



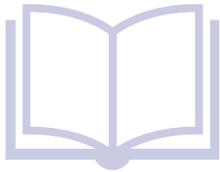
# GUIDANCE FOR CHILD CARE

Centers and Group  
Child Care Homes

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During COVID-19





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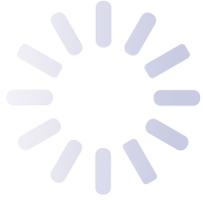
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# UPDATES

## The following updates have been made since the initial publication of this document on May 29, 2020.

The limit to the number of students allowed in a facility was removed, previously seen on pages 5 and 21. (Updated 6/24/20)

- ◆ The Commissioner of the Office of Early Childhood, in consultation with the Department of Public Health, has removed the requirement that programs serving more than 50 children (previously 30) must obtain approval from the OEC. Programs previously approved are now held to the same requirements as those programs serving fewer children.

The limit to group size of students allowed in a space in the facility was raised from 10 to 14 children, as seen on page(s) 5, 13 and 21. (Updated 6/24/20)

- ◆ The Commissioner of the Office of Early Childhood, in consultation with the Department of Public Health, has modified the group size requirement to no more than 14 children in one space. Such spaces may be divided by half walls, half doors or other physical barriers. In rooms large enough to accommodate multiple groups of children, sharing of the room by multiple groups of children creates increased risk. A minimum distance of six feet must be maintained between groups of children.

The health screening procedures have been updated so that temperature screenings are no longer required, as seen on page(s) 5, 11 and 22. (Updated 6/24/20)

- ◆ The Commissioner of the Office of Early Childhood, in consultation with the Department of Public Health, has determined that temperature screenings will no longer be required for children and staff. While these were considered an important step over the past three months, new guidance about their value, weighed against the challenges this creates (distancing as individuals line up, staff member who has contact with every child, staffing costs) has led to the dropping of this element of health screening as a spread prevention tool. Programs should work with staff and families to ask for their cooperation in staying out of care settings when exhibiting any symptoms of illness. Health screening remains an important tool for managing the spread of illness.

The details related to how to report COVID-19 have been updated as seen on page 17. (Updated 6/9/20)

- ◆ In February 2020, COVID-19 was added to the List of Reportable Diseases. Those required to report such diseases must report cases of COVID-19 infection immediately to the DPH Epidemiology and Emerging Infection Program (860-509-7994) and the local department of health in the town of residence of the case-patient by telephone on the day of recognition or strong suspicion of the disease. Contact information for the local health department can be found at <https://portal.ct.gov/DPH/Local-Health-Admin/LHA/Local-Health-Administration---Site-Map>.





# NOTE TO PROVIDERS

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We greatly appreciate the challenges all Connecticut child care providers are facing due to the current COVID-19 public health emergency. The work you do to care for and educate young children is essential. It allows families to work and provide for their families; and allows medical professionals to care for those who need their help. Thank you for your continued dedication. We value you and aim to supply you with all of the information you need to continue to provide critical services at this time.

The policies and guidance in this document are specific to COVID-19 and the declared state of emergency. Unless otherwise specified, all licensing regulations and other requirements still hold firm.

This guidance document is being issued on June 24, 2020, and is subject to updates as necessary. Memos and details are being kept up-to-date on our website at [ctoec.org/covid-19](https://ctoec.org/covid-19). Please check back frequently for the latest information.

For a list of Frequently Asked Questions, please visit [ctoec.org/covid-19/covid-19-frequently-asked-questions-faq/](https://ctoec.org/covid-19/covid-19-frequently-asked-questions-faq/).

We cannot thank you enough.  
Connecticut Office of Early Childhood





# ASSUMPTIONS

## The Office of Early Childhood (OEC) has created this guidance based upon the following assumptions:

- ◆ Emergencies present themselves at all times and in many forms. Child care programs must be prepared to respond to major threats, including severe weather and human-caused emergencies, as well as infectious and viral threats like the current COVID-19 crisis.
- ◆ OEC follows guidance from the Centers for Disease Control and Prevention (CDC) and public health entities because OEC is not a health-based organization. Specific verbiage has been taken from CDC and Connecticut Department of Public Health (DPH) guidelines.
- ◆ Child care services are essential in restoring the economic well-being of a community after a disaster because the ability for parents to return to work depends on the availability of child care services.
- ◆ OEC has a direct relationship with some programs based on funding (i.e. School Readiness, Head Start, Smart Start, Care 4 Kids, child day care contract programs), and may have policies and supports that are specific to these funding sources.
- ◆ All licensed child care programs and homes will continue to meet all **licensing requirements**.
- ◆ The health and safety of children, families, and child care staff is a priority.
- ◆ Health and safety practices that are necessary to mitigate the spread of COVID-19 must be implemented in a manner that maintains trusting relationships between providers, children, and families; and supports child development and well-being.



