



Safety Procedures and Guidance for Child Care Facilities and Other Early Learning Programs Operating During COVID-19

In addition to the [health and safety standards](#) typically implemented by child care, Head Start, and other early learning programs, and the same steps a facility would take when other communicable illnesses such as flu are present, you must also implement the following procedures:

Handwashing and General Guidance to Stop the Spread of COVID-19

- Wash hands frequently (e.g., before and after meals, after coming inside, after sneezing, blowing your nose, or coughing) with soap and water for at least 20 seconds.
- Except for diapering or when eating, preparing, or serving food, hand-sanitizing products with 60-95% alcohol content may be used as an alternative method to handwashing. Hand sanitizer must be stored out of reach of children when not in use.
- Provide easy access to soap and warm water for handwashing for all children and staff.
- Avoid touching your face.
- Cover coughs and sneezes with a tissue and throw the tissue away immediately.
- To minimize contact during drop-off and pick-up, allow parents to remain outside of the building for sign-in and -out of their children and stagger drop off and pick up times when possible.

Recordkeeping

Keep daily logs for each stable group of children and retain records. Daily logs must conform to the following requirements to support contact tracing of COVID-19 cases if necessary:

- Child name
- Drop/off pick up time
- Adult completing both drop/off pick up
- All staff that interact with stable group of children (including floater staff)
- Hours child was in care
- If transportation is provided, information including all other riders and their contact information
- Documentation of health checks

Screening for Symptoms. What if Someone Is Sick?

- **Conduct a Daily Health Check**
 - Evaluate all adults and children entering the building. Check for:
 - Cough
 - Fever
 - Fever is not as prevalent in COVID-19 cases as often as first thought and daily temperature checks may be conducted by verbal verification by an adult that they and/or their child do not have a fever.

- Fever should first be checked by asking the person (in the case of staff and other adults) or asking the person dropping off the child to verify that they and/or the child do not have a fever.
 - If they cannot verify that no fever is present or if child appears feverish, then temperature should be taken with a thermometer.
 - Ask all entering adults and children if they have been exposed to anyone known to have had or suspected to have had COVID-19.
- **Exclude Symptomatic Child Attendees and Staff**
 - Advise staff not to work and families not to bring their children who have recently had an illness with fever or cough. They should stay home 10 days after onset of symptoms and 72 hours after resolution of both fever and cough.
 - If a child or staff member develops a cough, fever, or shortness of breath, isolate them away from others immediately, and send them home as soon as possible. They should be encouraged to seek testing and stay home until they are symptom-free (no cough or fever and no fever-controlling meds) for at least 10 days and 72 hours after resolution of symptoms.
 - While waiting for a sick child to be picked up, caregivers should stay with the child in a room isolated from others. If the child has fever, cough, or shortness of breath, the caregiver should remain as far away as safely possible from the child (preferably at least 6 feet), while remaining in the same room.
 - Those at [increased risk for serious complications of COVID-19](#) include people who are older, pregnant, or who have underlying health conditions, including those with compromised immune systems or respiratory conditions like severe asthma. These individuals should be informed of their higher risk and given the option to not provide child care, or visit or enter child care facilities.
- **Exclude Children and Staff who have had contact with people exhibiting symptoms of COVID-19**
 - Advise staff not to work and families not to bring children who have been exposed to someone who has had a presumptive case of COVID-19. The exposed individual needs to be quarantined for a minimum of 14 days after their last date of exposure to a known case.
 - Staff or attendees who have a family member at home with symptoms of COVID-19 who has not been tested need to be monitored for symptoms carefully. The ill family or household member should be strongly encouraged to seek testing.
 - [New guidance](#) from the Oregon Health Authority (OHA) indicates child care children, staff, and, in the case of Registered or Certified Family facilities, other household members can be referred for COVID-19 tests if they have fever, cough, or dyspnea (difficult or labored breathing). If they have any of these symptoms and their healthcare provider cannot obtain testing from a commercial laboratory, they can submit specimens from child care attendees and staff to the Oregon State Public Health Laboratory (OSPHL). In the case of an outbreak of COVID-19 in a child care facility, OSPHL may consider testing asymptomatic children and staff after consultation with an OHA epidemiologist.

- **Consult with Staff and Families of Children at Higher Risk for Severe Illness**
 - Staff above the age of 65 and people with underlying health risks should be consulted prior to being required to work.
 - Providers should be aware of and have a plan to support children who have underlying health risks.

