



Ss. Constantine & Helen Preschool

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Covid-19 Response & Preparedness Plan

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Introduction

Our Commitment to Health, Safety, and Children's Learning & Development

Ss. Constantine and Helen Preschool is committed to protecting the health of our children, families, staff, and community. The following policies were designed in response to guidance from the Maryland State Department of Education and Maryland Department of Health, in accordance with best practices from the Centers for Disease Control and Prevention, and with everyone's well-being in mind.

To limit the potential spread of COVID-19, we will be making some temporary changes to our programming that include robust cleaning and disinfecting procedures and minimizing opportunities for person-to-person exposure. The following plan outlines the practices and strategies we will use to protect the health of our children, staff, and families while at the same time ensuring that children are experiencing developmentally appropriate and responsive interactions and environments.

This tool is based on the following guidance issued by the Maryland State Department of Education (MSDE) and the Maryland Department of Health (MDH):

- [Maryland Together: Maryland's Recovery Plan for Child Care](#)
- [COVID-19 Guidance for Child Care Facilities](#)
- [Early Childhood Grants, Programming and Initiatives in Maryland During COVID-19 State of Emergency](#)

Ratios & Group Sizes

During this time, we will maintain the following ratios and group sizes:

Age Group	Staff-to-Child Ratio	Maximum Group Size
2 and 3 year-olds *	1 to 10	max. of 16
Preschool (4-5 year-olds)	1 to 10	max of 13

* **Other group size and ratio policies:** A second staff member will be added to the 2 and 3's class on days when four or more twos are in attendance.

Classroom Cohorts

To reduce opportunities for viral spread, we will be implementing "classroom cohorts," where the same group of children and staff remain together every day, with as little mixing between groups as possible.

To support this practice, we will make the following temporary changes:

- Staggering times for drop off and pick up
- Limiting the mixing of groups by staggering times for outdoor play and other activities
- Limiting or eliminate shared use of toys and educational materials between classrooms. Shared materials will be disinfected between each classroom use.
- Limiting the celebration of birthdays and other holidays to within each classroom.
- Separating Ms. Vickie's music class into two sessions
- Adjusting staffing patterns to have each staff member exposed to as few groups as possible, while still ensuring there is adequate coverage.
- Disinfecting restrooms between uses by different classrooms.
- Disinfecting high-touch surfaces, school equipment, and restrooms between used by staff

Supporting Social/Physical Distancing

Realistic Expectations Around Physical Distancing with Young Children

Adult-child interactions



- Providing physical care and comfort is a natural and essential part of working with young children.
- Teachers are **not required** to physically distance from children and should not withhold physical comfort to crying, sad, and/or anxious children.
- However, teachers may consider finding appropriate ways to minimize physical contact (e.g., saying hello/goodbye with “air high-fives” instead of hugs).

Child-child interactions



- Children are naturally interested in being near and interacting with each other.
- While staff can structure the environment/activities to encourage physical distancing, offer reminders and redirection, and avoid actively suggesting opportunities for contact (e.g., not suggesting a child hug a friend or games like Ring-a-Round-the-Rosie), it is **not expected** that children will be able to maintain physical distancing all the time.

Adult-adult interactions



- Adults should maintain physical distancing with other adults inside and outside the classroom as much as possible.

We will use the following strategies to encourage physical/social distancing in our learning environments:

- Rearranging furniture to section off play spaces and maintain 6-foot separation, when possible
- Limiting the number of children in one space at a time (e.g., using Velcro strips, or a pocket chart to show how many children may be in an area at one time)
- Having duplicates of toys/materials and/or setting up multiple areas for high-interest activities (e.g., multiple block areas or art stations)
- Helping preschool children define their personal space using yarn, masking tape, mats, carpet squares, sheets of cardboard, hula hoops, etc.
- Using markers (e.g., tape) on the floor to indicate spaces to line up
- Conducting more activities in small groups (e.g., read-alouds, introducing a topic) that might usually be done in a large-group (e.g., circle time)
- Planning activities that do not require close physical contact between individual children
- Incorporating additional outside time as much as feasible
- Encouraging children to use alternate greetings or shows of affection that limit physical contact (e.g., waving, bowing, or curtsying to each other; air hugs or high fives)
- Prohibiting non-essential visitors, volunteers, and activities. Parents are not allowed in the building
- Canceling field trips and limiting special events to classroom-based activities

