



PREPAREDNESS AND PLANNING FOR CHILD CARE PROGRAMS

Program operation in the time of COVID-19

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About this Guide

Greetings,

Now more than ever, it is clear that child care is an essential part of communities. As a result, making the decision to operate your child care program in the time of COVID-19 can be fraught with tension. Programs must balance the need to serve and support families, as the pandemic causes financial strain for many programs, with the realities of what is required to keep caregivers, families and neighbors healthy and safe.

Getting back to day-to-day operations is going to be a phased process and should only be considered if programs have everything they need to implement the newly required guidance on how to slow and stop the spread of COVID-19.

This guide will help programs assess their ability to reopen during the first phase of local and state governments lifting stay-at-home orders. During this stressful and unprecedented time, this guide is meant to provide a roadmap for child care programs as you work to make critical decisions.

No one strategy is going to support the public health needs of the workforce, children and families. Instead, several practices need to be put in place that take the unique aspects of your program into consideration. It is our hope that this guide will be helpful as it brings together information from state and local health departments, state licensing departments, Caring for Our Children standards, the Centers for Disease Control (CDC) recommendations and the American Academy of Pediatrics into one document.

We are all in this together!



For more information specific to your program, contact your licensing representative. For general inquires email MARC at info@marc.org.





Making the decision to reopen

The first step in this process is to make sure you have what you need to be successful.

Does your program have what you need to operate safely? Questions to answer:

1/ Do I understand the most up-to-date community public health policies and recommendations affecting our programs?

It is vital for programs to understand the most up-to-date community public health policies. These vary by municipality and county. It is suggested that all programs review and understand these policies prior to completion of your own re-entry plan. These policies should be reviewed continuously as they are updated in response to the changing community statistics. **Missouri** stay-at-home orders by county can be found [here](#).

2/ Have I met with my staff (virtually) to understand their comfort with re-entering the program? Have I provided an opportunity for staff to identify as a vulnerable individual as defined by the Centers for Disease Control (CDC)?

Consider meeting (virtually) with your staff to understand their comfort with re-entering work at your early learning center and to discuss any questions that they have. These conversations or meetings provide a time to discuss accommodations that may be needed, and gives employees an opportunity to self-identify as a vulnerable individual, as defined by the CDC.

Having this meeting will inform your staffing plan. Information gathered during this meeting should not be used to remove individuals from the program staff and steps should be taken to maintain confidentiality of the responses. Information that is shared should not be a part of a staff member's personnel file.

Consider designating a trusted point of contact in your program that staff can go to with questions or changes regarding their health and/or COVID-19-related health information or about those they come into close contact with.

3/ Based upon the willingness and ability of staff to re-enter the program, do I have enough staff to safely serve children and families?

Conversations held during one-on-one meetings will provide insight to the number of staff able to return to work in the program. You will need to ensure that open classrooms will be fully staffed and that additional staff will be available to substitute in case of illness. During early phases of reopening, classroom ratios will be lower than before COVID-19. However, additional staffing may be needed due to factors such as adults staying with one stable group of children for the day (no floaters), and having an escort for children from the drop-off location to the classroom.





4/ Do I have enough personal protective equipment (PPE) to keep staff and children safe?

The contagion rate in each community will determine PPE needed for both staff and children. For example, some communities may ask that program staff that serve families who are at high risk for exposure/infection be required to wear N-95 masks. In other communities, those that are working with moderate to low-risk individuals can wear washable cloth masks. **Masks** are recommended for children three and older. Cloth face coverings should NOT be put on babies and children under age two because of the danger of suffocation. Other PPE that providers should have in place for staff include smocks and gloves.

5/ Do I have the supplies needed to conduct health screenings?

The CDC provides examples of **three ways to conduct health screenings**. Each example requires the use of different equipment, including clear partitions and PPE. Once your program determines the best method for your setting, ensure that the supplies necessary for implementation are available.

6/ Do I have supplies for increased cleaning and disinfecting of objects and surfaces?

The CDC provides **guidance on cleaning and disinfecting objects and surfaces**. This guidance provides specific information about supplies that are needed to implement a vigorous cleaning and disinfecting schedule. A new **decision tool** and **expanded guidance** is also available from the CDC.

7/ Does the facility have enough physical space to implement social distancing?

Caring for Our Children recommends having at least 42-54 square feet per person in a room to assist with maintaining social distancing. Depending upon the age of children being served, this recommendation may be more restrictive than current licensing standards in your state.

8/ If all of the above is in place, do I have a written re-entry plan that can be shared with both staff, families and others who may enter the facility?

