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| Statewide EmergencyChild Care Toolkit Overview: Operationalizing Emergency Child Care will look different in each community depending on available resources and personnel. This toolkit was created by members of the Montana Volunteer Organizations Active in a Disaster (VOAD) Child Care Subcommittee and draws from the resources and processes of community-based emergency child care efforts at the onset of the pandemic in Spring 2020. This toolkit is meant for pandemic or COVID-19 related events only, and intended for Community Organizations Active in a Disaster (COAD) to help identify stakeholders to build a task force, collaborate for increased impact, and includes tools and resources to identify and meet the needs of your community. |

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#

# Statewide Emergency Care Planning and Execution

## STEP 1: BUILD THE TEAM

Create a task force of community leaders to assist in the development of Emergency Child Care in your community. Task force membership should include expertise in child care operations and licensing (both for ages 0-5 as well as school-aged), health and safety guidelines, school district needs, financial opportunities (both traditional and disaster-related), community organizing, and outreach. Potential emergency care operators, and any major institutions that would benefit from emergency child care, should be involved with planning. At the very least, coordinate with your local Child Care Resource and Referral Agency to develop an emergency child care plan.

### Recommended local representatives to consider:

* [Child Care Resources and Referral Agency](https://mtchildcare.org/regional-ccr%26r-agency)
* [Child Care Licensing](https://dphhs.mt.gov/qad/licensure/childcarelicensing)
* [Early Childhood Coalition/Best Beginnings Advisory Council local coordinator](https://dphhs.mt.gov/hcsd/ChildCare/BestBeginningsAdvisoryCouncil)
* [Zero to Five Local Collaborative Coordinator](https://www.zerotofive.org/contact)
* Large and/or well established child care provider(s)
* [Montana Association for the Education of Young Children](https://mtaeyc.org/)
* [Head Start/Early Head Start](http://mtheadstart.org/programs.html)
* [City/county health department -environmental health specialist](https://www.naccho.org/membership/lhd-directory?searchType=standard&lhd-state=MT#card-filter)
* Hospital/clinic(s)
* [School district](http://opi.mt.gov/SchoolDirectory)
* Community organizers
* YMCA, Boys and Girls Club and/or other youth-serving organizations
* [United Way](https://www.unitedway.org/local/united-states/montana) or other local nonprofit service agency
* [MT Afterschool Alliance](http://www.mtafterschoolalliance.org/our-team)
* Parent engagement groups - parent/caregiver liaisons
* [Tribal governments](https://tribalnations.mt.gov/)
* [MT Chambers of Commerce](https://www.visitmt.com/plan-your-trip/chambers-of-commerce.html)
* Summer care/camp representatives
* [Montana Learning Center COVID 19 guide](http://montanalearning.org/news-july-2020/)
* Economic development groups <https://www.medamembers.org/membership/find-a-member/?v=search>
* COAD’S/VOAD (Community Organizations Active in Disasters)/(Volunteer Organizations Active in Disasters)

### Additional Subgroups/work groups to consider:

Subgroup teams may be formed to create solutions for specific task force needs. Subgroups may meet separately or during break-out time during regular task-force meetings. Work in coordination with your local COAD to identify areas of focus and subgroups as needed.

* Child care provider group: Assess interest in operating different forms of emergency child care. Input may help shape task force plans and provide a better perspective of the needs of child care providers throughout an emergency.
* Camp provider group: Share information about health and safety procedures and other guidance about operation during an emergency. Information from this group may also provide the task force with a better perspective of summer camp needs.
* Organization and funding: Create template or example
* Language for funding proposals, formulate specific funding requests and map the logistics of specific emergency child care plans (i.e. liability, establishment of partnerships).
* Locations: Identify potential locations for emergency child care. Coordinate with Health and Safety to ensure locations are appropriate.
* Health and Safety: Provide guidance for providers on safe operation. Approve potential emergency child care locations.
* Outreach: Create outreach materials to educate the public on child care options.

## STEP 2: ESTABLISH PURPOSE

Establish the goal for your emergency care task force. Conditions may change rapidly throughout the emergency. It will be important to revisit this goal regularly to ensure your work remains focused and the goal is still on target.