Food & Mealtimes

To limit opportunities for exposure during mealtimes, we will engage in the following recommended practices:

- Spacing children as far apart as possible (ideally 6 feet apart) by limiting the number of children sitting together and rearranging tables/seating
- Having staff and children wash hands before and immediately after children have eaten
- Using placemats for children to define their space (wiped down and sanitized with the same procedure used for cleaning tables after meals)
- Individual water bottles and lunchboxes brought from home and taken home daily for washing

Nap & Rest Time

To reduce the potential for viral spread, we will use the following recommended practices:

- Requiring bedding (sheets, pillows, blankets, sleeping bags) that can be washed
- Sending home bedding weekly for cleaning
- Labeling each child's cot to ensure they are used by the same child each day
- Sanitizing cots daily by spraying thoroughly and allowing them to air dry
- Storing each child's bedding in individually labeled bags
- Ensuring that children's mats are spaced out as much as possible, ideally 6 feet apart
- When possible, placing children head-to-toe (i.e., one child with their head at the top of the mat, the next child over with their head at the bottom of the mat)

Items Brought from Home

During this time, we are trying to limit the number of items brought into the facility because this can be a way to transmit the virus, so we ask that families refrain from bringing items from home as much as possible. However, we recognize that placing limits on children's comfort items may increase stress for children and staff as they may be especially needed during this time of transition.

Toys and Materials in the Learning Environment

Availability of Toys & Classroom Materials	
<p>Books</p> 	<p>Recommended. Not considered high-risk for transmission and do not need additional cleaning or disinfection.</p>
<p>Nonporous toys (e.g., plastic, metal, rubber)</p> 	<p>Recommended. Washable, nonporous (made of material stains can't sink into) toys and materials can easily be cleaned and disinfected.</p>
<p>Cloth toys, stuffed animals, pillows, etc.</p> 	<p>Not recommended unless they are used by one child at a time and can be laundered before another child's use.</p>
<p>Sensory materials</p> 	<p>Not recommended unless each child can have their own materials (e.g., individual small tub of tactile materials; each child's play dough kept in separate, labeled container or bag).</p>
<p>Wooden toys/ materials</p> 	<p>Not recommended, but if used should be appropriately cleaned at least daily.</p>

Availability and Use

- Providing duplicates of toys and multiple sets of materials to limit the number of children touching the same objects
- Giving each child their own set of toys and materials (e.g., bin of toys they select for choice time which is disinfected after use, their own set of art supplies)
- Providing individual sensory materials & art supplies labeled with each child's name
- Temporarily removing toys and materials from the classroom which cannot be easily cleaned or sanitized between use
- Rotating the toys that are out at any particular time so that they can be adequately cleaned and sanitized

Cleaning and Sanitizing

- Washing and sanitizing toys and other materials before being used by another child and/or classroom cohort
- Cleaning toys frequently, especially items that have been in a child's mouth or if a child coughs or sneezes on them
- Setting aside toys that need to be cleaned (e.g., out of children's reach in a container marked for "soiled toys" or "yucky bucket")
- Cleaning toys with soapy water, rinsing them, sanitizing them with a CDC-recommended disinfectant, rinsing again, and air-drying