Having a written re-entry plan will assist in communication and transparency, which is key to successful re-entry. Regular engagement with staff, families and stakeholders before, during and after re-entry to the program will help alleviate anxiety and encourage open and trusting communication. A written re-entry plan, along with dialogue, will help increase adherence to new policies and procedures, as well as assist individuals to adapt as guidance evolves. This plan should be accessible for review by staff and families.





9/ Do I know how I will train staff and families on new policies and procedures?

Prior to implementing new policies and procedures, it is important to communicate with staff and families. Families can be informed of the changes through email, social media, phone calls and/or virtual town hall meetings. Consider requiring virtual training to ensure staff understand all new policies and procedures prior to returning to the program. It will be helpful to identify a central point-of-contact person that can answer questions from staff and families about new policies and procedures.

10/ Do I know who to contact to update my operating status?

Kansas providers should update their operating status and vacancies by contacting Stacy Hamilton with The Family Conservancy by email at shamilton@tfckc.org or 913-342-1110, ext. 1912. Kansas providers can also log into your Child Care Aware® of Kansas provider profile account. Also contact your local county child care licensing office to update your operating status.

Missouri providers should update their operating status and vacancies by responding to an email sent by Child Care Aware® of Missouri or by clicking [this link](#). The Missouri Department of Health and Senior Services, Section for Child Care Regulation staff will continue to reach out to you to inquire about your status so they can update any necessary information related to your licensed or licensed-exempt child care program.





Overview

When you have determined that your program has everything that you need to safely re-open, this document can provide additional considerations and guidance for the creation of a written re-entry plan. These considerations are for a range of child care programs, including:

- Family child care programs, also known as home-based child care.
- Pre-K (pre-kindergarten) programs at private and public schools.
- Head Start and Early Head Start programs.
- Before/after school programs.
- Private child care centers.
- Temporary child care centers operated by municipalities for the children of essential service providers, such as first responders, health care workers, transit workers and other industries where a parent cannot stay home.
- Child care centers that partner with health care facilities to support health care workers who need child care.

This information should be used in conjunction with the CDC’s guidance for **programs that remain open** and their guidance for administrators of **child care programs and K-12 schools**. This guidance does not supersede applicable federal, state and local laws and policies for child care programs.

Source: www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html#General

What may be different when programs reopen

While the need to provide a quality and safe place for children will never change, the way that services are provided, as well as interactions between staff, children and their families will be different. Some of the changes that need to be included in re-entry plans are:

- Smaller group sizes and stable groups.
- Social distancing strategies.
- Use of personal protective equipment (PPE).
- Vigilant hygiene.
- Daily health checks.
- Defined space for ill children and staff.
- Service of meals to children individually.
- Individual supply boxes.





Procedures on hold

During the first phases of re-entry, the following typical classroom procedures must be put on hold:

- Bringing toys from home.
- Hugs with older children. One strategy that can be implemented is a self hug:
 - » **Sesame Street: How to Self Hug with Abby Cadabby.**

General preparedness and planning — preventing the spread of COVID-19

In preparation for re-entry, plan ahead to ensure adequate supplies to support hand hygiene behaviors and routine cleaning of objects and surfaces.

Encourage staff and families to take **everyday preventive actions** to prevent the spread of respiratory illness.

- **Wash hands** often with soap and water. If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60 percent alcohol.
 - » Always wash hands with soap and water if hands are visibly dirty.
 - » Remember to supervise young children when they use hand sanitizer to prevent swallowing alcohol.
 - » The goal is to increase hand hygiene as much as possible during this pandemic. The Caring for Our Children recommendation below is to use soap and water when possible and when there is visible soiling, but hand sanitizer is permissible if soap and water is not available. Given the COVID-19 pandemic, it is recommended to significantly increase the frequency of hand hygiene. If alcohol-based hand sanitizer is available and will increase the frequency that children and staff do hand hygiene, then use it if necessary. Remember that alcohol-based hand sanitizer is toxic if ingested and must be kept out of reach of small children.
 - ♦ Relevant Caring for Our Children Standards: **Standard 3.2.2 Hand Sanitizers**
 - » **Clean and disinfect frequently touched surfaces.**
 - » **Cover coughs and sneezes.**
 - » Cover your mouth and nose with a **cloth face covering** when you have to go out in public.
 - » Cloth face coverings should NOT be put on babies and children under age two because of the danger of suffocation.



