

Coronavirus Disease 2019 (COVID-19)



Monitoring and Evaluating Mitigation Strategies in Child Care Programs

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Understand how your COVID-19 prevention and control strategies are working

Use CDC's resources to monitor and evaluate your COVID-19 prevention and control strategies. Results can help you adjust your strategies to reduce the spread of COVID-19.

Tools for Child Care Programs

Example Questions, Indicators, and Data Sources

Understand the impact of COVID-19 mitigation strategies


Example Questions, Indicators, and Data Sources

Use these example questions, indicators, and data sources to help you monitor and evaluate COVID-19 mitigation strategies implemented in [child care programs](#).

1. Which mitigation strategies are being implemented in child care programs in my area (i.e., district, city, state), and how and when are they implemented?

Related Qualitative and Quantitative Indicators

**Potential Data
Sources¹**

- Policies, implementation, and adherence to mitigation strategies in child care programs to prevent and reduce the spread of COVID-19 among children, staff, and volunteers, including but not limited to the following:
 - [Symptom screening procedures](#) (at-home vs. in-school)
 - [Social distancing](#) strategies in child care programs, including keeping each group of children in a separate room, limiting the mixing of children, ensuring children's naptime mats (or cribs) are spaced out as much as possible (ideally 6 feet apart), and placing children head to toe in order to further reduce the potential for viral spread
 - Modifications to classroom operations (i.e., [cohorting or podding](#)) and facility operations (e.g., traffic flow in hallways, single entry/exit)
 - [Modifications to parent drop-off and pick-up](#) (e.g., hand hygiene stations at entrance, staggering arrival and drop-off times, same parent/designated person dropping off and picking up every day)
 - Plans to teach, reinforce, and/or require [use of masks](#) for children aged 2 years and older, staff, and volunteers (Note: children under 2 years of age should not wear masks)
 - Plans and protocols to assist, support, teach, reinforce, and/or require [hand hygiene](#) among children, staff, and volunteers
 - Protocols to supervise young children when they use hand sanitizer to prevent swallowing of alcohol
 - Protocols for [diapering](#) infants and toddlers (e.g., wearing gloves when diapering, washing hands before and after diapering, disinfecting diapering area after diapering))
 - Protocols for washing, feeding, and holding children (e.g., staff washing their hands, neck, and anywhere touched by child's secretions; infants, toddlers, and staff having multiple changes of clothes on hand)
 - Protocols for [cleaning and disinfection](#) of frequently-touched surfaces and reducing sharing of common objects
 - [Ventilation](#)  systems in buildings that optimize air flow
- State/local policies and recommendations
- Child care program administrative records
- Child care program observational tools
- Child care program-developed surveys
- Child care program administration surveys

- Availability and use of appropriate resources (e.g., masks, hand soap, hand sanitizer) to promote behaviors that reduce spread of COVID-19 for staff, volunteers, and children
 - Modifications for [food preparation and meal services](#), such as pre-plating and staggered meal service
 - Modifications to special events, such as canceling or postponing festivals, holiday events, and special performances
 - Considerations for children, staff, and volunteers with [developmental and behavioral disorders](#) or [disabilities](#), or at [increased risk for severe illness from COVID-19](#)
 - Plans for risk communication, including posting of developmentally appropriate signs in visible locations, broadcast announcements, and provision of educational materials in accessible formats for individuals with disabilities or limited English proficiency
- Plans for and implementation of educational sessions and professional development for staff and volunteers regarding COVID-19
 - Plans for and implementation of communication with parents, caregivers, and guardians on prevention of COVID-19 at child care programs
 - Policies and plans for absenteeism, excused absences, and sick leave for children, staff, and volunteers, including encouragement to stay home when sick and back-up staffing plans
 - Policies and infrastructure for isolation of symptomatic children, staff, and volunteers
 - Policies and plans in place for response to positive cases in children, staff, and volunteers including:
 - Notification to public health departments
 - Isolation of and safe transport of suspected/confirmed cases including a designated isolation area with a dedicated bathroom, if possible
 - Notification and engagement of parents, caregivers, and guardians, and sharing of deidentified information with broader community
 - Appropriate disinfection of areas used by

sick persons

- Notification and quarantine guidance for close contacts
- Approach to return to child care programs for cases and close contacts, including approach for supporting the needs of [individuals at increased risk for severe illness](#)
- Thresholds for determining child care program and classroom closure (e.g., number of positive cases in children, staff, and volunteers)
- Plan for communication and collaboration with local and state public health officials
- Plan for staying informed about increases/decreases in cases in the community and nearby child care programs or schools/school districts

Modifications to social, behavioral, mental health resources and support for children, staff, and volunteers

2. What are the facilitators, barriers, and factors that affect implementation of mitigation strategies in child care programs?


