COVID-19 Mitigation Protocols and Guidelines for Child Care

Updated January 19, 2022

Department of Early Education and Care

Introduction

Letter to Child Care Programs & Educators

The Department of Early Education and Care (EEC) and the Department of Public Health (DPH) recognize the challenges in operating a robust, high-quality early care and education program during a global pandemic. These *Protocols and Guidelines* are to support educators, program administrators and families navigate the decision-making necessary when a child or staff member gets sick. While reviewing these *Protocols and Guidelines*, please keep in mind the following:

- The Department of Early Education and Care (EEC) and the Department of Public Health (DPH) continue to review these protocols, and implementation supports in response to the evolving COVID-19 pandemic. Updates to the *Protocols and Guidelines* will be communicated by email to all EEC stakeholders with edits/additions/redactions, as needed.

- These protocols and guidelines were developed in consultation with medical experts, the Department of Public Health and the Executive Office of Health and Human Services. **EEC strongly recommends that you follow these protocols and guidelines to respond to cases within your programs.** If additional guidance is necessary, please work with public health or medical professionals. Individuals are encouraged to reach out to their health care provider for any additional health-related guidance. EEC strongly discourages programs from adopting more stringent exclusionary policies than those provided here. The program's policies must be reflected in the program's policies/handbook and adhere to EEC Regulations. Programs should work with families to provide updated information on program policies for exclusion from care policies and any other strategies for the program to remain healthy, safe and operational.

- These *Protocols and Guidelines* reference the use of COVID-19 rapid antigen tests for children ages 2 and up and staff/educators. Per current federal requirements and FDA approvals, rapid antigen tests cannot be used for children under the age of 2. EEC is working with Neighborhood Villages to distribute and support the use of rapid antigen tests in child care programs. Programs or families who independently obtain these tests are encouraged to use EEC recommended protocols when administering the rapid antigen tests for attendance in child care. EEC cannot advise on tests or COVID-19 cases. All questions regarding specific test results should be directed to qualified public health professionals.

Purpose of the Protocols and Guidelines

- These *Protocols and Guidelines* provide guidance on how to respond if a child or staff member is exhibiting a symptom of COVID-19 or tests positive for COVID-19. EEC encourages child care programs to include these *Protocols and Guidelines*, specifically those around COVID-19 symptoms, into their existing child care illness policies.

- The goal of these *Protocols and Guidelines* are to support child care programs in implementing best practices for public health response to prevent COVID-19 transmission and keep children in care. EEC partnered with DESE and DPH to design recommended protocols that are aligned and consistent with guidance to K-12 schools. Please recognize that there may be necessary differences due to the individual circumstances of each setting.

- The information shared in this document assumes that child care programs and parents/guardians are complying with current <u>DPH guidelines</u> and <u>EEC Child Care Regulations.</u>

Please note that the material in this document may evolve as new guidance is released. Please check date of update on cover sheet.

Summary of Changes, Effective 1/19/2022

The COVID-19 Mitigation Protocols and Guidelines for Child Care were updated on 1/19/2022 with the following key changes:

- Slide 6: Updated COVID-19 Reporting Requirements for EEC-Affiliated programs experiencing operational impacts due to COVID-19
- Slide 7: Added definition of "rapid antigen tests."
- Slides 12-15: Included *EEC's Suggested Strategies for the Response to COVID-19 in Early Education and Care Programs*. These strategies were published in May 2021 and have not been adjusted. Their inclusion in this deck is to support ease of use for providers/educators and families.
- Slide 16: Added further detail on EEC's Mask Policy and considerations for when children are unable to mask, such as during meals and naps.
- Slide 19: Added reference use of rapid antigen tests (effective 1/19) as an alternative option for close contacts to avoid quarantine.
- Slide 22: Added reference to use of rapid antigen tests (effective 1/19) for symptomatic individuals in child care, as well as rapid antigen test use for close contacts as an alternative to quarantine. Clarifies that only one negative test is required for close contacts who are unable or unwilling to mask to return to care after day 5.
- Slide 29: Condensed previous content related to testing and included reference to the Commonwealth's Testing for Child Care Program.

Provider Inquiries & COVID-19 Reporting Requirements

Effective 1/19, EEC-affiliated programs are no longer required to submit reports of COVID-19 positive cases through the DPH survey in the LEAD portal when reporting positive COVID-19 cases. EEC-affiliated programs are still required to submit an Incident Report in LEAD on all COVID-related incidents that impact program operations. EEC's revised Policy for COVID-19 Reporting can be accessed here.