# CONNECTICUT REQUIREMENTS FOR CHILD CARE DURING COVID-19



**OEC has issued the following requirements for all child care facilities (including license-exempt programs) to reduce the risk of spreading any infectious disease while operating during this public health emergency.**

This guidance can also be found on the [OEC COVID-19 Website in Memo #6 Revised and Memo #15 Revised](#). All guidance is based upon medical advice from the CDC, DPH, and the Governor's Office.

- ◆ All staff must use face coverings at all times.
- ◆ Maintain groups of 14 or fewer per space.
  - ◆ NOTE: Children should stay in the same group each day so that, if an outbreak should happen to occur, only one classroom may need to be closed for 14 days, instead of the entire program.
- ◆ Screen staff and children for any observable illness, including cough or respiratory distress, prior to entering the facility (see [Section 5: Health Screening Procedures](#)).
- ◆ Exercise enhanced cleaning and disinfection.

## PRACTICE FREQUENT HANDWASHING FOR AT LEAST 20 SECONDS



Before coming in contact with any child.



After sneezing, coughing, or nose blowing; before handling food and eating; after using the restroom; touching or cleaning surfaces that may be contaminated; and using any shared equipment like toys, computer keyboards, or mouse.

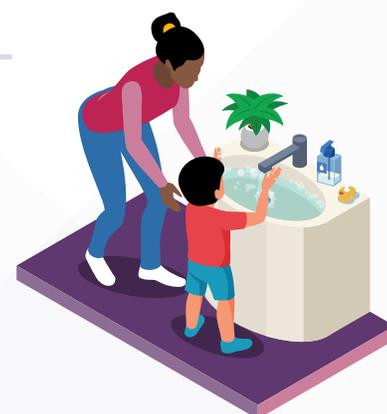


Help children practice frequent handwashing.



If soap and water are not available, use a 60%+ alcohol-based hand sanitizer.

- ◆ All staff shall cover their mouths with their sleeve or a tissue when coughing or sneezing, and encourage children to do the same; and dispose of soiled tissues immediately after use.
- ◆ Avoid touching the eyes, nose, or mouth with hands.
- ◆ Ensure anyone showing signs of sickness stays home.
- ◆ Implement social distancing (see [Section 3: Social Distancing](#)).