Personal protective equipment

Personal protective equipment (PPE) is recommended by the CDC during daily temperature checks when social distancing or barrier/partition controls cannot be implemented. Programs are encouraged to consider using PPE while changing diapers, feeding children and sanitizing toys. Because PPE may be challenging to find at times, staff can prioritize face masks and face shields if available. Safety or sports goggles can be used in the absence of face shields. Wearing gloves during cleaning, diapering and preparing food is strongly recommended. Hand washing or use of an alcohol-based hand sanitizer after these procedures is always required, whether or not gloves are used. (www.aap.org)

The CDC is continually updating their guidance on PPE. Check **their webpage** for the newest guidance.

- Current guidance on use of masks:
 - » Adults and children over two years should wear a cloth face covering that covers your nose and mouth when in the community.
 - » A cloth face covering prevents the spread of the virus from the user to another person. It also prevents the user from touching their nose and mouth.
 - » A mask does not protect the wearer from droplets in the air spread by another person or child.
 - » Children may not be able to reliably wear, remove and handle masks.
 - » Do not wear masks when engaging in vigorous physical activity.
 - » Masks worn in the community may be cloth coverings; N95 masks are only for health care providers or for individuals serving children and families that are at high risk for exposure/infection (this is dependent upon the current guidance from your municipality or county).

Wearing masks: Adults

We understand the challenges of wearing face covering while serving young children. Staff in child care programs are strongly encouraged to wear masks during the work day. Cloth masks are used to reduce the likelihood of transmission of the virus to other staff members and children and are generally more cost effective than disposable masks.

Wearing cloth masks does not replace the need to continue frequent hand washing, avoiding touching the face, and practicing social distancing, which are our best tools to help prevent the spread of illness.





Wearing masks: Children

Children should wear masks if they are able to reliably wear the mask without touching their face. The American Academy of Pediatrics provides tips for how to help children be more comfortable wearing cloth face coverings and provides more information to inform your decision about whether to require children in your care — older than age 2 — to wear cloth face coverings.



Sick children and employees

- Require sick children and staff to stay home.
 - » Communicate to families 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 facility management if or when they start to feel sick.
 - » Establish procedures to ensure children and staff who come to the child care center sick or become sick while at your facility are sent home as soon as possible.
 - » Keep sick children and staff separate from well children and staff until they can be sent home.
 - » Sick staff members should not return to work until they have met the **criteria to discontinue home isolation**.
- Have a plan if someone is or becomes sick.
 - » Plan to have an isolation room or area (such as a cot in a corner of the classroom) that can be used to isolate a sick child. During early reopening phases, unused classrooms could be used to create an isolation room.
 - » Additional information about isolation in related settings can be found here: **isolation at home** and **isolation in healthcare settings**.
 - » Be ready to follow CDC guidance on how to **disinfect your building or facility** if someone is sick.
 - » 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.
- If a child or staff member has a confirmed COVID-19 infection:
 - » Close off areas used by the person who is sick.
 - » Open outside doors and windows to increase air circulation in the areas.





- » Wait up to 24 hours or as long as possible before you clean or disinfect to allow respiratory droplets to settle.
- » Clean and disinfect all areas used by the person who is sick, such as offices, bathrooms and common areas.
- » If more than seven days have passed since the person who is sick visited or used the facility, additional cleaning and disinfection is not necessary.
 - ♦ Continue routine cleaning and disinfection.

Monitor and plan for absenteeism among your 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 if they or their family members are 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 to determine if they should stay home if there is an outbreak in their community.
- When can a person with COVID-19 return to the program?
 - » A person with COVID-19 must be isolated for a minimum of seven days after symptom onset and 72 hours after their fever resolves without fever-reducing medications.
 - » For example, if the fever and symptoms resolve on day seven, staff can return on day 10.

Planning for reopening

Child care programs that remain open or are reopening during the COVID-19 pandemic should address these additional considerations:

- Implement **social-distancing strategies**.
- Intensify **cleaning and disinfection efforts**.
- Modify **drop off and pick up procedures**.
- Implement **screening procedures upon arrival**.
- Maintain an adequate ratio of staff to children to ensure safety.
 - » Plan ahead and recruit those with child care experience to ensure you have a roster of substitute caregivers who can fill in if your staff members are sick or stay home to care for sick family members.
- When feasible, staff members and older children should **wear face coverings** within the facility. Cloth face coverings should NOT be put on babies and children under age two because of the danger of suffocation.