Example:

1. Ensure that lack of child care does not result in a workforce shortage among healthcare workers and other critical occupations during the COVID-19 crisis.
2. Prepare to open emergency child care.

## STEP 3: COORDINATION

**Outline the key elements for coordination of efforts**

* Agreement on critical occupations
* Lessons learned: do not create criteria for who to serve - accept anyone who needs it
* Gallatin: prioritize rescue and relief workers
* Communicate priority system in case of surge in cases
* Define essential workforce quickly!

**Documents for reference:**

* Office of the Governor: Executive Order designating certain essential functions: [https://static1.squarespace.com/static/5c90fe4716b640613581ddff/t/5e989f3b7bffa75893a7b888/1587060540805/Executive+order+designating+certain+essential+functions.pdf](https://static1.squarespace.com/static/5c90fe4716b640613581ddff/t/5e989f3b7bffa75893a7b888/1587060540805/Executive%2Border%2Bdesignating%2Bcertain%2Bessential%2Bfunctions.pdf)

**Coordinate systems for emergency care deployment, referrals/enrollment and staffing**

Designate lead agencies/organizations to coordinate systems:

* Enhanced referral
	+ 0-5 referrals -lead agency:Child Care Resource and Referral Agency
	+ School age -lead agency: designate one organization to lead referral process
* Tuition assistance
	+ [Best Beginnings scholarships](https://dphhs.mt.gov/hcsd/ChildCare/BestBeginningsScholarships.aspx) for families
	+ CCRR temporary assistance fund if available
	+ Assess local funding sources
* Supplies
	+ Coordinate with city, janitorial supply company, Disaster and Emergency Services, Volunteers Active in Disaster (VOAD), Local Emergency Planning Committee (LEPC), [Masks for Heroes](https://masksforheroes.org/) (Bozeman-based nonprofit)
* Coordination of cost between emergency child care programs

## STEP 4: CRITICAL QUESTIONS

Establish critical questions to understand the need for and availability of emergency child care.

* Are hospital staff and critical occupations experiencing a workforce shortage due to lack of child care?
* Are child care facilities open, closed or offering limited availability?
* What child care facilities, schools, or organizations serving children are willing to remain open for children of critical occupations?
* What staffing needs can we anticipate and address? (Examples: hazard pay, health insurance)
* What technology support will be needed? (for surveys, data collection and synthesis, etc)
* What are the protocols, policies, mandates for emergency childcare?
* What funding will be needed to address these needs?

## STEP 5: RESPONSES/TOOLS/INSTRUMENTS

Utilize Human Resource (HR) departments to Survey parents in critical occupations to determine the need for child care. Survey child care providers and community organizations to determine child care centers/spaces willing to operate and that can monitor referral requests.

Establish roles within your task force: survey creation, distribution, and analysis

**Emergency Care Needs Assessment Survey:**

Determine best agency/org for conducting surveys, seek to coordinate on surveys

* + Chamber of Commerce — survey employers
	+ United Way and Schools — access families of school age children
	+ Child Care Resource and Referral Agencies — child care providers open/closed status; Needs (supplies/staffing/funding) of child care providers
	+ Call to action for child care workers [example](https://drive.google.com/file/d/1hkUnad7A0IdfDkFvFNg_mFoykZ1RSeLS/view?usp=sharing)
* Goals:
	+ Gain information about the number of respondents who need child care in order to report to work.
		- How many respondents are currently working
		- How many respondents are laid off
	+ Gain information about the children who would need emergency child care if all respondents were needed at work.
		- Number of children
		- Ages of children
		- Where they normally attend child care or school
	+ Gain information about the days and times that respondents would need child care.
* Example surveys
	+ Bozeman & Helena <https://forms.office.com/Pages/ResponsePage.aspx?id=dQiX5YjJQ0-q_li7VBa2uUaH2fvLFbxDvJKmF3yGKGtUMkg2NEs5VThRS0E0WVk2V0hBVjkwQVk3Qi4u>
	+ ENHANCE (heat map)<https://www.enhancemt.org/survey-results-summary.html>

**Hospital Staff Dependent Care Survey — determine hospital/clinic to spearhead effort**

* Goals:
	+ Gain information about the number of hospital workers who need child care in order to report to work during a patient surge.
	+ Gain information about hospital worker’s dependents. (Dependents included adults that need care as well as children):
		- Number of dependents
		- Ages of dependents
	+ Gain information on how many hospital workers have a back-up plan for child care should their current plans fall through.
	+ Identify preferences for care (in-home vs. group, schedule, etc.)
* Example surveys
	+ Bozeman: Bozeman Health sent out the survey directly to their employees. It contained very basic questions such as: Are you in need of childcare? How many children? Ages? Contact information.