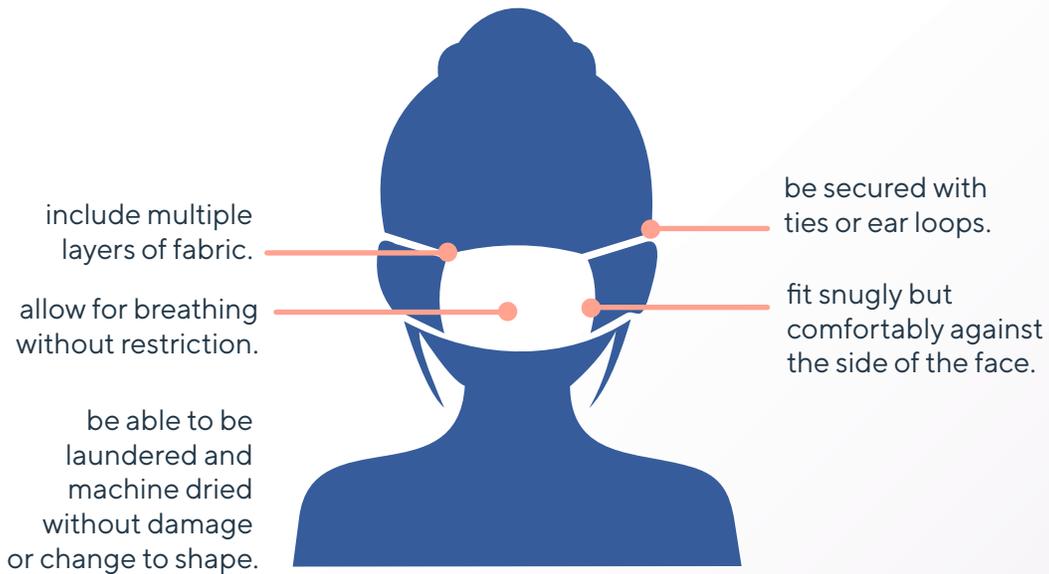


# MASK-WEARING

**All staff must use face coverings at all times (unless outside and can keep a distance of 6 feet).**

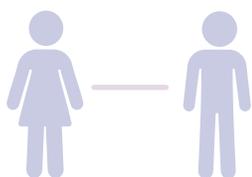
- ◆ Face coverings shall not be placed on young children under age 2; anyone who has trouble breathing; or anyone who is unconscious, incapacitated, or otherwise unable to remove the mask without assistance.
- ◆ Children in a child care environment and those with medical conditions are not required to wear a mask.

## FACE COVERINGS SHALL



- ◆ Individuals shall be careful not to touch their eyes, nose, and mouth when removing their face covering, and wash hands immediately after removing.
- ◆ Face coverings recommended are not surgical masks or N-95 respirators; those are critical supplies that must continue to be reserved for healthcare workers and other medical first responders, as recommended by current CDC guidance.





## SOCIAL DISTANCING AND GROUP SIZE

### Determine strategies appropriate for your program and consider the following measures for social distancing:

- ◆ If possible, child care classrooms shall include the same group each day, and the same teachers shall remain with the same group each day.
- ◆ Cancel or postpone special events such as festivals, holiday events, and performances.
- ◆ Consider that the following licensing regulations regarding staffing, ratios, and group sizes have not been waived and are still in effect.
  - ◆ At least 2 staff members who are 18 years of age or older must be present on the premises when one or more children are present.
  - ◆ The ratio for preschool is one 1 adult to 10 children.
  - ◆ Infant/toddler classrooms must have no more than 8 children under the age of 3 and must maintain a ratio of one adult for every 4 infants/toddlers.
- ◆ In order to limit the number of people that individuals are exposed to, programs may want to consider having 2 staff assigned to each group of children on a regular basis.
- ◆ The goal of limiting group size is to keep the number of people that each person is interacting with low. The best ways of achieving this goal will vary from program to program. These ideas may be helpful in creating a plan for your program:
  - ◆ Stagger start and end times and group children according to the hours of care needed. For example, one classroom may operate from 8 am to 3 pm, while another classroom runs from 10 am to 6 pm.
  - ◆ Encourage families to use only the hours of care that they need and to stagger their own schedules when possible to limit their need for childcare outside of the home.
  - ◆ Consider an adjusted schedule in which 2 teachers overlap for a portion of the day and cover each other's breaks.
  - ◆ Have substitutes available in case teachers are sick and consider identifying specific substitutes for classrooms or age groups. Keep in mind that substitutes, like teachers, need to follow all **Department of Economic Development Safe Workplace Rules for Essential Employees per Executive Order 7BB**.





## Alter or halt daily group activities that may promote transmission.

Limit the mixing of children by staggering playground times, and keeping groups separate for special activities such as art, music, and exercising.

If possible, at nap time, ensure that children's naptime cots (or cribs) are spaced out as much as possible, ideally 6 feet apart; and consider placing children head to toe in order to further reduce the potential for viral spread.



Space children, ideally 6 feet apart, during meal or snack times.

- ◆ We are aware that working in these settings during this emergency is a challenge. There are risks and we trust that staff and families will work together to maintain the health and safety of the children in your care.





# DROP-OFF AND PICK-UP PROCEDURES

**Drop-off and pick-up procedures shall be altered and reviewed with families. These procedures reduce exposure, and help keep children and staff safe.**

- ◆ Hand hygiene stations shall be set up at the entrance of the facility if possible, so children can clean their hands before they enter.

## HAND HYGIENE STATIONS

If possible, staff shall sign children in and out of care. When families are doing so, encourage them to use their own pen.

If a sink with soap and water is not available, provide hand sanitizer with at least 60%+ alcohol next to parent sign-in sheets.



Keep hand sanitizer out of children's reach and supervise use.