Social-distancing strategies

Work with your local health officials to determine a set of strategies appropriate for your community's situation (**Missouri**) (**Kansas**). Continue using preparedness strategies and consider the following social-distancing strategies:

- Social distancing focuses on remaining out of congregate settings, avoiding mass gatherings and maintaining distance from others when possible.
- If possible, child care classes should include the same group each day, and the same child care providers should remain with the same group each day.
- Facilities enrolling more than one group/unit are advised to maintain separate rooms for each group/unit. Adults, children and staff should try to remain in their designated rooms/units (avoid co-mingling or sharing space), including during drop-off/pick-up, indoor/outdoor activities and meal times.
- In the early phases of re-entry, as you re-open, consider creating a separate classroom or group for the children of health care workers and other first responders. If your program is unable to create a separate classroom, consider serving only the children of healthcare workers and first responders in phase 1.
- Follow guidance from your state and local public health departments, and your state licensing entity. Consider keeping **staff-to-child ratios** as small as possible and keep children from different classrooms in separate physical spaces.
- If possible, stagger arrival and drop off times and/or have child care providers come outside the facility to pick up the children as they arrive. Your plan for curbside drop-off and pick-up should limit direct contact between parents and staff members and adhere to social-distancing recommendations.
 - » Find a sample drop-off and pick-up procedure [here](#).
- If possible, at nap time ensure that children's nap time mats (or cribs) are spaced out as much as possible, ideally six feet apart. Place children head to toe in order to further reduce the potential for viral spread.
- If possible, arrange for administrative staff to telework from their homes.
- Relevant Caring for Our Children Standards:
 - » **Standard 3.6.2 Caring for Children who Are Ill**
 - » **Standard 1.1.1.2 Ratios for Large Family Child Care Homes and Centers**
 - » **Standard 1.1.1.1 Ratios for Small Family Child Care Homes**





Cleaning and disinfecting

Caring for Our Children provides national standards for cleaning, sanitizing and disinfection of educational facilities for children. Toys that can be put in the mouth should be cleaned and sanitized (see below). Other hard surfaces, including diaper changing stations, door knobs and floors can be disinfected.

The CDC provides **guidance on cleaning and disinfecting objects and surfaces**. This guidance provides specific information supplies that are needed to implement a vigorous cleaning and disinfecting schedule. A new **decision tool** and **expanded guidance** is also available from the CDC.

Intensify cleaning and disinfection efforts

- Facilities should develop a schedule for cleaning and disinfecting. An example can be found [here](#).
- First clean the surface (remove dirt and impurities from the surface) before disinfecting to kill the germs. If the surface is not cleaned first, the disinfectant is less likely to be effective. (www.aap.org)
- **Routinely clean, sanitize and disinfect** surfaces and objects that are frequently touched, especially toys and games. This may also include cleaning objects/surfaces not ordinarily cleaned daily such as doorknobs, light switches, classroom sink handles, countertops, nap pads, toilet training potties, desks, chairs, cubbies and playground structures. Use the cleaners typically used at your facility. Guidance is available for the selection of appropriate **sanitizers or disinfectants** for child care settings.
- Use all cleaning products according to the directions on the label. For disinfection, most common EPA-registered, fragrance-free household disinfectants should be effective. A list of products that are EPA-approved for use against the virus that causes COVID-19 is available [here](#). If surfaces are dirty, they should 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.
- If possible, provide EPA-registered disposable wipes to child care providers and other staff members so that commonly used surfaces such as keyboards, desks and remote controls can be wiped down before use. If wipes are not available, please refer to CDC's guidance on **disinfection for community settings**.

What's the difference between cleaning and disinfecting?

Clean: To physically remove dirt, debris, and sticky film by washing, wiping and rinsing.

Disinfect: To kill nearly all of the germs on a hard, non-porous surface.





- All cleaning materials should be kept secure and out of reach of children.
- Cleaning products should not be used near children, and staff should ensure that there is adequate ventilation when using these products to prevent children from inhaling toxic fumes.
- It is important to note the contact time needed to disinfect a surface for COVID-19. Read more [here](#).
 - » Relevant Caring for Our Children Standards: **Standard 9.2.3.10 Sanitation Policies and Procedures, 3.3 Cleaning, Sanitizing, and Disinfecting**

Clean and sanitize toys

- Toys that cannot be cleaned and sanitized should not be used.
- Toys that children placed in their mouths or that are otherwise contaminated by body secretions or excretions should be set aside until they are cleaned by a person wearing gloves. Clean with water and detergent, rinse, sanitize with an EPA-registered disinfectant, rinse again and air-dry. You may also clean in a mechanical dishwasher. Be mindful of items more likely to be placed in a child’s mouth, like play food, dishes and utensils.
- Machine washable cloth toys should be used by one individual at a time or should not be used at all. These toys should be **laundered** 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. Place in a dish pan with soapy water or put in a separate container marked for “soiled toys.” Keep dish pan and water out of reach from children to prevent risk of drowning. 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.