Child care program administrators and educators can contact their Local Boards of Health if they need support managing COVID-19 exposures within their program. Please be advised: EEC licensors are not public health experts and cannot provide advice regarding COVID-19 cases and/or suspected transmission.

Programs are recommended to search for their Local Board of Health online via a reliable search engine such as Google.

Depending upon the nature (purpose) of a provider's inquiry, EEC offers the following resources for support and navigation:

Agency	Purpose of Inquiry	Email	Phone
Department of Early Education & Care	EEC regulatory questions, support with reopening & navigation of services	Office.Commissioners@mass.gov	Contact your licensor or regional licensing office for support: Locations | Mass.gov
Department of Public Health	Assistance with infectious disease response (including COVID-19.)	Childcare.Covid19@mass.gov	Epidemiologist Line: 617-983-6800 (this line is operational 24/7)

Glossary

Term	Definition
Asymptomatic	Refers to a person who does not have any symptoms
CDC	Centers for Disease Control & Prevention
Close contact	Refers to a person who has been within six feet of an infected person (with or without a face mask) for a cumulative 15 minutes over a 24-hour period **OR** has had unprotected direct contact with secretions or excretions of a person with confirmed COVID-19 during the infectious period.
Cohort	Each staff/child, in accordance with CDC guidelines, is assigned to a discrete group and each group is advised to physically distance themselves from other consistent groups. Childcare centers may have multiple consistent/stable group or "cohort", while family childcare homes only have one consistent/stable group or "cohort"
Community transmission	Or community spread, is when public health professionals cannot specify an origin for an infection, such as tracing it to specific travel or contact with a specific individual.
Confirmed case	A person who has tested positive for SARS-CoV-2 infection (the virus that causes COVID-19)
Contact tracing	Process of identifying individuals who may have had close contact (see definition above) with someone who tested positive for COVID-19
COVID-19	Abbreviation for the disease caused by the novel coronavirus SARS CoV-2
DPH	Massachusetts Department of Public Health
EEC	The Department of Early Education and Care
Infectious Disease	A disease (such as influenza, COVID-19, malaria, meningitis, rabies or tetanus) caused by the entrance into the body of pathogenic agents or microorganisms (such as bacteria, viruses, protozoans, or fungi) which grow and multiply there.

Glossary, continued

Term	Definition
LBOH	Massachusetts Local Boards of Health
Incubation Period	The time between exposure to an infection and the appearance of first symptoms. The virus that causes COVID-19 has an incubation period of 2-14 days
Isolation	Process of separating *individuals who are infected* with COVID-19 from others. A person isolates when they have been infected with the virus, even if they don't have symptoms.
Quarantine	Process of separating and restricting the movement of *individuals who were in close contact* with someone who tested positive or had symptoms of COVID-19 . A person quarantines when they might have been exposed to the virus and may not have been infected.
Rapid Antigen Test	A rapid diagnostic test suitable for point-of-care testing that directly detects the presence or absence of an antigen. Rapid tests are a type of lateral flow tests that detect antigens, distinguishing it from other medical tests that detect antibodies or nucleic acid, of either laboratory or point-of-care types.
Screening	Monitoring individuals for symptoms of infectious disease, including but not limited to, COVID-19
Symptomatic individual	Individual who is showing the symptoms or signs of COVID-19 according to DPH guidelines

These *Protocols and Guidelines* are designed to serve as a resource for child care providers, educators, and families to outline the most current guidelines and best practice recommendations to help prevent the spread of infectious diseases, including but not limited to COVID-19.

Clarification on terminology:

- **Requirements**: policies or behaviors that **must** be followed; Requirements may be a federal law, a State Regulation, a Governor's Executive Order or a Commissioner of Public Health Order.

- **Recommendations:** policies or behaviors that **are recommended**; Recommendations are based on best practice, science, data, experience, and resources.