If possible, place sign-in stations outside, and provide sanitary wipes for cleaning pens between each use.



**Consider staggering drop-off and pick-up times, and limit direct contact with parents as much as possible.**

Have child care providers greet children outside as they arrive, and limit direct contact between parents and staff members, adhering to social distancing recommendations.



Infants could be transported in their car seats; store car seats out of children's reach.

Have families drop children off at outdoor classroom doors when possible so that they do not need to walk through the building.

- ◆ Access to the facility shall be limited.
- ◆ Ideally, the same parent or designated person shall drop-off and pick-up the child every day.
- ◆ If possible, older people such as grandparents or those with serious underlying medical conditions shall not drop-off or pick-up children, because they are more at risk for **severe illness from COVID-19** (see **Section 8: Sick Procedures**).
- ◆ Others necessary to the facility shall be limited.





# HEALTH SCREENING PROCEDURE

**All staff and children are required to be screened for any observable illness, including cough or respiratory distress.**

- ◆ Staff shall wash hands and wear face coverings.
- ◆ Staff shall stand at least 6 feet away from the child and parent/guardian or stand behind a physical barrier, such as a glass or plastic window, or partition that can serve to protect the staff member's face and mucous membranes from respiratory droplets that may be produced if the child being screened sneezes, coughs, or talks.
- ◆ Ask the parent/guardian to confirm that the child does not have a fever, shortness of breath, or cough.
- ◆ Make a visual inspection of the child for signs of illness which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness.

In consultation with DPH, the OEC is not requiring temperature checks. However, programs may choose to continue this practice as part of their health screening. Temperature checks may increase the risk of exposure and/or transmission due to the closeness during checks and contact of individuals waiting in line. Should the program decide to conduct temperature checks, please visit the [CDC website](#) for information on temperature screening methods.

## Details Related to Supplies

- ◆ Providers should maintain their open/closed status with 211. If you have already reported, please update only if your status has changed. Please use this link:  
<https://resources.211childcare.org/covid-alert/>
  - ◆ 211 is managing data on open/closed status and is not the point of contact on supplies distribution or availability.
- ◆ OEC informs providers who are open about supplies available at the OEC supported supply locations.
- ◆ The Department of Administrative Services provides a list of mostly Connecticut-based companies that can provide needed supplies (hand sanitizer, masks, and cleaning supplies) in smaller quantities at competitive prices. The list is available at <https://portal.ct.gov/Coronavirus/Pages/PPE>.





# CLEANING AND DISINFECTING

## Overall Surface Cleaning

Child care facilities shall intensify cleaning and disinfection efforts.



Facilities shall develop a schedule for deep cleaning and disinfecting. An example can be found [here](#).

In the context of infection control, “deep” cleaning means cleaning surfaces with soap and water and then appropriately using disinfectants on high-touch surfaces. It is especially important to use proper gloves and personal protective equipment (PPE), good ventilation, and thoroughly air out the facility before children and other staff return.



**Routinely clean, sanitize, and disinfect** surfaces and objects that are frequently touched, especially toys and games, in between use by different groups of children.



This may also include cleaning objects/surfaces not ordinarily cleaned daily, such as doorknobs, light switches, classroom sink handles, countertops, cots, toilet training potties, desks, chairs, cubbies, and playground structure surfaces made of plastic or metal.



If surfaces are dirty, they shall be cleaned using a detergent or soap and water prior to disinfection.



Follow the manufacturer’s instructions for concentration, application method, and contact time for all cleaning and disinfection products.



Cleaning products shall not be used near children, and staff shall ensure that there is adequate ventilation when using these products to prevent children from inhaling toxic fumes.



If possible, provide EPA-registered disposable wipes (a list can be found [here](#)) so commonly used technology equipment such as keyboards, desks, tablets, and accessories can be wiped down before use.

If wipes are not available, please refer to the CDC’s guidance on **disinfection for community settings**.



All cleaning materials shall be kept secure and out of reach of children.