Cleaning and Disinfecting

Cleaning & Disinfecting Different Surfaces	
<p>High-touch surfaces</p>  <p>e.g., sinks, toilets, light switches, door knobs, counter/tabletops, chairs</p>	<p>Clean with soap and water if dirty and sanitize with recommended disinfectants multiple times per day depending on use.</p>
<p>Soft surfaces</p>  <p>e.g., carpeted floors, rugs, upholstered furniture</p>	<p>Soap and water, laundry, or disinfectant as appropriate; vacuum as usual.</p>
<p>Electronics</p>  <p>e.g., tablets, touch screens, keyboards</p>	<p>Use of a wipeable cover and/or cleaning between uses with alcohol-based wipes or spray according to manufacturer's instruction.</p>
<p>Laundry</p> 	<p>Use of warmest possible appropriate setting, dry completely; use of gloves followed by hand washing when handling dirty laundry.</p>
<p>Playground equipment</p> 	<p><u>Do not</u> spray disinfectant on outdoor playgrounds as it is not an efficient use of supplies and has not been proven to reduce COVID-risk; normal routine cleaning is sufficient.</p>
<p>Outdoor wooden surfaces & groundcovers</p>  <p>e.g., benches, tables, mulch, sand</p>	<p>Cleaning and disinfection is not recommended.</p>

We will engage in the following cleaning and disinfecting practices in accordance with CDC recommendations:

- Use of a **schedule** for regular cleaning and disinfecting tasks (see schedule below)
- Frequent cleaning/disinfecting of **high-touch surfaces** (e.g., sinks, toilets, light switches, door knobs, counter and tabletops, chairs)
- Normal routine cleaning of **outdoor spaces**, with special attention to high-touch plastic/metal surfaces (e.g., grab bars, railings)
- **Indoor and outdoor toys** (e.g., tricycles, balls) are cleaned and sanitized between use by different classroom cohorts.
- Regular cleaning of **electronics** (e.g., keyboards/tablets)
- Ensuring staff wear **disposable gloves** to perform cleaning, disinfecting, and trash pick-up, followed by hand washing
- Cleaning **dirty surfaces** using detergent or soap and water prior to disinfection
- Use of **CDC-recommended disinfectants** such as EPA-registered household disinfectants, diluted bleach solution, and/or alcohol solutions with at least 70% alcohol
- Keeping cleaning products **secure and out of reach** of children, **avoiding use near children**, and ensuring **proper ventilation** to prevent inhalation of toxic fumes

Cleaning and Disinfecting the Facility if Someone is Sick

If someone has been in the building who has a confirmed or probable case of COVID-19 (see Quarantine and Temporary Classroom/Program Closures section), we will follow [CDC guidance](#):

- Close off areas used by person who is sick
- Wait 24 hours (or as close to 24 hours as possible) to clean or disinfect
- Open windows to increase air circulation in the area
- Clean and disinfect all areas used by the person who is sick (e.g., classrooms, bathrooms, offices)
- Vacuum the space if needed
- Follow guidance listed above regarding types of surfaces and disinfectants

SSCH Preschool Cleaning Schedule

Areas	Before Each Use	After Each Use	Daily End of day	Weekly	Monthly	Comments
Classrooms						
Tables	Clean Disinfect	Clean Disinfect				
Chairs			Clean Disinfect			
Door & Cabinet Handles, light switches			Clean Disinfect			
Carpet			Vacuum			
Classroom Floors			Clean Disinfect			Sweep or vacuum, then damp mop with a floor cleaner/ disinfectant
Refrigerator					Clean	
Handwashing Station			Clean Disinfect			
Bathrooms						
Handwashing sinks & Faucets			Clean Disinfect			
Toilets			Clean Disinfect			
Bathroom Doors & Floors			Clean Disinfect			Damp mop with a floor cleaner/ disinfectant
Potty Chairs		Clean Disinfect				
Drinking Fountains			Clean Disinfect			
Nap Time						
Cots		Clean Disinfect				
Naptime Bedding				Clean		Sent home for cleaning
Toys & Educational Materials						
Non-Porous Toys & Materials			Clean Disinfect			Daily or before use by another cohort
Hats			Clean			After each use if head lice present
Dress Up Clothes				Clean		Launder
Play Activity Centers				Clean Disinfect		
Tablets		Clean Disinfect				