Surfaces to clean:

- Toys.
- Bedding.
- Floors.
- Clothing (including hats).
- Cribs, cots and mats.
- Play equipment.
- Refrigerators.

Surfaces to disinfect:

- Drinking fountains.
- Door and cabinet handles (high-touch).
- Surfaces that have been soiled with body fluids.
- Mouthed objects (collect mouthed toys in a tub).
- Toileting and diapering areas:
 - » Diaper changing tables and diaper pails.
 - » Counter tops in bathrooms
 - » Potty chairs.
 - » Handwashing sinks and faucets.
 - » Toilets.
 - » Bathroom floors.





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 should be labeled for each child.
- Bedding that touches a child's skin should be cleaned weekly or before use by another child.

Caring for infants and toddlers

Diapering

When **diapering** a child, **wash your hands** and wash the child's hands before you begin, and wear gloves. Follow safe diaper changing procedures. Procedures should be posted in all diaper changing areas. Steps include:

- Prepare (includes putting on gloves).
- Clean the child.
- Remove trash (soiled diaper and wipes).
- Replace diaper.
- Wash child's hands.
- Clean up diapering station.
- Wash hands.

After diapering, wash your hands (even if you were wearing gloves) and disinfect the diapering area with a fragrance-free bleach that is EPA-registered as a sanitizing or disinfecting solution. If other products are used for sanitizing or disinfecting, they should also be fragrance-free and EPA-registered. If the surface is dirty, it should be cleaned with detergent or soap and water prior to disinfecting.

If reusable cloth diapers are used, they should not be rinsed or cleaned in the facility. The soiled cloth diaper and its contents (without emptying or rinsing) should be placed in a plastic bag or into a plastic-lined, hands-free covered diaper pail to give to parents/guardians or laundry service.

- Relevant Caring for Our Children Standards: **Standard 3.2.1 Diapering and changing soiled clothing.**





Washing, feeding 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 over-large button-down, long sleeved shirt or smock and by wearing long hair up off the collar in a ponytail or other updo.

- Child care providers should wash their hands, neck and anywhere touched by a child's secretions. The use of smocks should be considered by programs.
- Child care providers should change the child's clothes if secretions are on the child's clothes. They should change the smock, if there are secretions on it, and wash their hands again.
- Contaminated clothes should be placed in a plastic bag or washed in a washing machine.
- Infants, toddlers and their providers should have multiple changes of clothes on hand in the child care center or home-based child care location.
- Child care providers should wash their hands before and after handling infant bottles prepared at home or prepared in the facility. Bottles, bottle caps, nipples and other equipment used for bottle-feeding should be thoroughly cleaned after each use by washing in a dishwasher or by washing with a bottlebrush, soap and water.

Healthy hand hygiene

- All children, staff and volunteers should engage in hand hygiene at the following times (not an exhaustive list):
 - » Arrival to the facility and after breaks.
 - » Before and after preparing food or drinks.
 - » Before and after eating or handling food or feeding children.
 - » Before and after administering medication or medical ointment.
 - » Before and after diapering.
 - » After using the toilet or helping a child use the bathroom.
 - » After coming in contact with bodily fluid.
 - » After handling animals or cleaning up animal waste.
 - » After playing outdoors or in sand.
 - » After handling garbage.
- Wash hands with soap and water for at least 20 seconds. If hands are not visibly dirty, alcohol-based hand sanitizers with at least 60 percent alcohol can be used if soap and water are not readily available.
- Supervise children when they use hand sanitizer to prevent ingestion.





- Assist children with hand-washing, including infants who cannot wash hands alone.
- After assisting children with hand-washing, staff should also wash their hands.
- Place **posters** describing hand-washing steps near sinks. Developmentally appropriate posters in multiple languages are available from CDC.

Parent drop-off and pick-up

- Hand hygiene stations should be set up at the entrance of the facility, so that children can clean their hands before they enter. If a sink with soap and water is not available, provide hand sanitizer with at least 60 percent 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. Provide hand sanitizer and/or wipes for sign-in/out.
- Consider staggering arrival and drop-off times and plan to limit direct contact with parents as much as possible.
 - » Have child care providers greet children outside as they arrive.
 - » Designate a parent to be the drop-off/pick-up volunteer to walk all children to their classroom, and at the end of the day, walk all children back to their cars.
 - » Infants could be transported in their car seats. Store car seat out of children's reach.
- To the extent possible, limit direct contact with parents/guardians.
- Ideally, the same parent or designated person should drop off and pick up the child every day. If possible, older people such as grandparents or those with serious underlying medical conditions should not pick up children, because they are more at risk for **severe illness from COVID-19**.
- Refrain from hugging and shaking hands.
- A sample drop-off/pick-up written procedure can be found **here**.

