**MARKETAI**  
**MINMONCHAR**