Related Qualitative and Quantitative Indicators

Potential Data Sources¹

- Child care program characteristics and infrastructure, including but not limited to the following:
 - Program size, number of children
 - Range of classroom sizes, children-staff ratio
 - Availability of water for handwashing
 - Availability of classrooms with windows that open and other ventilation capacity
 - Availability of space or designated area to evaluate and isolate individuals who might be sick
 - Ability for single entry and single exit or one-way traffic flow in hallways
- Ability to provide accommodations for specific populations of children, staff, and volunteers for whom mitigation measures are not feasible or required additional adaptation
- Available funding and resources to implement mitigation strategies
- Available technology to support mitigation strategies
- Number and types of staff available to support the implementation (e.g., substitute staff, additional volunteers) of COVID-19 mitigation strategies in child care programs
- Knowledge, attitudes, and practices for mitigation strategies among parents, caregivers, guardians, staff, and volunteers
- Available supplies, including cleaning and disinfection supplies, soap or hand sanitizer, masks, and personal protective equipment
- Number and types of staff available to support the implementation (e.g., substitute staff, volunteers, early intervention specialists, and other staff)
- Misinformation or perceived [stigma](#) around COVID-19
- Parental or community attitudes and involvement
- Staff and volunteer retention and/or attrition rates
- Child care program-developed surveys
- Child care program administrative records
- Child care program observational tools
- Child care program policy records
- Qualitative study of staff, volunteers, and parents or caregivers (i.e., interviews, focus groups)
- [CDC COVID-19 Data Tracker](#)²

3. Which factors contribute to child care programs' decisions to strengthen, focus, or relax mitigation strategies over time?

Related Qualitative and Quantitative Indicators

- Availability of resources to implement mitigation strategies, including but not limited to:
 - Funding
 - Technology
 - Staff availability and hours
 - Supplies, including cleaning and disinfection supplies, soap and water, hand sanitizer, and masks
 - Educational materials
- Readiness, needs, or community risk assessment findings
- Guidance from state or local health department or Child Care Resource and Referral (CCR&R), and [Agency for Children and Families](#)  (ACF)
- Levels of COVID-19 transmission within the child care program and community (e.g., percent positivity, trends in case counts, number and size of outbreaks in child care programs)

Potential Data Sources¹

State/local policies and recommendations

- Child care program administrative records
- Health department guidance
- [CDC COVID-19 Data Tracker](#)^{2>}

4. What is the association between implementation of mitigation strategies and minimizing COVID-19 associated morbidity and mortality in child care programs?

Related Qualitative and Quantitative Indicators

- Number/percent of children who have been kept home, isolated in-program, and sent home for COVID-19 like symptoms
- Number of children, staff and volunteers who test positive for COVID-19, and number given clinical diagnosis of COVID-19 (including dates of diagnosis)
- Number of days missed by children, staff, and volunteers due to COVID-19
- Number of hours from onset of symptoms to isolation in child care program or at home
- Number of hours from child care program notification of positive case to notification of [close contacts](#) (someone who was within 6 feet of an infected person for a total of at least 15 minutes) and initiation of quarantine measures
- Number of days the child care program closed or closed classrooms due to COVID-19
- Number of children, staff, volunteers, parents, and caretakers who were hospitalized due to COVID-19
- Number of students, staff, volunteers, parents, and caretakers who died from COVID-19
- Number and size of outbreaks (defined as at least 2 positive cases with a known connection) in child care program

Potential Data Sources¹


- [CDC COVID-19 Data Tracker](#)²
- Child care program administrative records
- Health department community survey
- Child care program reporting
- Case surveillance

5. What is the relationship between implementation of mitigation strategies and childhood developmental milestones and social/behavioral/mental health outcomes among children, staff, or volunteers in child care programs?³

Related Qualitative and Quantitative Indicators

- Markers of childhood developmental milestones (social/emotional, language/communication, cognitive, movement/physical development)
- Rates of disciplinary action (intervention from staff/volunteers during conflict or problem behavior) for violation of rules (fighting, pushing, and other prohibited behavior)
- Number and percent of children presenting challenging/problem behaviors or behaviors of distress (e.g., separation anxiety) reported by their parents or caregivers
- Number and percent of children with [ADHD](#) presenting challenging problem behaviors or behaviors of distress
- Number and percent of children reported by their parents or caregivers as obtaining mental health care during the time period of COVID-19
- Number and percent of staff and volunteers who report feeling stress related to COVID-19 or that COVID-19 has had a negative impact on their mental health
- Number and percent of staff and volunteers who have sought mental health care or resources for stress and coping related to COVID-19
- Number and percent of staff and volunteers who have sought mental health care or resources for stress and coping
- Occurrence of suicide ideation and attempts by staff and volunteers

Potential Data Sources¹

- Child care program administrative records
- [CDC Childhood Developmental Milestones](#)
- Child care program observational tools
- Qualitative study with staff, volunteers, and parents or caregivers (i.e., interviews, focus groups)
- [CDC COVID-19 Data Tracker](#)²
- [The National Survey of Children's Health \(NSCH\)](#) ^{4,5}
- [National Health Interview Survey \(NHIS\)](#)⁶

6. What, if any, impact have mitigation strategies had on health disparities or social determinants of health for children, staff, or volunteers in child care programs?