*EEC Regulations and Policies are underlined requirements. The Protocols and Guidelines outlined throughout this document were developed in consultation with medical experts, the Department of Public Health and the Executive Office of Health and Human Services and are **strongly encouraged**. As private entities, child care programs may have individual policies that differ from what is advised in this document, unless otherwise noted, but it is not recommended. EEC strongly discourages programs from adopting guidance that excludes children from care for periods longer than what is recommended in these protocols.*

Mitigation Strategies to Prevent Forward Transmission of COVID-19

The Commonwealth of Massachusetts ended its State of Emergency on June 15, 2021 and shortly thereafter, EEC retired both the *Minimum Requirements for Health and Safety* and the *COVID-19 Child Care Playbook* and eliminated all COVID-specific requirements for child care.

The Response Protocols represented in this document supplement the *Suggested Strategies for the Response to COVID-19 in Early Education and Care Programs* published by EEC in May 2021. These are EEC resources and recommendations, not requirements.

A summary of EEC's Suggested Strategies are listed below. Providers/educators are strongly encouraged to re-review the Suggested Strategies in its entirety to inform program policies and protocols with regards to infection control.

- Monitor for symptoms and stay home when sick or if exposed to a COVID-19 positive individual
- Have a clear, consistent visitor policy
- Increase ventilation and circulation of fresh air
- Promote physical distancing and smaller groups when indoors
- Promote frequent hand hygiene

Suggested Strategies for the Response to COVID-19 in Early Education and Care Programs

1. Monitor for symptoms and stay home when sick or if exposed to a COVID-19 positive individual outside the child care setting

Tips for Implementation:

- Provide information to families in their primary language to support them in conducting symptom checks each morning
- Communicate clearly to families that they should not send their children to the program if they exhibit COVID-19 symptoms or are a close contact of a COVID-19 positive individual outside of the child care setting
- Screening procedures are not required at the point of entry. However, staff should observe children throughout the day for symptoms
- *Please Note: Temperature checks are not recommended as screening due to the high likelihood of potential false positive and false negative results*

2. Have a clear, consistent visitor policy

Tips for Implementation:

- Limit non-essential visitors who are not vaccinated to the maximum extent possible
- Establish and communicate visitor policies for essential visitors, i.e. educators, vendors, parents picking up children, etc.
- Develop communications methods for regularly sharing the program's COVID-19 related health and safety practices with families
- Develop a process for sharing the program's COVID-19 related health and safety practices with all visitors to ensure clear expectations are set for visitors while in the program

Suggested Strategies for the Response to COVID-19 in Early Education and Care Programs

3. Increase ventilation and circulation of fresh air

Tips for implementation:

- Open windows and doors to increase the outdoor air coming in, where safe to do so
- Use a high-efficiency particulate air (HEPA) fan/filtration system in places where no fresh air circulation is possible
- Adjust HVAC systems to increase total airflow to occupied spaces, when possible
- Use child-safe exhaust fans by an open window to move air from inside to outside
- Hold activities outside as much as possible, where safe to do so
- See CDC guidance related to ventilation in schools and childcare programs

4. Promote physical distancing and smaller groups when indoors

Tips for Implementation:

- Arrange indoor space and create routines to promote a minimum of 3 feet of distance
- Arrange indoor space (e.g. blocking off chairs) and create routines to promote a minimum of 6 feet of distance during certain times with increased risk of transmissions, e.g. nap or meal times.
- Assign children and adults to stable, discrete groups, as much as possible
- Use fully vaccinated adults to serve as "floating" staff between groups

5. Promote frequent hand hygiene

Tips for Implementation:

- Establish hand washing stations at strategic locations throughout the program space
- Post signage that uses pictures and is displayed at children's eye level to encourage hand washing, mask-wearing, and physical distancing
- Regularly review with children how to wash hands, wear masks and physically distance safely and effectively

6. Isolate sick or symptomatic individual

Tips for implementation:

- Designate a space for the isolation of sick or symptomatic individuals until they can leave the program or take a rapid antigen test
- Identify a person responsible for regularly reviewing EEC's COVID-19 Mitigation Protocols and Guidance and identifying updates that need to be addressed

7. Continue routine and targeted cleaning practices

Tips for Implementation:

- Clean high touch surfaces (door handles, bus seats, drinking fountains) and shared objects within the program and on program transport vehicles once a day
- When illness is confirmed, increase targeted cleaning and disinfection of high touch surfaces
- Ensure disinfecting products used are on the list of EPA-approved products for use against COVID-19

8. Modify health and safety practices for special populations

Tips for implementation:

- Provide appropriate and adequate PPE for staff working with children requiring hands-on assistance for routine care activities, including toileting, diapering, feeding, washing, or dressing, and other direct contact activities
- Provide additional staff, developmentally appropriate guidance, and additional accommodations for children with special needs
- Review and update individualized health care plans regularly to incorporate any necessary modifications that may be needed due to changing COVID-19 protocols
- Facilitate the safe in-person delivery of support services or prepare the space and equipment to enable the delivery of virtual support services
- Coordinate and communicate program policies with support service providers who work with children enrolled in the program
- Work with adults and children with high-risk factors to ensure they are protected and able to participate

9. Track community risk

Tips for implementation:

- If COVID-19 rates continue to fall across communities, consider adjusting your policies to allow for more flexibility
- Assign a staff person to be responsible for communicating with families, staff, and EEC regarding closures and absences related to COVID-19 quarantine or potential spread

10. Use EEC's Testing for Child Care Program options

Tips for implementation:

- Designate a staff person to be responsible for regularly reviewing EEC's guidance
- Sign up with Neighborhood Villages to receive access to free tests

EEC Mask Policy, Effective 9/7/21- Present

Effective September 7, 2021, all individuals (adults and children five years of age and older) are required to wear masks in EEC licensed and approved programs. Mask wearing is strongly recommended for children ages two-five and is at the discretion of the parent/family. View EEC's policy on Mask Usage in EEC Child Care Programs here. As outlined in EEC's policy, children are not required to be masked when eating, drinking, playing outdoors or napping. When children are not able to mask, we advise programs to try and establish three (3) or more feet of physical distance between individuals.

By federal public health order, all children over the age of two and staff are required to wear masks on child care transportation at this time. This order does not apply to those with a disability who cannot wear a mask or cannot safely wear a mask, because of a disability as defined by the Americans with Disabilities Act (42 U.S.C. 12101 er seq.)

The CDC offers guidance for mask usage here. It is not recommended that children of any age wear masks outdoors.

Additional CDC guidance for mask wearing, including visuals, can be accessed here.

Quick Tips for Mask Wearing

DO choose masks that

- Have two or more layers of washable, breathable fabric
- Completely cover your nose and mouth
- Fit snugly against the sides of your face and don't have gaps
- Have a nose wire to prevent air from leaking out of the top of the mask

EEC PPE Distribution

PPE distribution is available to support in-person operations for child care programs. EEC licensed and approved programs are eligible to receive monthly PPE orders delivered to their sites and should request these supplies on their LEAD portal.

Note: FEMA has committed to reimbursing all states for PPE costs through April 2022.

The categories of PPE distributed monthly by EEC's vendor; Westnet include:

➢ Gloves

➢ Bleach

➢ Disinfectant wipes (400 wipes)

➢ Adult Masks

➢ Child Masks

Stable Groups and Cohorting

EEC Recommendation: To prevent transmission of COVID-19 and limit the number of close contacts or direct exposure identified as a result of a positive COVID-19 case, EEC recommends that programs create distinct groups of children, <u>cohorts,</u> that stay together throughout the entire day and minimize contact with other groups as much as possible. This will reduce the risk of classroom or program closures due to exclusion from care policies and quarantining.

Within child care programs, this can be accomplished by creating discrete "stable groups" and assigning groups of children with specific educator(s) to minimize co-mingling.

The <u>CDC</u> defines "<u>cohorting</u>" as keeping people together in a small group and having each group stay together throughout an entire day. <u>Cohorting</u> can be used to limit the number of children and staff who come in direct contact with each other for extended periods of time, especially when it is challenging to maintain physical distancing, such as with young children, and in communities with moderate-to-high transmission levels.

<u>Cohorting</u> is one of the most effective strategies in preventing transmission of COVID-19 and other infectious diseases. Limiting the number of individuals (children and educators) who come into contact with one another throughout the day will result in less individuals who need to be excluded from care and advised to quarantine in case of a positive case.