Arrival screening procedures

Screen children upon arrival

Persons who have a fever of 100.4 degrees Fahrenheit (100.0 degrees Fahrenheit in Missouri) or above, or other signs of illness should not be admitted to the facility. Encourage parents to be on the alert for signs of illness in their children and to keep them home when they are sick. Screen children upon arrival.

There are several methods that facilities can use to protect their workers while conducting temperature screenings. The most effective methods incorporate social distancing (maintaining a distance of six feet from others) or physical barriers to eliminate or minimize exposures due to close contact to a child who has symptoms during screening.



Examples of screening methods

- Example 1: Reliance on social distancing:
 - » Ask parents/guardians to take their child's temperature either before coming to the facility or upon arrival at the facility. Upon their arrival, stand at least six feet away from the parent/guardian and child.
 - » Ask the parent/guardian to confirm that the child does not have a fever, shortness of breath or cough.
 - » Conduct 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.
 - ♦ You do not need to wear personal protective equipment (PPE) if you can maintain a distance of six feet.
- Example 2: Reliance on barrier/partition controls:
 - » 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.
 - » Conduct 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.
 - » Conduct temperature screening (follow steps below).
 - ♦ Perform hand hygiene.
 - ♦ Wash your hands with soap and water for 20 seconds. If soap and water are not available, use a hand sanitizer containing at least 60 percent alcohol.
 - » Put on disposable gloves.
 - » Check the child's temperature, reaching around the partition or through the window.
 - » Make sure your face stays behind the barrier at all times during the screening.
 - » If performing a temperature check on multiple individuals, ensure that you use a clean pair of gloves for each child and that the thermometer has been thoroughly cleaned in between each check.
 - » If you use disposable or non-contact (temporal) thermometers and you did not have physical contact with the child, you do not need to change gloves before the next check.

How to take a temperature:

It may be worthwhile to share resources or instructions for families on the proper way to take a temperature.



- **Fever and Your Child tipsheet.**
- **Fever and Your Child tipsheet in Spanish.**
- **Relevant Caring for Our Children Standards: Standard 3.1.1 Daily Health Check.**



» If you use non-contact thermometers, clean them with an alcohol wipe (or isopropyl alcohol on a cotton swab) between each client. You can reuse the same wipe as long as it remains wet.

- Example 3: Reliance on personal protective equipment

If social distancing or barrier/partition controls cannot be implemented during screening, personal protective equipment (PPE) can be used when you are within six feet of a child. However, reliance on PPE alone is a less effective control and more difficult to implement, given PPE shortages and training requirements.

» Upon arrival, wash your hands and put on a face mask, eye protection (goggles or disposable face shield that fully covers the front and sides of the face), and a single pair of disposable gloves. A gown could be considered if extensive contact with a child is anticipated.

» Conduct 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, and confirm that the child is not experiencing coughing or shortness of breath.

» Take the child's temperature.

- ♦ If performing a temperature check on multiple individuals, ensure that you use a clean pair of gloves for each child and that the thermometer has been thoroughly cleaned in between each check.

- ♦ If you use disposable or non-contact (temporal) thermometers and did not have physical contact with an individual, you do not need to change gloves before the next check.

- ♦ If you use non-contact thermometers, clean them with an alcohol wipe (or isopropyl alcohol on a cotton swab) between each client. You can reuse the same wipe as long as it remains wet.

» After each screening, remove and discard PPE, and wash hands.

» Use an alcohol-based hand sanitizer that contains at least 60 percent alcohol or wash hands with soap and water for at least 20 seconds.

» If hands are visibly soiled, soap and water should be used before using alcohol-based hand sanitizer.

» If your staff does not have experience in using PPE:

- ♦ Check to see if your facility has guidance on how to don and doff PPE. The procedure to don and doff should be tailored to the specific type of PPE that you have available at your facility.

- ♦ If your facility does not have specific guidance, **the CDC has recommended sequences for donning and doffing PPE.**

- ♦ Video on wearing cloth masks can be found [here](#).





Exclusion

- » Individuals who have a fever or other signs of illness should not be admitted.
- » Exclude individuals with history of COVID-19 exposure, including travel within the last 14 days in a state or country identified as a hotspot for COVID-19, and those showing signs of illness.
 - ♦ Children who are sick, with the typical reasons kids get sick (vomiting, rash, diarrhea, pink eye etc.) should be excluded in accordance with your policies.
 - ♦ Individuals should be fever free for at least 72 hours, without the use of fever-reducing medications (Tylenol® or Advil®) before returning.