**Child Care Facilities Tracking Document -CCRR spearheads effort**

* Create an Excel document/database listing potential locations for emergency child care:

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Interest level | Task Force member contacting facility | Facility | Director/Owner | Location | Type | Phone # | Closure notes | Normal Capacity | Ages equipped to serve | # classrooms |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

Key for interest level (More questions to potentially add to chart above):

* Reopen and operate
* Would rent space
* Would loan supplies/materials
* Not interested

Closed child care facilities, gyms with child care facilities, and churches with child care facilities can be included on this document.

* Coordinate with other COAD groups about facility use, as there may be the potential for a competing need of the same facility.

## STEP 6: PLAN/STRATEGY

Identify providers, facilities and staff willing to operate and run emergency child care.

Several options to consider:

1. A central entity (Child Care Resource and Referral Agency, United Way, YMCA, County,other) operates emergency child care in a closed child care facility.

Advantages: standardization of policies and practices including compensation

Disadvantages: child care directors may not be willing to “turn their facility over” to someone else. Logistics, finances, and liability are complex issues to solve.

1. Closed (or mostly closed) child care programs operate emergency care in their facilities, utilizing as many of their own staff as possible.

Advantages: supervision and financial lines are very clear. People feel comfortable with existing structures.

Disadvantages: Can enrollment be expedited?. Possible lack of standardization of practices and compensation.

* Criteria to consider in selecting facilities:
	+ Size of program
	+ Number of separate classroom spaces available
	+ Equipment for/experience with infants and toddlers
	+ Location (close to hospitals is a plus)
	+ Business model (nonprofits may be eligible for direct funding by more types of grants)
	+ Administrative capacity, expertise of director, and staff
* How to develop list of programs
	+ Use list of STARS to QUALITY facilities [(STARS programs by city)](https://dphhs.mt.gov/Portals/85/hcsd/documents/ChildCare/STARS/Participants/STARSProgramsListbyCity.pdf)
	+ Ask Child Care Resource and Referral to make recommendations. <https://dphhs.mt.gov/hcsd/childcare/childcareresourceandreferral>
* Consider holding “Focus Group” conversations with selected directors to assess interest and gather questions/concerns.

Develop a “staff pool” of qualified child care workers for group or 1:1 settings

* Consider the possibility of working with a temporary staffing agency.
* Questions regarding use of a staffing agency include:
	+ Who carries the liability for the employees?
	+ Who is the actual employer and who will directly supervise these employees?
* Assess interest in participating in emergency care as temp employee, or in a temp pool/nanny pool.
* Send survey to child care providers to determine interest in working in emergency care example at Region 5 CCR&R <http://bit.ly/2JoqV9o>
* Example MOU for emergency child care partnership -<https://drive.google.com/file/d/14Cqn_GQEt10VeHLxE5UQWGYP0gx2UChZ/view?usp=sharing>

Two methods of support for families seeking care:

1. Enhanced referral to existing, licensed child care who wanted to enroll children of essential workers temporarily. Coordinate with CCRR. CCRR will use Guardian Programs who are trained in Emergency Preparedness and meet licensing standards.
	1. Advantages: supports existing child care businesses; most existing businesses are very small programs without community-wide reputation; spreads out the enrollment rather than concentrating in one or two facilities
	2. Disadvantages: very little oversight about health protocols and practices; families seemed less likely to trust “just any old provider” vs a designated “emergency care” facility. No standardization or improvement to compensation for providers. Harder to track.
2. Support emergency care operated by non licensed -- but experienced-- providers, focusing first on school-age care. Coordinate with CCRR

## STEP 7: FUNDING

Identify possible funding streams.