Healthy Hygiene Practices

REQUIRED to comply with Office of Child Care (OCC) regulations and CDC guidance

We will reinforce regular health and safety practices with children and staff and continue to comply with licensing regulations and CDC hand washing guidelines as follows:

- A written hand washing procedure approved by the OCC shall be posted at each sink used for washing hands.
- Each classroom will have its own handwashing station.
- Hand hygiene is especially important after toileting, before eating, participating in an outdoor activity, or blowing one's nose (or helping children do any of these actions).
- Staff and children will wash hands often with soap and water for at least 20 seconds.
- We will not use alcohol-free wipes on children's hands as this is not recommended.
- Staff and children (with frequent reminders and support) will cover coughs and sneezes with a tissue or sleeve and wash hands immediately after.
- Wearing gloves does not replace appropriate hand hygiene.

Face Coverings

REQUIRED by Governor's Executive Order

SSCH follows CDC and MSDH guidelines for requiring face coverings. Any concerns about whether an adult or child should wear a face covering should be brought to **Emily Soeffing, Director**.

Guidelines for Face Coverings in Child Care Settings		
	Guidance	Exceptions
Staff	Child care staff are REQUIRED to wear cloth face coverings throughout the work day while in the school, child care center, or family child care home.	If an adult has concerns about wearing a cloth face covering, they should discuss with their program administrator and health care provider as necessary.
Families	Parents (and other adults) are REQUIRED to wear cloth face coverings during drop-off and pick-up, when performing temperature checks, and if they enter the building for any reason.	
Children 5 and Older	It is REQUIRED that children 5 and older wear a cloth face covering while in the child care center or family child care home <i>if they can do so safely and consistently</i> .	Parents and child care staff should discuss whether an individual child is able to safely and consistently wear a face covering if the child: <ul style="list-style-type: none"> • keeps trying to touch or remove the face covering; • is unable to remove the face covering without assistance; • is uncomfortable; and/or • has respiratory or other medical conditions that might make a face covering unsafe.
Children Ages 2 to 5	It is RECOMMENDED that 2-, 3-, and 4-year-olds wear a cloth face covering while in the child care center or family child care home <i>if they can do so safely and consistently</i> .	
Children Under 2	Children under 2 SHOULD NOT wear face coverings.	N/A

Use, Removal, and Storage of Face Coverings

We will use the following recommended practices with regard to face coverings:

- Children's face coverings should be removed **by the child** for meals, snacks, naptime, high-intensity activities (e.g., running), outdoor play (if physical distancing can be maintained), or when it needs to be replaced (e.g., becomes wet or soiled).
- Staff and children should remove face coverings by touching only the straps.
- Staff and children should wash their hands if they touch their face covering or face; before and after removing a face covering; and before replacing a face covering.
- Cloth face coverings should be worn properly (i.e., cover the nose and mouth).
- Face coverings should never be reused unless stored properly between uses and should not be shared among children and/or staff.
- Cloth face coverings will be placed in a clean paper bag (marked with the child's name and date) when removed until the face covering needs to be put on again.

Family Responsibilities for Face Coverings

- Parents should provide cloth face coverings (or surgical face masks) for their own child/children.
- Face coverings should be free of choking hazards (e.g., stickers, buttons) and be clearly marked with the child's name and which side of the covering should be worn facing outwards.
- Parents should provide a sufficient supply of clean/unused face coverings for their child each day to allow replacing the covering as needed.
- If a child does not have an adequate supply of face coverings on a particular day, we will inform the family that additional face coverings are needed, but the child may remain in care that day. SSCH Preschool will provide disposable masks when needed.
- Parents should take home their child(ren)'s face coverings to launder them each day.

The [American Academy of Pediatrics](#) provides tips for helping children be more comfortable wearing cloth face coverings and provides more information to inform your decision about when it is appropriate for children ages 2 to 5 to wear cloth face coverings.

Drop-Off and Pick-Up Procedures

We will use the following recommended practices during drop-off and pick-up times to protect the health of children, families, and staff.