Current information about when individuals who have been exposed to COVID-19 or individuals with symptoms consistent with COVID-19 should stay home is available on the [COVID-19 Resource Center](#).

Modify ratios to ensure safety

Caring for Our Children recommendations from research studies range between forty-two to fifty-four square feet per child. Droplets from the virus that causes COVID-19 and other respiratory viruses can spread about three feet before they start to fall to the ground. However, some tiny particles may stay suspended for a longer distance. Therefore, when possible, keep children six feet apart during nap time (consider orienting costs head to foot), when eating and doing other activities. This may be difficult to achieve in the toddler and young child age groups. Avoid close group learning activities like reading circles.

» Relevant Caring for Our Children Standards: **Standard 3.6.2.2 Space Requirements for Care of Children Who Are Ill**

- The smaller the group, the better, as staffing allows. Infection control and prevention measures are your best defense (hand hygiene, respiratory etiquette, cleaning and disinfecting surfaces). Do these as often as you can.
 - During the early phases of reopening, group sizes for children 3 and older is recommended to be 10 children with two adults. This allows for stable groups, and staff can maintain this ratio while allowing adults time to take breaks.
 - It is important to continue to be within ratios for age and avoiding mixing groups of children from different ages or rooms. It is also important that classrooms are separated by physical barriers. Your state licensing or public health department may offer further guidance.
- » Relevant Caring for Our Children Standards: **Standard 3.6.2 Caring for Children who Are Ill; Standard 1.1.1.2 Ratios for Large Family Child Care Homes and Centers; Standard 1.1.1.1 Ratios for Small Family Child Care Homes**





Assess group gatherings and events

- Follow **current guidance** about gatherings and events.
- Plan to limit nonessential visitors and postpone or cancel use of classroom volunteers.
- Cancel or postpone special events such as festivals, holiday events and special performances.
- Consider whether to alter or halt daily group activities that may promote transmission.
 - » Keep each group of children in a separate room.
 - » Limit the mixing of children, such as staggering playground times and keeping groups separate for special activities such as art, music and exercising.

Assess inclusion of ancillary program/child supports

Programs may have outside supports that enter the program regularly such as therapists and coaches. During Phase 1, when parents/family members are not being allowed in the child care space, ancillary supports should not be allowed in the building either. Licensing and other state monitoring personnel should still be permitted following your screening procedure.

When programs begin to allow parents/family members in the child care space, essential ancillary support personnel can be admitted. During this transition, it is advisable to limit visitors until social-distancing measures are lifted.

Consider the following when ancillary support personnel return to the program:

- Follow the same procedures as the child care staff with regard to health assessments when entering the facility, sanitizing hands and wearing appropriate PPE when they enter and leave the building.
- Therapists should not bring a toy bag or therapy equipment into the building. Instead, they should use the toys that the classroom has on site.
- Any paperwork or home program type instructional info should be scanned and emailed rather than using hard copies.
- If necessary to maintain social-distancing guidelines and total numbers within a classroom setting, therapists could work with the child in the hallway directly outside a classroom.
- If possible, ancillary support personnel should only visit one program each day. If not, use of a smock that can be changed is advisable, or having a place for decontamination by changing clothing prior to entering another program.





Food preparation and meal service

- If a cafeteria or group dining room is typically used, serve meals in classrooms instead.
- If meals are typically served family-style, plate each child's meal to serve it, so that multiple children are not using the same serving utensils.
- During early phases of reopening, use disposable plates, cups and utensils.
- Food preparation should not be done by the same staff who diaper children.
- Sinks used for food preparation should not be used for any other purposes.
- Caregivers should ensure children wash hands prior to and immediately after eating.
- Caregivers should wash their hands before preparing food and after helping children eat.
- Facilities should follow all other applicable federal, state and local regulations and **guidance** related to safe preparation of food.

Setting up the physical space

During the initial phases of reopening, changes to the physical space of classrooms is necessary to allow for social distancing and ease of cleaning and disinfecting.

- Arrange furniture to give children more space. If possible, remove furniture pieces that will not be used, such as sensory tables, to provide additional floor space.
- Reduce clutter and shared toys.
- Limit shared toys to items that can be cleaned and disinfected easily.
- Keep surfaces clear so you can clean and disinfect them easily.
- Store items you don't use.
- Provide as much open space as possible.
- Avoid over-crowded conditions. Encourage children to spread out during story and circle times.
- Rearrange the room to promote individual play and set up more individual play activity stations.
- Do not allow items to be brought from home.
- Place cots and cribs a good distance apart (six feet, if possible) with children facing head to toe at naptime.
- Open windows for fresh air.