**Pre-COVID Child Care Funding**

Existing funding streams pre-COVID:

* Early Childhood Services Bureau:
	+ Child Care Development Block Grant
	+ Best Beginnings Scholarship
	+ Child Care Licensing
	+ STARS to Quality
* Child Care Resource & Referral Agencies -- Child Care Resource & Referral Network
* Head Start & Early Head Start
* Private Child Care Providers
* Parents
* Employers
* COAD/VOAD
* Community Foundations

**State COVID emergency funding sources/sites for emergency child care**

* <https://dphhs.mt.gov/hcsd/childcare/COVID>
* Application here: [ttps://www.surveymonkey.com/r/COVID-19TempCareSupportApp](https://www.surveymonkey.com/r/COVID-19TempCareSupportApp)
* State Fund (PPE)
* [Best Beginnings Scholarship expansion](https://dphhs.mt.gov/hcsd/ChildCare/BestBeginningsScholarships.aspx)

**Local Emergency Funding -identify potential funders**

* Community Foundations
* United Way
* COAD
* City/County
* Philanthropic/Family Foundations
* Tribes
* Salvation Army (supplies -wholesale prices)

## STEP 8: OPERATIONS

Prepare to open emergency child care.

**Bozeman Training resources for emergency pop up child care:**

* [**https://drive.google.com/open?id=11jgtXRi2pi21L2x4ktNldXbYlst23D92**](https://drive.google.com/open?id=11jgtXRi2pi21L2x4ktNldXbYlst23D92)

**Region 5 Emergency Child Care resources :**

* [**http://bit.ly/AMPHOcc2020**](http://bit.ly/AMPHOcc2020)
* [**http://bit.ly/childintake**](http://bit.ly/childintake)

**CDC recommendations:**

* [**https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html**](https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html)

**Child Care licensing**

**Refer to local Health department guidelines**

**Sample budgets**

**Temp Childcare budget example** [**https://drive.google.com/file/d/1ztrYt1RKPcV8f\_gns8gV61OOclRvmbdS/view?usp=sharing**](https://drive.google.com/file/d/1ztrYt1RKPcV8f_gns8gV61OOclRvmbdS/view?usp=sharing)

**Other categories identified by VOAD:**

**COMMUNICATIONS**

**CONTINUED SUPPORT FOR COMMUNITY**

* Online childcare offerings example survey for providers to add to website for families: <https://forms.office.com/Pages/ResponsePage.aspx?id=dQiX5YjJQ0-q_li7VBa2uUaH2fvLFbxDvJKmF3yGKGtUMzdIQlYyTEJRRlRXMlk3V0tQV0lQUEQxWC4u>

**TRAINING**

**MEALS**

* School districts provided meals (USDA expansion?) contact local school districts. They have supporting funding to feed all of a community’s children through May 2021?
* Salvation Army provided meals for homeless, essential emergency staff, child care programs
* Boys and Girls Club — food boxes
* Food Bank — expanded services and delivery

**HEALTH AND SAFETY**

* County health department websites
* [Childcaretraining.org](https://www.childcaretraining.org/) training for new facilities
* MISSOULA COUNTY HEALTH DEPARTMENT: CHECKLIST TO ENSURE BASIC HEALTH, SAFETY, AND SANITATION NEEDS ARE MET AT EMERGENCY CHILD CARE LOCATIONS: [https://static1.squarespace.com/static/5c90fe4716b640613581ddff/t/5e98a40a6fd23840aaf2dccd/1587061771321/Emergency+Child+Care+Checklist\_Missoula+County+Health+Department.pdf](https://static1.squarespace.com/static/5c90fe4716b640613581ddff/t/5e98a40a6fd23840aaf2dccd/1587061771321/Emergency%2BChild%2BCare%2BChecklist_Missoula%2BCounty%2BHealth%2BDepartment.pdf)

## STEP 9: RESPONSE EVALUATION

* successes, lessons learned, community response
* Evals from summer camps families, emergency childcare families
	+ <https://forms.office.com/Pages/ResponsePage.aspx?id=dQiX5YjJQ0-q_li7VBa2uUaH2fvLFbxDvJKmF3yGKGtUQ09KOUFUWVk5UENJUk1QRFFSUzhESU5RWi4u>

# Anticipating and Adapting to COVID-19 Reopening Phases

The following information outlines shifts, challenges and questions to consider in the event that Montana moves between statewide reopening phases. For the most up to date information on current phases, statewide mandates and Executive Orders, refer to this website: <https://covid19.mt.gov/>

**Phase 1 -> Phase 2**

**Changes that impact child care:**

* Increase in the total number of children that can be served from 24-50. This will allow child care centers to increase their capacity.
* Some increase in the number of employees that are working at restaurants, stores, bowling alleys (potential for increased demand).