## Cleaning and Disinfecting Outdoor Areas

- ◆ Individual classrooms (comprised of no more than 14 children) shall use the playground at separate times. The CDC states that “the targeted use of disinfectants can be done effectively, efficiently and safely on outdoor hard surfaces and objects frequently touched by multiple people.” We suggest that:
  - ◆ Providers disinfect hard surfaces on playgrounds between uses by different groups of children or when bodily secretions get on surfaces.
  - ◆ Children shall wash hands before and after using the playground.
  - ◆ Hand sanitizer shall be available for use if a child sneezes, blows their nose, etc.
  - ◆ Programs shall have a trash receptacle for disposal of soiled tissues, gloves used during sanitizing, etc.
  - ◆ Programs may consider closing off areas or structures that might be hard to clean.
- ◆ Children may use sandboxes but shall wash hands and/or use hand sanitizer before and after playing in the sand. Programs may choose to close or cover sandboxes located on the playground if feasible.

## Clean and Disinfect Bedding

- ◆ Use bedding (sheets, pillows, blankets, sleeping bags) that can be washed.



Keep each child’s bedding separate, and consider storing in individually labeled bins, cubbies, or bags; cots and mats shall be labeled for each child.



Bedding that touches a child’s skin shall be cleaned weekly or before use by another child.



## Clean and Sanitize Toys

- ◆ Toys that cannot be cleaned and sanitized shall not be used.
- ◆ Toys used for infants shall be kept separate, washed, and disinfected at least daily. Toys for toddlers, including floor and riding toys, shall be washed and disinfected at least weekly and as needed.
- ◆ Toys that children have placed in their mouths or that are otherwise contaminated by body secretions or excretions shall be set aside until they are cleaned by hand.
  - ◆ Clean with water and detergent, rinse, sanitize with an EPA-registered product (a list can be found [here](#)), rinse again, and air-dry; you may also clean in a mechanical dishwasher.
- ◆ Machine washable cloth toys and other items likely to be placed in a child's mouth, like play food, dishes, and utensils, shall be used by one child at a time or not used at all. These toys shall be **laundered**/cleaned and sanitized if possible before being used by another child.
- ◆ Do not share toys with other groups of infants or toddlers, unless they are washed and sanitized before being moved from one group to the other.
- ◆ Set aside toys that need to be cleaned in a separate container marked for "soiled toys".
  - ◆ Washing with soapy water is the ideal method for cleaning.
  - ◆ Try to have enough toys so that the toys can be rotated through cleanings.
- ◆ Children's books, like other paper-based materials such as mail or envelopes, are not considered a high risk for transmission and do not need additional cleaning or disinfection procedures.

Toys that cannot be cleaned and sanitized shall not be used.

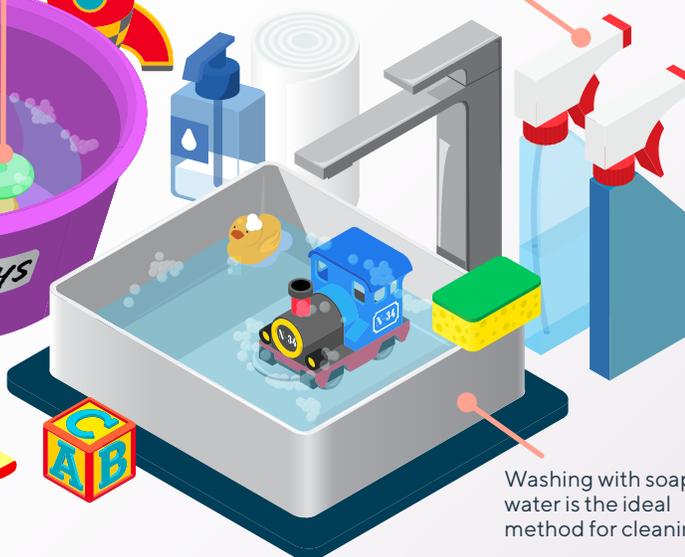


Do not share toys with other groups of infants or toddlers, unless they are washed and sanitized before being moved from one group to the other.

Set aside toys that need to be cleaned.



Clean with water and detergent, rinse, sanitize with an EPA-registered product.



Washing with soapy water is the ideal method for cleaning.



# WASHING, FEEDING, DIAPERING, OR HOLDING A CHILD



**It is important to comfort crying, sad, and/or anxious infants and toddlers, and they often need to be held. To the extent possible, when washing, feeding, or holding very young children:**

- ◆ Child care providers can protect themselves by wearing an overly-large button-down, long-sleeved shirt; and by wearing long hair up off the collar in a ponytail or other updo.
- ◆ When **diapering** a child, **wash your hands** and the child's hands before you begin, and wear gloves; follow safe diaper changing procedures.