Use of playgrounds/outdoor space

It's important for children of all ages to have an opportunity for daily outdoor play, weather permitting. The following adjustments should be made during the early phases of reopening:

- Provide more time outside.
- One classroom at a time (stable group) should use the playground.
- Disinfect equipment between stable groups (wear gloves).
- Maintain distance between children at six feet, when possible.
- Plan activities that limit close physical contact, sharing of equipment and waiting in line.
 - » Encourage no-contact games, such as shadow tag (ideas can be found [here](#)).

Communicating with families

Regular communication with families before, during and after re-entry to the program will help alleviate anxiety and encourage open and trusting communication. At this time, the goal is to reduce the risk of getting COVID-19. While we can't stop the spread of COVID-19, procedures can be put in place to reduce the risk of getting COVID-19. Reducing the risk will require the vigilance of everyone, including families.

Prior to reopening, consider holding a virtual town hall meeting for families so they know what to expect. During this virtual meeting:

- Review the written re-entry/reopening plan.
- Inform families about your new policies and procedures that will be implemented during the program's reopening such as:
 - » Drop-off/pick-up.
 - » Health screening.
 - » Group sizes.
- Discuss illness policies.
 - » Review how to take temperatures and symptoms associated with COVID-19.
- Discuss that you are encouraging physical distancing and social engagement.
- When meeting with families individually, check in with families about:
 - » Food insecurity.
 - » Housing.
 - » Financial stability.
 - » Update emergency contact information.





- Maintain daily communication with families. Conversations about a child's day should be conducted via phone with parents/guardians. Daily notes or progress reports are other recommended ways to support information sharing and social distancing.

Home visitation

For programs that have home visitation as part of their services, in-person visits should continue to be suspended during the initial phases of reopening. If possible, engagement of families in virtual ways should continue. Regional early learning and education directors are working on specific guidance for home visitations and will release this guidance in a separate document.

Vulnerable and high-risk groups

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**.

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





Other resources

The **CDC's website** contains a variety of resources for child care programs and K-12 schools, including detailed guidance, considerations for closures, and frequently asked questions for administrators, teachers and parents. Together, these resources provide additional information on:

- What to do if a child or staff member at your facility becomes sick.
- Closures of child care programs.

The resources emphasize that any decision about temporary closures of child care programs or cancellation of related events should be made in coordination with your federal, state and local educational officials as well as state and local health officials. Child care programs are not expected to make decisions about closures on their own. The resources also address steps to ensure continuity of meal programs and other essential services if your facility is closed; additional government resources related to meals and snacks can be found [here](#).

Guidance is also available on these topics:

- **Children and COVID-19.**
- **Talking with children about Coronavirus Disease 2019.**
- Information about COVID-19 and:
 - » **Pregnancy and breastfeeding.**
 - » **Stress and coping.**

Expanded resource list

- National Center on Early Childhood Health & Wellness (NCECHW).
 - » Email: health@ecetta.info.
 - » **Website.**
 - » **COVID-19 Health Information.**
- American Academy of Pediatrics (AAP).
 - » **Guidance Related to Childcare During COVID-19.**
 - » **Guidance on Providing Pediatric Ambulatory Services via Telehealth During COVID-19.**
 - » **Critical Updates on COVID-19.**
- Centers for Disease Control and Prevention (CDC).
 - » **Children and Youth with Special Healthcare Needs in Emergencies.**
 - » **Supplemental Guidance for Child Care Programs that Remain Open.**
- Caring for Our Children (CFOC).
 - » **Online Standards Database.**





- California Childcare Health Program (CCHP).
» **COVID-19 Resources.**
- Child Care Aware of America.
» **Coronavirus Updates and Resources for Child Care Providers.**
- Environmental Protection Agency (EPA).
» **Disinfectants for Use Against SARS-CoV-2.**
- Kansas Department of Health and Environment.
» **Child Care Licensing.**
» **COVID-19 Microsite.**
» **Guidance for Child Care Programs (4-30-2020).**
- **Missouri Association for Infant and Early Childhood Mental Health.**
- Missouri Department of Health and Senior Services.
» **COVID-19 updates.**
» **Frequently Asked Questions for Child Care Programs Re-Opening After Being Closed due to COVID-19.**
- **Missouri Department of Mental Health, Early Childhood Mental Health.**
- **Missouri Department of Social Services.**
- National Child and Adult Care Food Program (CACFP) Association.
» **Caring for Children while Social Distancing.**
- **Office of Child Care.**
- Sesame Street.
» **How to Self Hug with Abby Cadabby.**
- Western Kentucky University.
» **COVID-19 Resources.**

