



EMERGENCY CHILD CARE GUIDE
for Recorded Programs and Unlicensed Child Care Facilities
June 2020

GUIDANCE FOR EMERGENCY CHILD CARE

This resource is provided for qualified entities and individuals as they offer Emergency Child Care in response to COVID-19. This guidance is intended for Recorded Programs and unlicensed experienced child care operators establishing Emergency Child Care.. This guidance is not for currently licensed facilities operating in their existing space and converting to Emergency Child Care.

This information supports decisions related to:

- Setting up healthy and safe child care environments for children of all ages (0-12)
- Special considerations for set-up and operation related to COVID-19
- Staffing suggestions and structures

In addition to this guidance, programs may find additional resources around talking to children about the coronavirus, activities for families, and answers to frequently asked questions on the Early Learning Division's COVID-19 webpage at <https://oregonearlylearning.com/COVID-19-Resources>.

As with all resources related to COVID-19, guidance will be updated as new information is available. The latest version of this guidance can be found on the Early Learning Division's Emergency Child Care page, which can be accessed via <https://oregonearlylearning.com/COVID-19-Resources/Emergency-Child-Care>.

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Introduction and Overview

Ensuring that Oregon's health care system is able to operate at maximum capacity is essential to our response to the COVID-19 outbreak. While schools remain closed throughout the state, Emergency Child Care for children of first responders, health care professionals, and other frontline staff will be a vital support to enable communities to respond to challenges presented by COVID-19.

The following are recommended procedures and operations for programs operating Emergency Child Care for first responders, essential personnel and/or health care professionals during the COVID-19 health emergency.

Point of Contact

If you have questions about the following guidance you may contact Dawn Taylor with the Early Learning Division (ELD) via email at Dawn.Taylor@ode.state.or.us.

Seeking Approval with the State

All Recorded Programs Emergency Child Care facilities must submit an application to the state for approval.

All unlicensed experience operators where a community need for emergency child care exists must submit an application to the state for approval.

Once approved the state can refer essential personnel to you for child care. Please [submit an application](#) to the Office of Child Care (OCC) to begin the process.

Partnering

If you are a business wanting to offer child care for your employees and you are not a child care program, you must partner with an early learning program or experienced child care provider to operate your child care.

If you need help finding an experienced child care provider please contact your local [Child Care Resource & Referral \(CCR&R\) agency](#).

Foundational Procedures

Health and Safety

The [checklist provided](#) details the critical health and safety procedures adapted from child care licensing requirements. In addition, the [“Safety Procedures and Guidance for Child Care Facilities Operating During COVID-19” section](#) provides additional considerations for health and safety practices related to COVID-19.

Arrival and Pick-Up Procedures

Sites should ensure arrival and pick-up procedures are clear to families and to staff. Only designated adults are allowed to pick-up children from the facility. These designated adults should be documented upon enrollment, updated at families’ requests, and identification should be checked for new adults picking up children from your program.

Arrival and pick-up of children should happen outside or at the entrance when possible. A procedure should be put into place to meet parents outside and when possible arrival and pick-up should be staggered for different groups.

Other arrival and pick-up procedures should follow the [“Safety Procedures and Guidance for Child Care Facilities Operating During COVID-19” section](#). This includes the requirement of a daily health check for all individuals entering the classroom.

Staffing and Orientation

Staff must be at least 18 years old and have passed an Office of Child Care (OCC) Emergency Background Check or be enrolled in the (OCC) Central Background Registry. If a staff is not currently in the Central Background Registry, they must complete the emergency background check by completing and submitting the [application](#).

In addition to the staffing requirements in the health and safety checklist below. All new staff should be provided with a site-specific training and orientation. New staff orientation should include at least the following:

- Health and safety procedures pursuant to OHA’s guidance on preventing the spread of COVID-19
- Program enrollment processes
- Daily arrival and drop off procedures
- Emergency procedures
- Preparing and serving snacks and meals

Links to online trainings and resources to onboard staff and meet these requirements are provided on the ELD’s website at <https://oregonearlylearning.com/providers-educators/professional-development/Self> and will be updated regularly.

Snacks and Meals

It is recommended that programs provide breakfast, a morning snack, lunch, and an afternoon snack. Programs must also have appropriate formula, snack, and meals for infants.

A list of school districts providing free meals for children while schools are closed can be found at the Oregon Department of Education website here: <https://www.oregon.gov/ode/students-and-family/childnutrition/SNP/>.

If possible, it is recommended that programs provide a “to go” bag on Fridays with food for children over the weekend, as the COVID-19 outbreak is likely to exacerbate the impact of food insecurity for many children and families. **NOTE:** “To go” bags are not reimbursable through the Federal Child Nutrition Programs.”

For more information, see “Food and Nutrition” section in the [“Safety Procedures and Guidance for Child Care Facilities Operating During COVID-19.”](#)

Daily Schedule

ELD recommends that children spend as much time outside as possible, and that indoor activities be limited to the extent practical. Children and staff should wash hands, following OHA requirements, during transition times between activities, and before every snack and meal. All schedules should allow for staggering of children in group settings (e.g., meal time, outside time).