Child care providers shall wash their hands, neck, and anywhere touched by a child's secretions.



After diapering, wash your hands (even if you were wearing gloves).



Wash and disinfect the diapering area after each use.

- ◆ Child care providers shall change the child's clothes if secretions are on the child's clothes; they shall change the button-down shirt if there are secretions on it, and wash their hands again.
- ◆ Contaminated clothes shall be placed in a plastic bag or washed in a washing machine.
- ◆ Infants, toddlers, and their providers shall have multiple changes of clothes on-hand.
- ◆ Child care providers shall wash their hands before and after handling infant bottles prepared at home or in the facility.
  - ◆ Clean bottles shall be provided by the parent unless the facility uses disposable bottles, or has a dishwasher or dishwashing system approved by the local health director to wash bottles.
- ◆ Programs shall follow their current food policies in regard to the provision of food for children or food brought from home.





# SICK PROCEDURES

## Sick Children and Staff Shall Stay Home

- ◆ Communicate to parents the importance of keeping children home when they are sick.
- ◆ Communicate to staff the importance of being vigilant for symptoms, and staying in touch with administrators if or when they start to feel sick.
- ◆ Sick staff members shall not return to work until they have met the **criteria to discontinue home isolation**.

### IF SOMEONE IS OR BECOMES SICK WHILE AT THE PROGRAM



Identify, per licensing requirements, a plan for a child or children with an elevated temperature or who may be ill (i.e. a “sick room”).



Clean and sanitize surfaces touched, toys, and equipment used in classrooms if someone is sick. (see **Section 6: Cleaning and Disinfecting**).



If a sick child has been isolated in your facility, clean and disinfect surfaces in your isolation room or area after the sick child has gone home.

## Monitor and Plan for Absenteeism Among Staff

- ◆ Develop plans to cover classes in the event of increased staff absences.
  - ◆ Coordinate with other local child care programs and reach out to substitutes to determine their anticipated availability if regular staff members need to stay home should they or their family members become sick.
- ◆ Recommend that individuals at higher risk for severe illness from COVID-19 (older adults and people of any age who have serious underlying medical conditions) consult with their medical provider to assess their risk and determine if they should stay home if there is an outbreak in their community.





## If COVID-19 Is Diagnosed in a Child or Staff Member

If a child or staff member who has been present in the program is diagnosed with COVID-19, the child care provider must notify families and staff about the exposure.

- ◆ In February 2020, COVID-19 was added to the List of Reportable Diseases. Those required to report such diseases must **report cases of COVID-19 infection immediately to the DPH Epidemiology and Emerging Infection Program (860-509-7994) and the local department of health in the town of residence of the case-patient** by telephone on the day of recognition or strong suspicion of the disease. Contact information for the local health department can be found at <https://portal.ct.gov/DPH/Local-Health-Admin/LHA/Local-Health-Administration---Site-Map>.

Additional practices to those below may be recommended to the provider in consultation with the local health department or the DPH:

- ◆ Determine the date of symptom onset for the child/staff member.
- ◆ Determine if the child/staff member attended/worked at the program while symptomatic or during the two days before symptoms began.
- ◆ Identify what days the child/staff member attended/worked during that time.
- ◆ Determine who had close contact with the child/staff member at the program during those days (staff and other children) and implement steps below for child or staff member exposed to COVID-19.
- ◆ Exclude the children and staff members who are determined to have had close contact with the affected child/staff member for 14 days after the last day they had contact.
- ◆ Conduct appropriate cleaning and disinfection (see **Section 6: Cleaning and Disinfecting**).

Depending on the size of the program and the number of people affected, closure of a particular room in the program (for larger centers) or the entire program might need to be considered. Specific situations and exposures can be discussed with the local health department or the DPH at **860-509-7994**.





## If a Child or Staff Member is Exposed to COVID-19

If a child or staff member who has been present in the program has been exposed to someone diagnosed with COVID-19 (a household member, caregiver in the home, or an individual who has had close contact for a prolonged period of time), they shall follow **CDC guidelines**.



### Vulnerable/High Risk Groups

If you have staff members or teachers age 65 or older, or with serious underlying health conditions, encourage them to talk to their healthcare provider to assess their risk and to determine if they shall stay home.