**Challenges that remain:**

* Group size remains at 10.
* Providers are still encouraged to keep siblings together, which can impact ratio requirements.
* Social distancing and cleaning recommendations stay in effect.
* Substitutes? If those that are not feeling well can’t attend, how does this function without sufficient substitutes?
* Temperature checks and additional cleaning still required.
* Parents may still be cautious about sending children.
* Child care providers may still not be comfortable being open.

**Questions that will need to be answered:**

* Will there be enough child care slots for families that need to report to work?
* How much funding is needed (from government, business, or parent fees) to keep child care operating with the ratios and cleaning requirements?
* How many child care facilities will choose to be open during this phase?
* Health insurance for child care providers? Do they feel safe?

**Potential work of the task force:**

* Assessment of need for care?

**Phase 2 -> Phase 3**

**Changes that impact child care:**

* No limit on total number of children that can be served by a facility or camp.
* Group sizes may stay low, creating hardship for centers not able to open to capacity
* Group size may increase?? Not have limit??? (Not clearly stated in Phase 3 statement)

**Challenges that remain:**

* Temperature checks and additional cleaning still required.
* Parents may still be cautious about sending children.
* Staffing challenges — feeling comfortable working with children during pandemic, increase need of staff due to low group size.
* Child care providers may still not be comfortable being open.

**Questions that will need to be answered:**

* Health insurance for child care providers? Do they feel safe?

**Phase 3 -> Phase 2**

**Changes that impact child care:**

* Availability of staff
* Potential decrease in group size, leading to loss of revenue

**Challenges that remain:**

* Staffing challenges - feeling comfortable working with children during pandemic, increase need of staff due to low ratio.
* Temperature checks and additional cleaning still required.
* Parents may still be cautious about sending children.
* Child care providers may still not be comfortable being open.

**Questions that will need to be answered:**

**Phase 2 -> Phase 1**

**Changes that impact child care:**

* Reduction in total possible facility size from 50 to 24.
* Slight decrease in the number of families that report to work.
* Children may be pulled out of child care due to parents working from home or without jobs
* Child care programs closing
* Out of school care closing

**Challenges that remain:**

* Staffing challenges — feeling comfortable working with children during pandemic, increased need of staff due to low ratio.
* Temperature checks and additional cleaning still required.
* Parents may still be cautious about sending children.
* Child care providers may still not be comfortable being open.

**Questions that will need to be answered:**

* If this happens during summer — will families suddenly find themselves without camp care and not have another plan ready?
* Previously there was a small need for emergency care during Phase 1, but this no longer exists. However, the presence of camps (even if limited) may cover this need.
* Camp employee unemployment needs — if camp staff are suddenly unemployed will they qualify for any benefits?

**Phase 1-3 -> Shelter in Place**

**Changes that impact child care:**

* Fewer families need child care because only essential workers are reporting to work outside the home.
* Families may be less inclined to use child care, even if they are essential workers, because perception of risk of infection is high.
* Consumer education is important citing the safety of child care settings: <http://bit.ly/childcaresafe>

**Challenges that remain:**

* Essential workers will still need care.
* All safety precautions will remain in place.
* Group sizes of no more than 10.
* Facility sizes of no more than 24.

**Questions that will need to be answered:**

* If infection rates are high, how are facilities handling the need for substitutes?
* Pilot substitute pool by Network 2021
* Visit with temp agencies?

# Anticipating and Adapting to School Reopening Plans

The following information outlines shifts, challenges and questions to consider for different school reopening plans. [School districts](http://opi.mt.gov/SchoolDirectory) should be the first point of contact regarding services offered.

