Child care not associated with spread of COVID-19, study finds

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Yale researchers conducted the first-ever large-scale assessment of the risk of working in child care during the COVID-19 pandemic. Their findings show child care programs that remained open throughout the

pandemic did not contribute to the spread of the virus to providers, lending valuable insight to parents, policymakers, and providers alike.

The study, published in the journal *Pediatrics*, found that exposure to child care was not associated with an elevated risk of spreading COVID-19 from children to adults, provided the child care programs took multiple safety measures—including disinfecting, handwashing, symptom screening, social distancing, mask-wearing, and limiting group size—and were located in communities where the spread of COVID-19 was contained.

For the study, Yale researchers surveyed 57,000 child care providers across all 50 states, Washington, D.C., and Puerto Rico in May and June, 2020, comparing self-reported COVID-19 infections and hospitalizations among workers whose programs stayed open and those whose programs closed. The research was done in collaboration with Child Care Aware of America.

No differences in COVID-19 outcomes were observed between workers who continued to provide in-person care for young children and those who did not. These findings suggest that child care providers assume no heightened risk from their work—assuming that workplaces keep following core health and safety practices.

"Until now, decision makers had no way to assess whether opening child care centers would put staff at greater risk of contracting COVID-19," said lead author Walter Gilliam, the Elizabeth Mears and House Jameson Professor at the Yale Child Study Center and professor of psychology. "This study tells us that as long as there are strong on-site measures to prevent infection, providing care for young children doesn't seem to add to the provider's risk of getting sick."

That doesn't mean that child care workers avoided the novel coronavirus

entirely. The study found that Black, Latino, and Native American child care providers were more likely to test positive for COVID-19 and be hospitalized for it. And, in counties with higher rates of coronavirus deaths—the study's marker of community spread—child care workers were more likely to contract the virus.

"While plenty of U.S. child care workers contracted COVID-19 in May and June, it wasn't driven by whether they were working with children or not," said Gilliam. The main factors in whether a child care worker got sick were the overall level of community transmission in the county where they lived, and race/ethnicity—with Black, Latino, and Native American people more likely to test positive or be hospitalized. These findings are in line with what other studies have found: Both policy context and social context affect people's risks and outcomes related to COVID-19.

Importantly, the research revealed that child care programs that stayed open were particularly conscientious in following recommended infection control measures. Over 90% of child care providers in open programs reported frequent handwashing and disinfection of surfaces. The survey also showed that child care sites had high rates of other infection control measures— like daily symptom checks, physical distancing, and "cohorting," which means not mixing children or items between child groups. Researchers stressed that infection control practices remain critical, especially in light of "vigilance fatigue," a tendency to become less careful and consistent in efforts to protect against a threat as time goes on.

The study comes at a time when policymakers at all levels are weighing the costs and benefits of reopening businesses and community institutions—but sometimes without the benefit of data to guide their assessment of potential consequences.

"It's understandable that families, employers, and early childhood development experts all want to see child care programs reopen. It's hard for parents to work without child care—and it's hard for young children to thrive without opportunities to engage with attentive adults and other children," said Lynette Fraga, CEO of Child Care Aware of America, the country's leading child care advocacy organization.

Given that 35% of jobs in child care were lost between February and April 2020, many child care professionals are eager to get back to work, too, Gilliam said: "Our study doesn't fully answer the question of whether to reopen childcare or not—we don't have data on children's risk, and local levels of community spread matter a lot. But our study does offer solid evidence that, under certain conditions, it's possible to open child care programs without putting staff in harm's way." Chief among these conditions are: low rates of community spread—with local positive test rates under 5%—and high rates of protective practices at the child care setting, including physical distancing, frequent handwashing, and cohorting.

The study's authors caution that their findings do not necessarily apply to teachers who work in schools or other settings with older children. "Adults who work with infants, toddlers, and preschoolers typically have a small group of children who stay together all day," said Gilliam. "Middle schools and high schools may have hundreds of people in a building—and typically, moving from class to class. Those factors alone make K-12 schools very different from child care programs."

More information: Walter S. Gilliam et al. COVID-19 Transmission in US Child Care Programs, *Pediatrics* (2020). DOI: 10.1542/peds.2020-031971