- **Staff Leave and Child Absentee Policies**
 - Ensure that the facility has flexible sick-leave and absentee policies for staff that discourage staff from reporting to work while sick. Staff who have been exposed to a confirmed or possible and unconfirmed case of COVID-19 will require 14 days of quarantine.
 - Ensure that child absentee policies are flexible to discourage families from bringing sick children in for care.

- **Confirmed Cases of COVID-19 Within the Facility**
 - If anyone who has entered the facility, including household members within a family child care facility, is diagnosed with COVID-19, report to and consult with the local public health authority regarding cleaning and closure.
 - A directory of local public health authorities in Oregon can be found [here](#).
 - Report to the local public health authority any cluster of illness among the facility's staff or attendees.
 - Communicate, in coordination with local public health, with all families and other individuals who have been in the facility in the past two weeks
 - Consider closing the facility temporarily to allow time for disinfecting and sanitizing.

Limiting Physical Interaction and Providing Adequate Space

- Staff should practice physical distancing of six (6) feet with other staff who are not within the same stable group.
- Other stable groups and individuals (including household members in family child care facilities) should practice physical distancing of six (6) feet from the stable group.
- Young children are likely unable to practice physical distancing. Therefore, limiting the size of and maintaining stable groups is critical.
 - Caregiver-to-child ratios and maximum group sizes must be adjusted to meet requirements for Emergency Child Care. This includes adhering to the following group sizes and ratios:
 - Registered Family (RF) – may have up to one stable¹ group of 10 children.
Note: RF providers do not have square footage requirements related to the number of children in care.
 - Of the 10 total children, there may be no more than six children ages preschool and younger; of these six, no more than two children under 24 months.

¹ For purposes of this guidance, “stable” means the same group of children, and teacher and staff, are in the same group each day.

- Certified Family (CF) – may have no more than 16 children total in two stable groups. Maximum number of children in a stable group is 10 children. A licensing specialist must approve use of areas divided by a physical barrier, such as in separate rooms. Separate groups should have their own bathrooms and should be kept separate from the other stable group. Each group of children must be in a space that meets the minimum of 35 square feet per child.
 - Each group of children must meet staff/child ratios as defined in Oregon Administrative Rule 414-350-0120, found within the [Certified Child Care Rules](#) on page 28.
- Certified Center (CC) – may have one stable group of up to 10 children per classroom; large classrooms may be divided into two rooms with a physical barrier that is at least four feet high with the approval of a licensing specialist. Other large rooms, such as cafeterias and gymnasiums, may be used as a classroom for school-aged children only. Each group of children must be in a space that meets the minimum of 35 square feet per child.
 - Certified Centers must maintain the staff to child ratios outlined in the table below (ratios for mixed age groups of children are based on the youngest child in the group)²:

Age	Caregiver-to-Child ratio	Max children in group
6 weeks – 23 months	1:4	8
24 months – 35 months	1:5	10
36 months – Kindergarten	1:10	10
Attending Kindergarten and older	1:10	10

- Only staff necessary to maintain ratio compliance should be inside of classrooms.
- The group should remain stable to the extent practicable. This means that children should be in the same classroom or group with the same adult for the duration of their enrollment in Emergency Child Care, including any before or after hours care.
- Provide outdoor activities when possible, with no more than one stable group of children in one outside area at a time. Note that if your outdoor area is enclosed / not accessible to the public, you can use the outdoor play equipment, but it should be wiped down between groups of children if possible.
- Open windows frequently to increase airflow.
- Cancel or postpone all field trips.
- Daily activities and curriculum should support physical distancing, striving to maintain at least six (6) feet between children during activities when possible. For example, adjust

² If a Certified Child Care Center is approved to operate under Ratio Table 3b (page 33 of <https://oregonearlylearning.com/wp-content/uploads/2019/02/CC-Rule-Book.pdf>), they may maintain the ratios in 3b, but must adhere to the group size requirements in this document.

program in the following ways:

- Reduce time spent in whole group activities
- Limit the number of children in each program space, such as learning centers.
- Increase the distance between children during table work.
- Plan activities that do not require close physical contact between multiple children.
- Limit item sharing and provide children with their own materials and equipment if possible (e.g., writing utensils, scissors, highchairs).
 - If items must be shared, remind children to wash their hands with soap and water or use sanitizer after using these items.
 - Items should be sanitized between uses.
- Discontinue the use of water or sensory tables.
- Minimize time standing in lines and take steps to ensure that distance between the children is maintained.
- Incorporate additional outside time.
- Maintain at least 30" between beds or cots and sleep head-to-toe (children are arranged so that the head of a person in one bed is at the other end as the head of the person in the next bed). This applies to nap time and overnight care arrangements.