- ◆ Based on currently available information and clinical expertise, older adults and people of any age who have serious underlying medical conditions might be at **higher risk** for severe illness from COVID-19. To protect those at higher risk, it's important that everyone practices **healthy hygiene behaviors**.
- ◆ Information about **COVID-19** in children is somewhat limited, but the information that is available suggests that many children have mild symptoms. However, a small percentage of children have been reported to have more severe illness.
- ◆ If you have children with underlying health conditions, talk to their parents about their risk. Follow children's care plans for underlying health conditions, such as an **asthma action plan**.
- ◆ If you have children with disabilities, talk to their parents about how their children can continue to receive the support they need.





## AFTER A CLOSURE

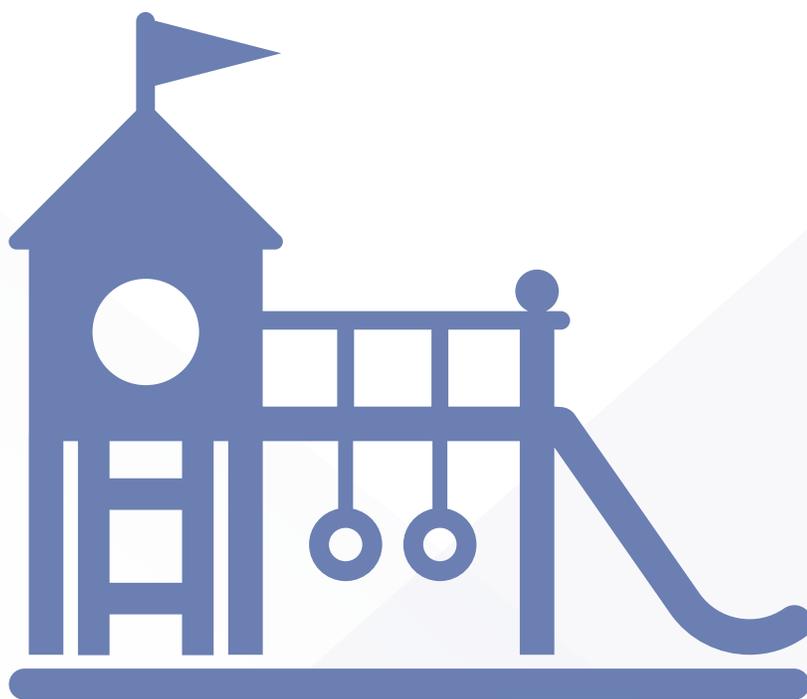
**While many child care programs have remained open throughout this period of time, for any that did close, please take note of the following:**

### Water Systems

- ◆ Take steps to ensure that all water systems and features are safe to use after a prolonged facility shutdown to minimize the risk of Legionnaires' disease and other diseases associated with water. This also includes completing remediation and/or testing for lead in taps being used for drinking, cooking purposes, and brushing teeth. For more information, please refer to [CDC guidance](#).

### Cleaning and Disinfecting

- ◆ Routine cleaning is sufficient for facilities that have been unoccupied for 7 days or more (see Section 6: Cleaning and Disinfecting).





# RESOURCES & SOURCES

## Overall Links

- ◆ [211ct.org](#)
- ◆ [2-1-1 Child Care Provider Survey](#)
- ◆ [Access Personal Protective Equipment](#)
- ◆ [Caring for Our Children: Health Promotion and Protection](#)
- ◆ [DPH: COVID-19 Case Report Form](#)
- ◆ [EPA Approved Disinfectants for Use Against SARS-CoV-2](#)
- ◆ [Executive Order 7BB: PROTECTION OF PUBLIC HEALTH AND SAFETY DURING COVID-19 PANDEMIC AND RESPONSE - USE OF FACEMASKS OR CLOTH FACE COVERINGS, RESCHEDULING OF PRESIDENTIAL PREFERENCE PRIMARY TO AUGUST 11](#)
- ◆ [Executive Order 7Q: PROTECTION OF PUBLIC HEALTH AND SAFETY DURING COVID-19 PANDEMIC AND RESPONSE-CHILDCARE SAFETY, REMOTE NOTARIZATION UPDATE](#)
- ◆ [Safe Workplace Rules for Essential Employers](#)
- ◆ [Sample Scheduling for Cleaning, Sanitizing, and Disinfecting](#)