Health and Safety Checklist and Monitoring Procedures

- The checklists **on the following pages** are for your use as you set up program.
- OCC will be monitoring to ensure health and safety standards are met.

A. Staffing and Child Care

Description	Yes No N/A															
At least one person on site has First Aid/Infant CPR Certification. CPR must have an in person component. Strictly online CPR is not accepted.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>															
At least one person on site has completed the OCC online Introduction to Child Care Health and Safety .	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>															
Caregivers caring for infants have completed online Oregon Infants Safe Sleep training.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>															
<u>All</u> caregivers have completed online Recognizing and Reporting Child Abuse and Neglect training.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>															
All staff have completed and cleared the OCC Central Background Registry or OCC Emergency Background Check.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>															
All staff have completed staff orientation.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>															
<p>Only positive guidance and discipline allowed. No prohibited punishments including but not limited to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Corporal punishment or anything that inflicts pain <input type="checkbox"/> Restraints <input type="checkbox"/> Non-prescription chemicals to control behavior <input type="checkbox"/> Yelling harshly, abusive language <input type="checkbox"/> Name calling, threats, ridicule <input type="checkbox"/> Confining a child to an enclosed area, e.g., closet <input type="checkbox"/> Withdrawal of food or bathroom opportunities 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>															
<p>Center based care- The following ratios apply:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr style="background-color: #f2f2f2;"> <th style="text-align: center;">Age</th> <th style="text-align: center;">Caregiver to Child ratio</th> <th style="text-align: center;">Max children in group</th> </tr> </thead> <tbody> <tr> <td>6 weeks – 23 months</td> <td style="text-align: center;">1:4</td> <td style="text-align: center;">8</td> </tr> <tr> <td>24 months – 35 months</td> <td style="text-align: center;">1:5</td> <td style="text-align: center;">10</td> </tr> <tr> <td>36 months – Kindergarten</td> <td style="text-align: center;">1:10</td> <td style="text-align: center;">10</td> </tr> <tr> <td>Attending Kindergarten and older</td> <td style="text-align: center;">1:10</td> <td style="text-align: center;">10</td> </tr> </tbody> </table> <p>Child care must be carried out in maximum “stable” groups of 10 or fewer children. “Stable” means the same 10 or fewer children are in the same group each day. Further, this group of ten children must be cared for in a room that cannot be accessed by children outside the stable group.</p>	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	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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														

<p>Home-based care may have 10 children total. Of the 10, there may be no more than 6 children ages preschool and younger and of the 6, no more than 2 under 24 months.</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
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B. Facilities and Physical Environments

Description	Yes No N/A
Area should support room for group to maintain social distancing, estimated at 35 square feet per child in each classroom, excluding areas where children are not permitted or used for non-child items (ie. storage, teacher desk area, heating units).	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>Toys and equipment must be cleaned, rinsed, and sanitized regularly and whenever soiled.</p> <ul style="list-style-type: none"> • Follow regular cleaning protocols and use an EPA-registered disinfectant that is active against the coronavirus. • 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 prior to returning to children’s area. 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Building, grounds and water supply are maintained and hazard free.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Program has sink and toilets in working order available for children’s use that allow for caregiver supervision.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Smoking, vaping, and any use of tobacco products is prohibited in the presence of children.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
There may not be anyone in the program who is under the influence of alcohol, marijuana or illegal controlled substances.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>Electrical outlets accessible to children shall have protected caps or safety devices when not in use.</p> <p><i>Not applicable for school age groups.</i></p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Parent(s) shall be informed of any animal in the program. Potentially aggressive or dangerous animals are prohibited.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
There is a working smoke detector on each floor level and in areas where children nap.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

<p>There is a working fire extinguisher available for use.</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>Firearms and ammunition must be stored separately and locked.</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>Storage space shall be available for each children’s clothing and personal possessions. Children’s personal items shall be stored in a manner to ensure they are not in contact with other’s belongings.</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>Outdoor play equipment is age appropriate and in good repair and accessible to all children.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Infants and toddlers are not allowed on outdoor play equipment that is not age appropriate <p>NOTE: Follow equipment requirements outlined in “Safety Procedures and Guidance for Child Care Facilities Operating During COVID-19.”</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>Outdoor play equipment has adaptations available or special equipment provided for children with special needs.</p> <p>NOTE: Follow equipment requirements outlined in “Safety Procedures and Guidance for Child Care Facilities Operating During COVID-19.”</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>Outdoor play equipment and climbing structures are surrounded by resilient materials designed to absorb the impact of a fall.</p> <p>NOTE: Follow equipment requirements outlined in “Safety Procedures and Guidance for Child Care Facilities Operating During COVID-19.”</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>Outdoor play area is enclosed by a barrier of sufficient height to prevent children from leaving the area unsupervised.</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>Outdoor play area barrier is easily unlocked or opened by an adult in the case of an emergency.</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>Staff conduct daily visual review of outdoor play area for any potential safety hazards and address any hazards immediately, before children enter the area play area.</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>There shall be a safe, washable cot or rest mat for each child. <i>Not applicable for school age groups.</i> <i>For infant rest requirements, see Section D below.</i></p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>Rest mats/cots for napping shall be:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Stored individually and away from children <input type="checkbox"/> At least one inch thick <input type="checkbox"/> Labelled for each child <input type="checkbox"/> Placed at least 18” apart from each other at nap time, in a manner that allows for a direct, unobstructed passage to each child and for evacuation <input type="checkbox"/> Sanitized daily 	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>