- Implementing staggered drop-off and pick-up times to limit contact among parents and between class cohorts (**see schedule below**)
- Conducting check-in/out procedures (including Covid screening, temperature checks, and attendance log) outside in a CAR LINE
- Sanitizing pens and thermometer between each use
- Having staff walk children in and out of the building

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- Having children immediately clean hands at the entrance to our building using a hand hygiene station
- Not allowing families in the building

	Drop-Off	Pick-Up Full Day	Pick-Up Half Day	Pick-Up Lunch Bunch
2 & 3s Class	8:45 – 9:00	2:45 – 3:00	11:30	12:30
4s Class	9:00 – 9:15	3:00 – 3:15	11:45	12:30

Screening Families & Staff for COVID-19 Symptoms and Exposure

Upon arrival to the program, we will ask staff and families to report if staff/children have:

- Had any symptoms of COVID-19 (cough, shortness of breath, difficulty breathing, new loss of taste or smell, fever of 100.4 degrees or higher, chills or shaking, muscle aches, sore throat, headache, nausea or vomiting, diarrhea, fatigue, congestion, or runny nose).
- Been diagnosed with COVID-19, tested for COVID-19 due to symptoms and are awaiting a result, or have been instructed to isolate or quarantine by a health care provider or health department
- Had close contact (been within 6 feet for more than 15 minutes total in a 24-hour period) with anyone with a confirmed or probable case of COVID-19 within the last 14 days.

The procedures we will use to screen *students* for symptoms and exposure and conducting daily temperature checks include:

- Meeting students at their car to screen and conduct temperature check
- Students and families remain in their car in the pick-up line and staff maintains physical distancing
- Staff, children, and parents wearing a cloth face covering
- Staff will record screening information in a Daily Health Screening Log
- Staff escorts child from car into the school building
- Child washes hands at school entrance using a hand hygiene station
- Staff will re-check children’s temperatures throughout the day if they appear ill or “not themselves” (e.g., flushed cheeks, rapid or difficulty breathing without recent physical activity, fatigue, or extreme fussiness).
- Disinfecting non-disposable thermometers after each use

The procedures we will use to screen *staff* for symptoms and exposure and conducting daily temperature checks include:

- Meeting staff at school entrance to screen and conduct temperature check

- Staff wearing cloth face coverings
- Recording screening information in a Daily Health Screening Log
- Having staff wash hands before entering the school building
- Disinfecting thermometer and pens between use

If families or staff are absent or otherwise off-site but experience exposure or symptoms, they should contact: **Emily Soeffing, Director**

Responding to COVID-19 Symptoms On-Site

Responding to COVID-19 Symptoms On-Site

If a child or staff member develops any COVID-19 symptoms during care, they will be sent home immediately with the recommendation to contact their primary care physician/medical provider. If anyone shows emergency warning signs (e.g., trouble breathing, persistent pain/pressure in the chest, new confusion, inability to wake or stay awake, or bluish lips or face), we will seek medical care immediately.

If a child develops symptoms during care hours:

- Parents will be contacted for prompt pick-up.
- The child will be isolated from other children and as many staff as possible (the child will not be left alone).
- The child will wait with the following designated staff member(s): **Emily Soeffing (Director)**
- The child and designated staff will wait in the following safe, isolated location: **Preschool Office**

If a staff member develops symptoms during care hours:

- They will be asked to go home immediately.
- If no other caregiver is immediately available to be with children, the staff member will limit close interactions with children until they can be relieved by another staff member.
- Children may need to be picked up if no other caregiver is available.
- If the ill staff member needs to be picked up or otherwise cannot leave the facility immediately, they will wait in the following safe, isolated location: **Preschool Office**

When Children & Staff Should Stay Home and When They Can Return

REQUIRED by MDH & MSDE

When Children and Staff Should Stay Home

A child or staff member will not be allowed in the child care program if they:

- Have been diagnosed with COVID-19.