## OEC Links

- ◆ [COVID-19 response](#)
- ◆ [CTCARES programs](#)
- ◆ [FAQs](#)
- ◆ [Memos About COVID-19](#)
- ◆ [Taking Care of Children and Families During COVID-19](#)

## CDC Links

- ◆ [COVID-19](#)
- ◆ [Child Care, Schools, and Youth Programs](#)
- ◆ [Cleaning and Disinfection for Community Facilities](#)
- ◆ [Cleaning and Disinfecting Your Facility](#)
- ◆ [FAQs](#)
- ◆ [Guidance for Reopening Buildings After Prolonged Shutdown or Reduced Operation](#)
- ◆ [Handwashing](#)
- ◆ [How to Protect Yourself & Others](#)
- ◆ [Keep Children Healthy During the COVID-19 Outbreak](#)
- ◆ [People Who Are At Higher Risk for Severe Illness](#)
- ◆ [People with Moderate to Severe Asthma](#)
- ◆ [Public Health Recommendations for Community-Related Exposure](#)
- ◆ [Quarantine and Isolation](#)
- ◆ [What to Do If You Are Sick](#)





# PROVIDER CHECKLIST

## Connecticut Requirements for Child Care During COVID-19

- Class sizes have been reduced to 14 children or fewer per space.
- Groups of children will not come in contact with other groups of children while in attendance.
- Staff have been trained to increase handwashing for themselves and the children in their care, taking at least 20 seconds for washing each time.
- Social distancing has been implemented to keep children apart outside of their individual classrooms.
- It has been communicated to parents and staff that all children and staff must stay home if they are showing signs of sickness.
- All staff have or will be given face coverings and know to wear them at all times.

## Social Distancing

- A separate classroom for the children of healthcare workers has been considered.
- Special events like festivals, holiday events, and performances have been canceled or postponed.
- Playground or outdoor time has been staggered so that classroom groups do not co-mingle.
- Placement of cots or cribs for naptime are as far apart as possible (ideally at least 6 feet apart) with children sleeping head to toe.
- Staffing patterns will minimize movement of staff between groups of children throughout the day.

## Drop-off and Pick-up

- Hand hygiene stations are in place, either with soap and water or hand sanitizer.
- Drop-off and pick-up times have been staggered to avoid too many families outside at once.
- Families have been told to designate one person to handle drop-off and pick-up each day (ideally no one over the age of 65 or with an underlying medical condition).





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## Cleaning and Disinfection

- Cleaning and disinfection supplies are stocked.
- A daily cleaning and disinfecting schedule including both indoor and outdoor areas is in place.
- Staff has been trained in enhanced cleaning and disinfecting procedures.
- Toys that cannot be cleaned and disinfected have been removed from use at this time.
- Toys that can be cleaned and disinfected will be kept in individual classrooms, or cleaned and disinfected before moving to another classroom for use.
- Bins, cubbies, or bags for each individual child have been set-up to keep all bedding separate.
- All bedding will be cleaned weekly or sent home with the child at the end of each week for cleaning.

## Washing, Feeding, Diapering, and Holding Children

- Staff has been advised to bring a change of clothing and to wear over-sized, loose-fitting button-downs in case a child gets any secretions or excretions on their clothes.
- Staff with long hair have been advised to keep their hair up.
- Parents have been notified to bring extra changes of clothes for their children in case they must change after getting their own secretions or excretions on their clothes.
- Staff has been trained in the increase of handwashing before and after diapering a child and/or preparing bottles.





## Health Screening and Sick Procedures

- Children are screened upon arrival.
- Children and adults are observed for signs of illness throughout the day.
- Staff has been trained to stay home if they are sick.
- Procedures are in place for when a child or staff member starts showing signs of sickness while at the program.
- Plans are in place to cover for a potential absence of a staff member due to sickness.
- Staff is trained to report cases of COVID-19 to the program director to report to the local health department and DPH.
- Procedures are in place for how to address a case of COVID-19 in staff or a child in the program.
- Staff or teachers age 65 or older, or with underlying health conditions, have been told to contact their healthcare provider to assess their risk and determine if they should stay home.
- Families of children with underlying health conditions have been communicated with and told to contact their healthcare provider to assess the child's risk and determine if they should stay home.

## After an Extended Closure

- All water systems have been checked, are safe to use, and are lead-free.
- The entire building has been properly cleaned and disinfected.