Related Qualitative and Quantitative Indicators

- Indicators of changing disparities among children, staff, and volunteers assessed separately or in


Potential Data Sources¹

Child care program administrative records

combination by age, gender, race and ethnicity, geography, disabilities, mental health or developmental disorders, and markers of socioeconomic status, including but not limited to the following:

- Number of students who returned to Head Start or Early Head Start programs to assess potential impacts of COVID-19 and enrollment statistics
- Number of children receiving subsidy funding for childcare
- Percent decrease or increase in reports of child abuse and domestic violence
- Rates of COVID-19 cases
- Rates of absenteeism
- Number of children, staff, or volunteers who have ability to utilize mitigation guidelines
- Number of staff (as applicable) who have access to resources for remote working (e.g., internet access)
- Number of children (as applicable) who have access to resources for remote learning (e.g., internet access)
- Number of children, staff, or volunteers who have supplies to support behaviors that reduce the spread and maintain a healthy environment (e.g., soap, hand sanitizer, masks, and cleaning and disinfection supplies)
- Number of children, staff, or volunteers who have acquired mental health and healthcare services
- Number of children referred/enrolled in support programs (e.g., early intervention programs, Child and Adult Care Food Program (CACFP) for nutritional assistance, mental health)
- Number of children with diagnosed mental health or developmental disorder (e.g., [anxiety](#), [attention-deficit/hyperactivity disorder \[ADHD\]](#), [conduct disorder](#), [autism spectrum disorder](#), [language and disorders](#), [learning disorders](#))
- Number and percent of children, staff, and volunteers experiencing housing instability and homelessness
- Number and percent of children, faculty, and
 - Health department community survey
 - Qualitative study with staff, volunteers, and parents or caregivers (i.e., interviews, focus groups)
 - Child care program-developed surveys
 - [CDC COVID-19 Data Tracker](#)²
 - [The National Survey of Children's Health \(NSCH\)](#)  ^{3,4}
 - [National Health Interview Survey \(NHIS\)](#)⁵


Additional Resources

- [Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission](#) describes the considerations for implementing community mitigation to reduce or prevent SARS-CoV-2 transmission.
- [An Approach for Monitoring and Evaluating Community Mitigation Strategies for COVID-19](#) includes a logic model that describes how mitigation strategies are implemented by governments, organizations, and individuals, and how these strategies are related to reducing COVID-19 morbidity and mortality.
- [Considerations for Monitoring and Evaluation of Mitigation Strategies Implemented in K-12 Schools of Mitigation Strategies](#) provides example evaluation questions, indicators, and data sources to help monitor and evaluate the implementation and impact of COVID-19 mitigation strategies implemented in K-12 schools on the transmission of SARS-CoV-2.
- [Checklist of Key Considerations When Planning for Monitoring and Evaluation of COVID-19 Mitigation Strategies Implemented in K-12 Schools](#) provides actionable considerations for determining the scope of a monitoring and evaluation plan.
- [COVID-19 & the Head Start Community](#)  provides guidance and resources from the Office of Head Start to help all programs support staff, children, and families during the COVID-19 pandemic.

¹Indicators and data sources may be tailored to align with the context of the intended evaluation and local communities, including what is important and feasible to assess and what data are available. Some data may be available at the local level and may not need to be collected from child care programs independently. It is critical to maintain confidentiality and privacy of the child, staff member, or volunteer as required by the Americans with Disabilities Act and the Family Education Rights and Privacy Act.

²For indicators related to COVID-19 Epidemiology, Community Characteristics, Healthcare Capacity, and Public Healthcare Capacity being tracked, refer to existing data sources: [CDC COVID Data Tracker](#) or <https://www.cdc.gov/coronavirus/2019-ncov/php/open-america/surveillance-data-analytics.html> as well those being monitored in your state/local jurisdiction.

³Ensure the data collection tools and sources used to assess these indicators adequately capture data prior to and following mitigation strategy implementation to ensure changes are attributable to the mitigation strategies. Ensure other environmental and contextual factors are taken into account that may have an impact on these indicators. It is important to establish a process to collect this information that can be used to compare to previous data and to monitor for changes in social/behavioral/mental health markers moving forward.

⁴[The National Survey of Children's Health \(NSCH\)](#)  provides rich data on multiple, intersecting aspects of the lives of children (ages 0-17 years)—including physical and mental health, access to quality health care, and the child's family, neighborhood, school, and social context. The most recent year of available data is 2018.

⁵Disclaimer: This data source is provided as an example and does not constitute an endorsement of the entity or its guidance or policies by CDC or the federal government. CDC is not responsible for the content of the individual organization sites listed in this document.

⁶[National Health Interview Survey \(NHIS\)](#) is used to monitor progress towards national health objectives; evaluate health policies and programs; and track changes in health behaviors and health care use. NHIS includes a Sample Child questionnaire, which collects information on health status, health care services, and health behaviors of children under the age of 18 years. The most recent year of available data is 2018.

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Content source: [National Center for Immunization and Respiratory Diseases \(NCIRD\), Division of Viral Diseases](#)