- Have had any of the following new symptoms: cough, shortness of breath, difficulty breathing, new loss of taste or smell, fever of 100.4 degrees or higher, chills, muscle aches, sore throat, headache, nausea or vomiting, diarrhea, fatigue, congestion, or runny nose.
- Were tested for COVID-19 due to symptoms and are waiting for test results.
- Have been instructed by a health care provider or the health department to isolate or quarantine.
- Have been in close contact (i.e., within 6 feet for at least 15 minutes total within a 24-hour period) with someone with a confirmed or probable case of COVID-19 during the past 14 days.

When Children and Staff May Return to the Program

When an individual can return to the program will depend on individual circumstances (i.e., symptoms, COVID-19 test results, previous exposure, alternate diagnoses). To help inform our decision-making process, we will use the following resources:

- Consultation with MD Health Department and OCC Licensing Specialist
- Interactive Tool for Determining Exclusion from and Return to Child Care: <https://bit.ly/COVIDschooltool>
- MDH Decision Aid Flow Chart: <https://bit.ly/MDHdecisionaid>

Quarantine and Temporary Classroom/Program Closures

REQUIRED by MDH & MSDE

Reporting Exposure

Monitoring a child care program for possible COVID-19 requires close communication between child care program staff and parents. Parents are encouraged to keep their children home when they are ill and to report illness within their household, children and themselves to help inform decisions related to quarantine and closure.

If a child, staff member, family member, or visitor to our program shows symptoms of a COVID-19-like illness or tests positive for the virus, we will contact our local health department and licensing consultant. Based on the guidance of the local health department, we will determine the extent and duration of the closure and other next steps. When communicating with families and staff about any COVID-19 cases, we will respect the privacy of individuals and not share health information of a specific person.

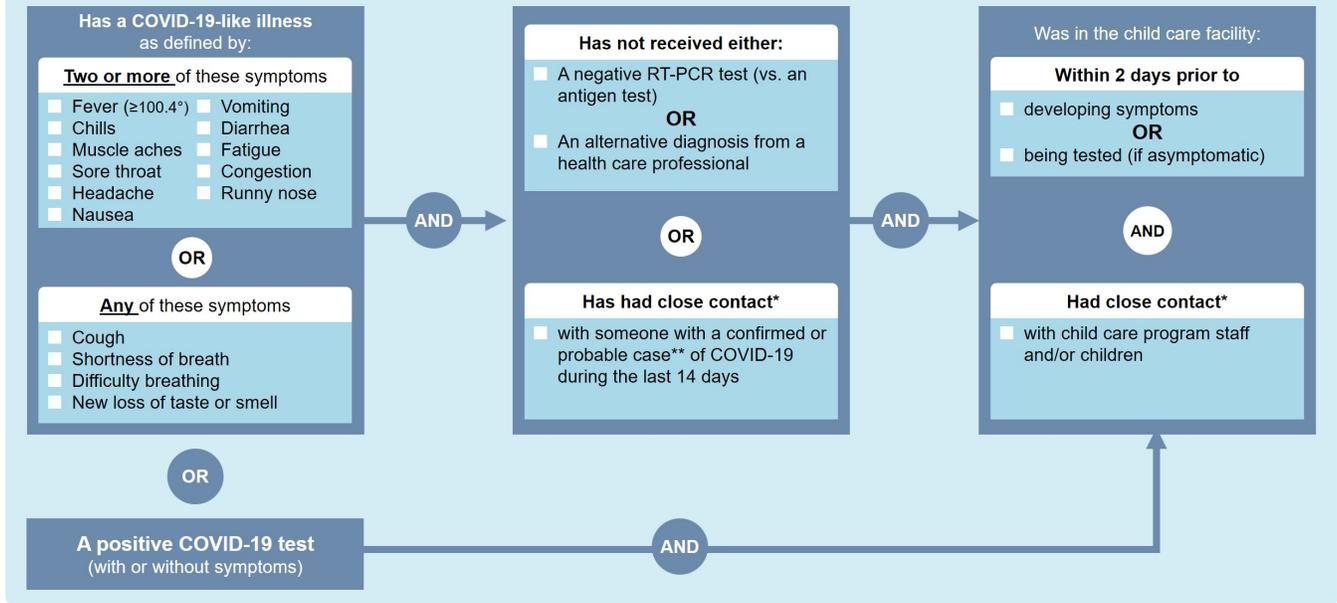
Decisions about closure and reopening are made on a case-by-case basis by our local health