Cohorting/Stable Group Methodology, Example

Scenario 1: classroom is 1 large cohort
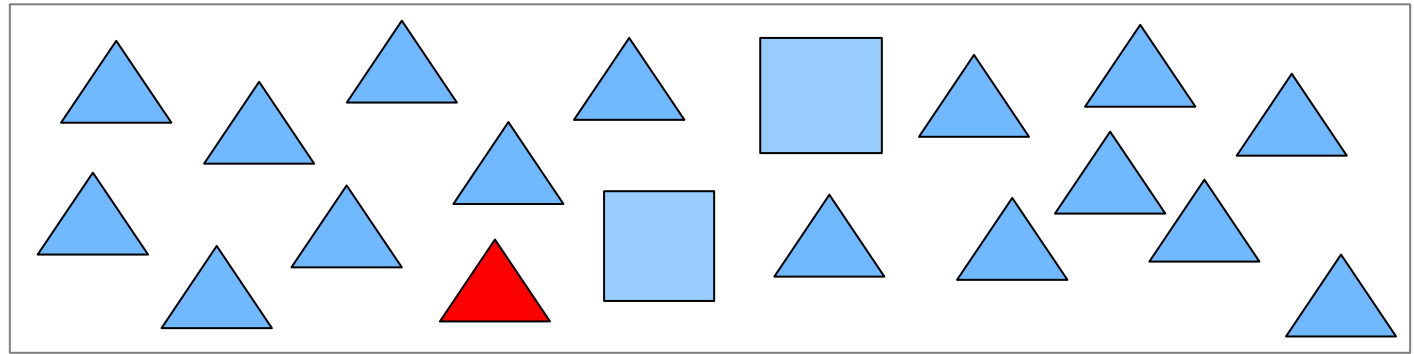
Scenario 2: 2 discrete cohorts within a classroom
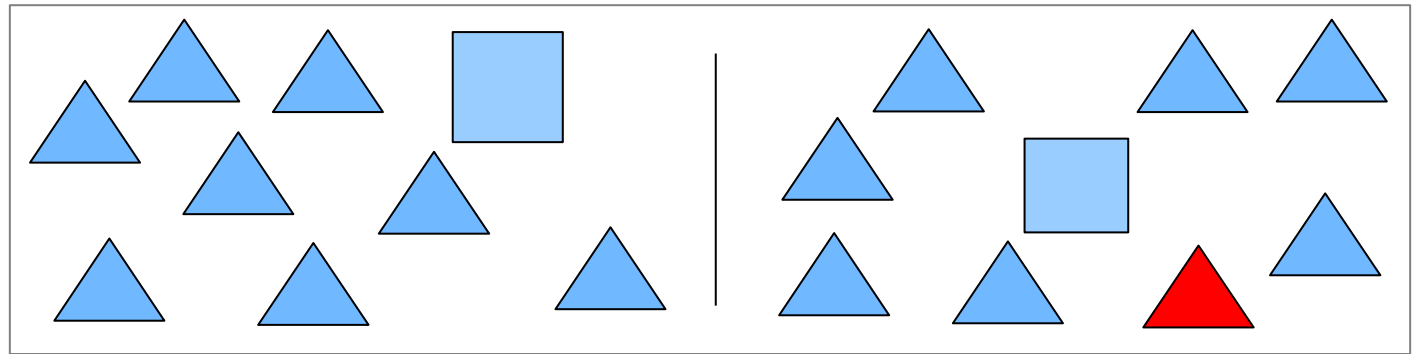
*Both scenarios represent one classroom with 16 children.*
In the first scenario, this one positive case would result in 15 other children and 2 staff/educators being named as "cohort contacts". If unvaccinated, all individuals would be excluded from care and advised to quarantine.
In the second scenario, the program cohorted children into two stable groups, assigning each to their own specific educator. The one positive case only results in 1 educator and 7 other children, if unvaccinated, being excluded from care and advised to quarantine.

Effective 1/19, Unvaccinated individuals in both scenarios can use EEC's Testing for Child Care Program options to remain in care.
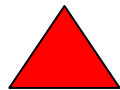
= staff   = COVID positive child   = COVID negative child

Symptom Management

Commonwealth Guidance for COVID-19 Symptom Management in Education Settings

The protocols below are aligned with DESE's Protocols . EEC strongly encourages programs that serve school-age children to follow the same guidelines as those followed by the public school to promote alignment at the community level.

The **bolded COVID-19 symptoms** below (when they occur alone) should require immediate exclusion from care. The non-bolded symptoms should be managed on a case-by-case basis by the provider and family depending upon the severity, combination of symptoms and child illness policies of the program. Please reference the guidance available in this document for information on when the symptomatic individual (staff or child) should be allowed to return to the child care setting.

