



Safety Procedures and Guidance for Child Care Facilities Operating During COVID-19

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

Overall

- Advise staff not to work, and parents not to bring their children, if they have recently had an illness with fever or cough. They should stay home until 72 hours after resolution of both fever and cough.
- 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% alcohol may be used as an alternative method to handwashing. Hand sanitizer must be stored out of reach of children when not in use.
- Avoid touching your face.
- Cover coughs and sneezes with a tissue and throw the tissue away immediately.
- Provide easy access to soap and warm water for handwashing for all children and staff.
- 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.

Screening for Symptoms. What if Someone Is Sick?

- Evaluate temperature and check for coughs of anyone entering the building. Individuals with a fever over 100.4° F should not be allowed to stay.
 - Temperature may be taken under the arm for infants. For all other children, use an oral, ear, or forehead thermometer. Sanitize after each reading.
 - If a thermometer is unavailable on site, ask parents to affirm that their child does not have a fever.
- 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 stay home until they are symptom-free (no cough or fever and no fever-controlling meds) for at least 72 hours.
- 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.
- Ensure that the facility has flexible sick-leave and absentee policies that discourage staff from reporting to work while sick.

- If anyone who has entered the 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.

Social Distancing

- Caregiver-to-child ratios and maximum group sizes must be adjusted to meet requirements for Emergency Child Care. This includes a maximum of 10 children in a home. The following ratios are for center-based care¹:

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

- Limit rooms to age specific maximum group size in typical child care facilities or elementary schools. Large rooms (e.g., gymnasiums, cafeterias), can be divided into two rooms. A barrier must be set to clearly delineate the two spaces (e.g., cones, tables, chairs).
- 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.
- Provide outdoor activities when possible, with no more than one 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.
- Cancel or postpone all field trips.
- Daily activities and curriculum should support social distancing, striving to maintain at least 6 feet between children. For example, adjust program in the following ways:
 - Eliminate large group activities.
 - Limit the number of children in each program space.
 - Increase the distance between children during table work.
 - Plan activities that do not require close physical contact between multiple children.
 - Limit item sharing. If items must be shared, remind children to wash their hands and not to touch their faces after using these items.
 - Discontinue the use of water or sensory tables.

¹ 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.

- Minimize time standing in lines and take steps to ensure that distance between the children is maintained.
- Incorporate additional outside time and open windows frequently.

Exclusion Policies for Staff, Children, and Families

- Children and child care workers should not go into a child care setting if they, or any member of their household, have symptoms compatible with COVID-19.
- Persons with fever, cough, or shortness of breath should be excluded from work or attendance at the facility until 72 hours after resolution of these symptoms.
- 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 attend child care facilities.

Food and Nutrition

- Stagger meal times or provide meals in the classroom when possible.
- Eliminate family-style meals and follow social distancing during mealtimes.
- Provide bagged or individual lunches.

Cleaning and Building Maintenance Practices

- Follow regular cleaning protocols and use an [EPA-registered disinfectant](#) that is active against the coronavirus. General guidance on disinfection may be found [here](#).
- Assess whether frequently touched items lend themselves to being cleaned frequently. Consider removing materials from the classroom that are harder to clean (e.g. soft toys and porous materials).
- Clean and disinfect frequently touched surfaces throughout the day and at night.
- Clean and sanitize all toys at the end of the day.
- Clean any machine-washable items on the hottest setting.
- Keep a designated bin for separating toys that have been in children's mouths. When a child is done with a mouthed toy, place it in a bin that is inaccessible to other children, and wash hands. Clean and sanitize these toys before returning them to the children's area.
- Adjust the HVAC system to allow more fresh air to enter the program space.

Preparation

- Stay informed about the COVID-19 outbreak.
- 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, 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.

The Use of Cloth Face Coverings by Child Care Workers

The CDC has recommended the use of cloth face coverings to potentially slow the spread of virus transmission.

- Due to the lack of clear evidence suggesting benefit, and the potential challenges of wearing cloth face coverings effectively while caring for children, it is not a strong recommendation to wear cloth face coverings during the workday.
- Wearing a cloth face covering while at work is optional for child care workers.
- If a child care worker chooses to wear a cloth face covering:
 - Avoid touching the cloth face covering.
 - It is essential to continue frequent and consistent hand hygiene.
- Details of potentially more effective cloth face covering materials are available on the [CDC website](#).

The Use of Cloth Face Coverings by Children in Child Care Settings

It is unlikely that a young child will be able to effectively wear a cloth 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 cloth face covering if the child:

- Is over 2 years old,
- Able to remove the cloth face covering themselves without assistance, and
- Able to avoid touching the cloth face covering.

Guidance for Child Care Workers

- Infants and sleeping children should NEVER wear a cloth face covering.
- Children over two years of age and up to five years of age should be supervised if they are wearing a cloth face covering.
- If the cloth face covering is creating discomfort or resulting in the child touching their face frequently, reconsider whether a cloth face covering is appropriate for that child.

- If children are constantly touching or adjusting the cloth face covering, it will not be effective and potentially could result in increased transmission.
- A cloth face covering is not a replacement for frequent hand hygiene.