Policies for Floaters, Substitutes, or Other Temporary Staff

- Utilize the same floaters for the same group(s) of children whenever possible.
- Require staff interacting with multiple groups of children, such as floaters, to wear a face covering (cloth, paper, or disposable), to wear removable layers, and remove layers before working with the next group or replace with a clean layer.
- Ensure all substitutes and temporary staff are trained in COVID-19 related protocols prior to beginning work.
- Other staff required for specialized educational or medical services for children in the program should also follow these protocols.

Food and Nutrition

- Stagger mealtimes or provide meals in the classroom when possible.
- Eliminate family-style meals.
- Provide bagged or individual lunches and snacks.

Cleaning and Building Maintenance Practices

- Follow all OHA-ELD developed sanitation protocols found within the [COVID-19 Sanitation Recommendations and Cleaning Schedule for Emergency Child Care Settings](#)
 - These guidelines include but are not limited to:
 - Using an [EPA-registered disinfectant](#) that is active against the coronavirus. General guidance on disinfection may be found [here](#).
 - Fully sanitize classrooms or other physical spaces at the end of the day and between stable groups
- Adjust the HVAC system to allow more fresh air to enter the program space.

Preparation

- Stay informed about the COVID-19 outbreak.
 - OHA distributes a daily newsletter that individuals can sign up for at <https://govstatus.egov.com/OR-OHA-COVID-19>
- Know the signs and symptoms of COVID-19 in children and adults. Keep up to date with information from the [Oregon Health Authority](#) and your [local public health authority](#). Follow guidance from your local public health authority.
- Plan ahead for the eventuality that the facility needs to close:
 - Determine how the facility will communicate with staff and parents.
 - Determine who will inform your licensing specialist (if applicable) and your local Child Care Resource and Referral (CCR&R) entity if you must close because of a disease outbreak (so families can be referred elsewhere during closure). CCR&Rs can be contacted at 1-800-342- 6712.

If there is a confirmed case of COVID-19 at an Emergency Child Care facility:

- If a case of COVID-19 is confirmed at the Emergency Child Care facility for any adult that entered the facility, the facility should immediately contact the [local public health authority](#) for guidance.
- The facility may need to close if child care cannot safely be provided due to a high number of staff being out of work.

Use of Face (cloth, paper or disposable) Coverings by Child Care Workers

Consistent with the CDC, OHA has recommended the use of cloth, paper, or disposable face coverings for the public to potentially slow the spread of virus transmission. Due to the potential challenges of wearing cloth face coverings effectively while caring for children, the following applies:

- Wearing a cloth, paper or disposable face covering is required for all staff that interact with multiple stable groups of children, specifically while conducting health checks and performing floater duties. Wearing a face covering while at work is optional for other child care workers.
- If a child care worker chooses to wear a cloth, paper or disposable face covering:
 - Avoid touching the cloth face covering.
 - It is essential to continue frequent and consistent hand hygiene.
 - The face covering must be changed when soiled and each day
- For more details about face covering materials visit the [CDC website](#).

Use of Face Coverings (cloth, paper or disposable) by Children in Child Care Settings

It is unlikely that a child will be able to effectively wear a face covering in a manner that might contribute to the effective reduction in virus transmission.

If requested and provided by a parent/guardian, children in child care may wear a face covering if the child:

- Is over 2 years old,
- Able to remove the face covering themselves without assistance,
- Able to avoid touching the face covering, and
- Are able to replace face covering when visibly soiled and each day.

Summer School for Preschool-Aged Children

This guidance applies to summer school programs:

- For early learning programs that also utilize in-home visits, those visits should continue to be conducted virtually.

Transportation

ELD is awaiting further guidance on mass transit to develop this transportation in concert with K-12 and will update this guidance accordingly.

This guidance will be updated regularly to reflect the newest information from ELD and OHA. The most recent document can be found at <https://oregonearlylearning.com/COVID-19-Resources/For-Providers>.