- **Fever (100.0 degrees Fahrenheit or higher,) chills, or shaking chills**
- **Difficulty breathing or shortness of breath**
- **New loss of taste or smell**
- **Muscle aches or body aches**
- Cough (not due to other known cause, such as chronic chough)
- Sore throat, *when in combination with other symptoms*
- Nausea, vomiting, or diarrhea *when in combination with other symptoms*
- Headache *when in combination with other symptoms*
- Fatigue, *when in combination with other symptoms*
- Nasal congestion or runny nose (not due to other known causes, such as allergies) *when in combination with other symptoms*

EEC staff cannot provide public health guidance on COVID symptoms. All questions should be referred to public health or medical professionals.

If individual is Symptomatic

- Send the staff member home/excuse the child from the classroom and have them wait in the designated isolation room
  - While symptomatic children wait in the isolation room, ensure they are provided with a mask if they are age 2 or older
- Call the parent or guardian and arrange for the child to go home or administer a rapid test if proper parental consent is obtained
- Inform the staff to get tested and/or the parent to get their child tested with a COVID-19 test (antigen or PCR)
  - Families can also contact their child's healthcare provider for further evaluation
  - If programs or families have access to an at-home, rapid antigen COVID-19 test, testing can be administered by the program and/or family
- Clean, disinfect, and ventilate areas that the ill staff/child occupied
- If tested negative, the staff member/child can stay in childcare if symptoms are mild or return to child care once they have been fever free for 24 hours and symptoms improved, no closure recommended for classroom(s), no exclusion/quarantine recommended for exposed cohort.

If an Individual Tests Positive for COVID-19 (Isolate)

- Individual should stay home for 5 days
- After 5 days
  - If they can mask: can go back to care on day 6 (test recommended, but not required)
  - If the individual cannot mask:
    - If individual can test on day 5 or later:
      - When test negative and asymptomatic or symptoms are subsiding, can go back to care the day after negative test (rapid test for ages 2 and over), returning to care no later than day 11
      - When test positive, continue isolating until negative test and asymptomatic or symptoms subside through day 10, returning to care no later than day 11
    - If individual cannot test: stay home for a total of 10 days, returning to care on day 11

If an Individual Was Exposed to Someone with COVID-19 (Quarantine)

- Individual (staff or student) ages 2 and older may remain in care if they test each day for 5 consecutive days as part of the Rapid Cohort Testing option. If an individual is positive one of those days, they should follow isolation guidance above.
- Otherwise, the individual should stay home for 5 days, and
- After 5 days
  - If they can mask: can go back to care on day 6 (test recommended, but not required)
  - If the individual cannot mask (including ages birth-2):
    - If individual can test on day 5:
      - When test negative and remain asymptomatic: can go back to care the day after a negative test (rapid test for ages 2 and over), returning to care no later than day 11
      - When test positive, follow isolation guidance above
    - If individual cannot test: stay home for total of ten days, returning to care on day 11

COVID-19 Vaccination

COVID-19 Vaccine Quick Tips

- The COVID-19 vaccine is safe and highly effective against serious illness, hospitalization and death.

- Because you can become infected and spread the virus to others, once vaccinated please continue to practice good hygiene, wear your mask while indoors in a childcare setting, and get tested if you develop a symptom.

- On November 2, 2021, the Pfizer COVID-19 vaccine was authorized by CDC for children ages five to eleven. The vaccine is safe, free and effective. You can access additional information about the COVID-19 vaccine for children here.

- For children ages five to eleven, a COVID-19 vaccination consent form is required. Families can access a consent form here.

- Please visit the Massachusetts Department of Health website for other Frequently Asked Questions about the Vaccine COVID-19 vaccine frequently asked questions | Mass.gov

- The Commonwealth recommends all educators, staff and eligible children receive a COVID-19 vaccine and booster.

COVID-19 Vaccine for Children 5-11– Frequently Asked Questions

How many doses will be needed for children under 12 years old?

- The Pfizer COVID-19 vaccine for children 5 through 11 years of age is administered in two (2) doses three (3) weeks apart. It is a lower dose (10 micrograms) than vaccines used for individuals 12 years of age and older (30 micrograms.)

Can my child get the flu shot and the COVID vaccination at the same time?