department and licensing specialist. The graphic below shows the criteria for reporting potential exposure, the process for determining the extent and length of closures, and other actions that should be taken.

Process for Determining Closure Actions

1

If a child, staff, or other person:



2

Contact your local health department & licensing specialist

Provide information about:

Who is the person?

- e.g. staff, child, household member?
- has anyone else developed symptoms?

When did the person:

- Get tested and/or develop symptoms (if applicable)?
- Was it an antigen or RT-PCR test (if applicable)?
- Last enter the child care facility?

Nature of interactions within program

- With whom?
- Where?
- How long?

What preventive measures were taken?

- e.g., degree of classroom cohorting

THEN

3

Follow guidance from health department & licensing specialist:

Decisions are made on a case-by-case basis

- **Extent of closure** (i.e., classroom(s), whole program) will depend on program operations (e.g., degree to which cohorting has been implemented)
- **Length of closure** will be determined by factors such as number of persons exposed, date of last potential exposure, and new symptoms in others after closure starts.

During a temporary partial or full closure:

- Communicate with staff and families about plans and their potential exposure
- Follow CDC guidance for cleaning and disinfecting the facility
- Those affected by the closure should quarantine at home (i.e., not seek care or work elsewhere)
- Notify health department/ licensing specialist if anyone else develops symptoms during quarantine period

*close contact = being within 6 feet of an infected person for a cumulative total of 15 min. or more over a 24-hour period, regardless of whether face coverings are being worn.

** probable case of COVID-19 = someone who has a COVID-19-like illness AND has been in close contact with someone with COVID-19 in the past 14 days

Our local health department can be contacted at: 410-222-7095

Supporting Families, Staff, and Children

Communicating with Staff and Families

We will actively communicate with staff and families to determine when they will return to work/care if they have been out, discuss concerns or questions, share new policies and expectations, and confidentially discuss any extenuating circumstances that have emerged and/or any health concerns/conditions that may elevate risk for complications if exposed to COVID-19.

The staff responsible for handling questions and outreach for staff and families is: **Emily Soeffing, Director**

Training Staff

To support staff in effectively engaging in best practices and making personal decisions, we will provide learning opportunities to help all of us understand how COVID-19 is transmitted, the distance the virus can travel, how long the virus remains viable in the air and on surfaces, signs and symptoms of COVID-19, and our new policies and procedures as outlined in this plan.

Supporting Children's Social-Emotional and Special Health Needs

Staff and families will partner together to support the physical and emotional needs of children during this time. We anticipate that children will experience a wide range of feelings during this transition period. Some children will be relieved, some will have initial challenges with separation from their parent(s), some may demonstrate anger at the “disappearance” of their child care provider, and some may act out toward other children. Whatever the reactions, we acknowledge that staff and families may need some new tools in their toolkit to assist the child with emotional regulation, and we will work together to support all caregivers. We will also continue to support children with special health needs and will collaborate with their families and other service providers to ensure their needs are met.

Supporting Staff Members' Social-Emotional Needs

To ensure the well-being of the children, it is also imperative to ensure the well-being of their teachers and caregivers, and to provide them with the emotional and administrative supports necessary during this time of re-integration, and in the months ahead. As essential workers in the COVID-19 pandemic, we understand our staff may have worries about their own physical or psychological health, and the potential risk to their family members at home. Because young children internalize the stress of the adults who care for them, we know it is vitally important to provide supports and services to ensure the emotional well-being of our staff.