**Beginning of School Year — Schools do not reopen for in-person education**

**Changes that impact child care:**

* Shelter in Place: Potentially low need due to families being home with kids.
* Reopening: Potential need for daytime care since camps are no longer operating and school is not available.

**Challenges that remain:**

* Care for children outside of school — if group size is still low

**Questions that will need to be answered:**

* Will schools reopen?
* Will camps continue to offer out of school programming to offset school schedules?
* How will cohorts be maintained between school and care options?

**Beginning of School Year — Schools reopen for partial in-person or cohort model education**

COAD child care subcommittees: Consider these questions in your decision making process.

**Changes that impact child care:**

* Ages 0-5 asked to leave child care if sibling is in public schools.
* Delayed re-opening, additional demands on child care
* Families who hold kindergarten age kids back may not have space in child care setting
* Cohort model: off days -instructional support for parents, tough on enrollment
* Lack of safe, school age alternatives for parents for out of school time

**Beginning of School Year —schools reopen as usual**

**Changes that impact child care:**

* Children will be in school and will not need child care during the day. After school programming may be limited.

# COVID Resources

**Nonprofit resources**

**Montana Nonprofit Association:** [houses resources and information](https://www.mtnonprofit.org/covid19nonprofit/) to help nonprofits make the best decisions for organizations and communities.

* [Building Your New Normal: A Toolkit for Nonprofits](https://www.mtnonprofit.org/wp-content/uploads/2020/04/Building-Your-New-Normal-Toolkit-for-Nonprofits-1.pdf) guides businesses to prepare for extremes.

**General COVID resource pages**

[**Montana state resource page**](https://covid19.mt.gov/): latest information on statewide mandates and Executive Orders

[**MT Department of Health and Human Resources:**](https://dphhs.mt.gov/publichealth/cdepi/diseases/coronavirusmt)latest information on COVID-19 in Montana

[**ENHANCE MT website**](https://enhancemt.org/)**:** ENHANCE has a mission to ensure Montana re-opens more resilient by addressing the cascading effects and resources needed across families, providers, businesses and schools.

[**Zero to Five COVID resource page**](https://www.zerotofive.org/covid19)**:** includes resources for child care providers, parents and families.

**Out of School Care Resources**

**Statewide resources**

## **Zero to Five:** [Collaboration toolkit](https://www.zerotofive.org/outofschoolcaretoolkit) containing guidance for school districts, out of school care providers and child care providers to prepare for and engage in collaborative partnerships to provide out of school time care.

* **Montana Afterschool Alliance:** [Resources and guides](http://www.mtafterschoolalliance.org/school-and-community-partnerships) for afterschool programs serving school-age children, as well as guidance for effective school-community partnerships in Montana.
* **ENHANCE MT:** [Out of school time and child care navigation guide for parents during the COVID-19 Pandemic](https://static1.squarespace.com/static/5c90fe4716b640613581ddff/t/5f511999382bcb6a3db485c3/1599150492394/Out-of%2BSchool%2BTime%2Band%2BChild%2BCare%2BNavigation%2BGuide%2Bfor%2BParents%2Bduring%2Bthe%2BCOVID-19%2BPandemic%2BFINAL.pdf) including suggestions for families to consider, what all programs must do, what all programs are strongly encouraged to do, and how your child can be ready.
* [**Montana Learning Center:** COVID-19 toolkit for summer camps](http://montanalearning.org/news-july-2020/), including a comprehensive manual and a PDF file with graphics and tools that can be used by Montana nonprofit organizations that offer children’s summer camps to develop and document their COVID-19 risk minimization programs.

**County specific sites and resources**

* **Missoula County:** [Information and resources](https://covid19.missoula.co/SchoolsChildcareUniversity) about public school and university fall reopening plans as well as out of school care options for families.
* **Gallatin, Park, Lewis & Clark, Broadwater, Jefferson, and Madison counties:** [Child care resources for Fall 2020 webpage](https://www.outofschoolmt.org/?fbclid=IwAR0RzhY4q6dmee2-ICCX5Ud_2x_ccELOC48cztZxE1Y2gVGbj1FKTNnymDc)