- Yes, your child may get a COVID-19 vaccine and other vaccines at the same visit. Please use this resource to learn more: Getting a COVID-19 Vaccine for Yourself or Your Child | CDC

Quarantine Exemption for Fully Vaccinated Persons

Vaccinated persons with an exposure to someone with COVID-19 are <u>not</u> required to quarantine if they meet <u>all of the following</u> criteria:

1. Are <u>fully vaccinated</u>, which means it's been more than 14 days since they received two doses of the Moderna or Pfizer or one dose of the Johnson and Johnson COVID-19 vaccine; and

2. Have <u>remained asymptomatic</u> since the most recent exposure to COVID-19.

COVID-19 Testing

COVID-19 Testing-- Frequently Asked Questions

If a <u>symptomatic</u> person gets tested for COVID-19, can the person return to child care while the test result is still pending?

- ▪ No, a <u>symptomatic</u> person should <u>not</u> return until they receive the test results, rapid or PCR.

If I am <u>in quarantine</u> and I get tested, can I return to care while I wait for results?

- ▪ Yes. If you are unvaccinated and have been advised that you have had prolonged direct exposure to someone with COVID-19 and you get tested, you should continue to be excluded from care while awaiting test results, rapid or PCR. If negative, you will still need to complete a five-day minimum quarantine, unless participating in the Rapid Cohort Testing option offered by EEC.

Does a person who tested positive need a negative test to return to child care?

- ▪ <u>No</u>. A negative test is not required to return to care. Please refer to page 22 for recommendations on using testing after a positive COVID-19 test.

What testing resources are available from EEC?

- ▪ EEC is offering three Testing for Child Care options and will provide access to free testing resources in collaboration with Neighborhood Villages. Please refer to EEC's Testing for Child Care Program for more information. EEC staff cannot advise on testing or test results. All questions should be referred to public health or medical professionals.

COVID-19 Testing Access & Availability

Testing for COVID-19 is widely available in Massachusetts and critically important to preventing spread of the virus. The Commonwealth of Massachusetts offers free COVID-19 testing for residents. A complete directory of these sites can be accessed here. Please refer to DPH's Public Health Advisory Regarding Covid-19 Testing for appropriate uses of PCR or rapid antigen tests.

In addition, EEC offers the following resources dedicated to the child care sector:

- No-cost COVID-19 drive-through testing for the child care community at dedicated mobile COVID-19 testing sites available to EEC families (enrolled children and household members) and educators/staff. The testing sites, operated by Visit Healthcare, will provide no-cost PCR tests using a simple lower nose swab. Test results will be sent through a secure online portal in 48 hours or less.

- EEC is partnering with Neighborhood Villages in order to distribute testing supplies to child care providers across the Commonwealth. Resources are available to implement any of the Testing for Child Care Program options, including Symptomatic Rapid Antigen Testing, Weekly Pooled Testing, and Rapid Antigen Cohort Testing.   Programs interested in accessing testing supports should enroll with Neighborhood Villages here.

- Programs who want to purchase their own antigen tests now have access to the Statewide Contract. Programs can order directly from a manufacturer. Eligible programs include Child Care Programs, Family Child Care Systems, and any other organization working with the state. There are minimum orders for most contracts, so this may only be feasible for larger programs or collaboratives. Programs are also encouraged to work with their municipality to access any local test distribution, as many municipalities may have purchased tests for distribution, as well.

Resources for Educating Teachers, Parents/Guardians, and Children

Resource	Source	Overview of Contents	Link to Access
Talking with children about Coronavirus Disease 2019	CDC	Recommendations to help adults have conversations with children about COVID-19	cdc.gov/coronavirus/2019-ncov/daily-life-coping/talking-with-children.html
Toolkit for Parents and Teachers	Department of Health Promotion Science, University of Arizona	Teaching resources/information sheets for parents, teachers, administrators and CDC Health Promotion Materials	publichealth.arizona.edu/news/2020/covid-19-communication-toolkit-parents-and-teachers
Communicating with Children During the COVID-19 Outbreak	Michigan Department of Health and Human Services	Guidelines and resources catered to families to promote healthy and comforting conversations between children and parents/guardians	michigan.gov/documents/coronavirus/Talking_with_kids_about_COVID_FINAL_685791_7.pdf
Child care guidance during COVID-19 Outbreak	CDC	Guidance for child care programs that remain open	cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html