<p><i>Not applicable for school age groups or programs operating 4 hours or less.</i></p>	
<p>Each child shall be allowed a sheet and blanket for napping. These shall be labeled and laundered weekly. <i>Not applicable for school age groups or programs operating 4 hours or less.</i></p>	<p style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>A specific place for separating a child who becomes ill shall be provided. The separation area shall be:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Equipped with a cot, mat or bed for each sick child <input type="checkbox"/> Shall allow for direct supervision of children by qualified staff <input type="checkbox"/> Shall be sanitized after each use 	<p style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>

C. Safety Practices

Description	Yes No N/A
<p>Supervision procedures shall include:</p> <ul style="list-style-type: none"> <input type="checkbox"/> All children in sight and sound of staff at all times (including nap and toileting) <input type="checkbox"/> Children not left alone with unqualified staff at any time <input type="checkbox"/> Communication between staff regarding supervision <input type="checkbox"/> Daily sign-in and -out sheets <input type="checkbox"/> Attendance checks are conducted regularly throughout daily schedule (head counts) 	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>Program ensures items of potential danger to children (including but not limited to medication, diapering ointment, plastic bags, cleaning supplies and other potentially toxic materials) are kept in the original, label containers, stored separately from food and food services supplies, and stored in locked area that is inaccessible to children.</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>Emergency contacts for children and staff are maintained and accessible to staff. Emergency contacts include name and number of people to whom the child can be released.</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>When releasing a child to a non-custodial adult the program ensures the child's parent/legal guardian has provided permission for the child to be released to that person.</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>Program has an evacuation and emergency plans that includes:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Emergency contacts are updated and easily available to caregivers. <input type="checkbox"/> Procedures for notifying parents or other adults responsible for the children and how children will be reunited with their family. <input type="checkbox"/> An method to ensure that all children in attendance are accounted for in an emergency. <input type="checkbox"/> Emergency information includes the name of individuals to whom the child can be released. 	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>The program has at least one accessible working telephone.</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>Programs have an age appropriate plan for evacuating and removing children to a safe location in an emergency.</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>

<p>Programs must keep a log of injuries and inform parents daily of any injuries incurred by their child.</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>Child illness policy and procedure includes written requirements around exclusion and re-introduction, and is shared with families. Procedures should be inclusive of COVID-19 protocols.</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>Programs have signed medical consent form on file for each child, authorizing medical care in the case of an emergency.</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>Programs obtain information from families on the child’s health, including any allergies or health conditions that will require additional attention.</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>Child allergies (including food allergies) are posted where caregivers can easily refer to it, but also where confidentiality can be maintained.</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>Families complete a permission slip whenever medication is administered in the program. Medication permission slip must include:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Dates which medication shall be administered <input type="checkbox"/> Times when medication shall be administered <input type="checkbox"/> Parent/Guardian signature <input type="checkbox"/> Documentation of administration with date, time and staff signature <input type="checkbox"/> Medication must be labeled with child’s name, name of drug, dosage, physician's name and phone number (if prescription), and directions for administration. 	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>All medication have child-resistant caps, are stored away from food at the proper temperature and are under child safety lock.</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>A well-stocked first aid kit is accessible only to adults and is taken when children are outside of the program.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Emergency medication (ie. Epipen, epilepsy medication, asthma inhalers) is taken when children are outside of the classroom, and kept with a staff member at all times. 	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>Programs have documentation of at least one staff member present at all times who has current certification in first aid and CPR. (if caring for infants, CPR should be infant specific)</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>

D. Hygiene and Sanitation

Description	Yes No N/A
Each hand washing sink has hot and cold running water, soap, and paper towels that are dispensed in a sanitary manner.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Children and staff regularly engage in handwashing: <ul style="list-style-type: none"> <input type="checkbox"/> Upon entering the classroom <input type="checkbox"/> Before and after eating <input type="checkbox"/> After blowing their nose <input type="checkbox"/> After using the toilet or diapering <input type="checkbox"/> Before and after water play <input type="checkbox"/> After any potential contact with bodily fluids and/or fecal matter <input type="checkbox"/> Giving medication or applying ointment <input type="checkbox"/> After cleaning or handling the garbage 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Parent(s) shall be informed of any animal in the program. Potentially aggressive or dangerous animals are prohibited.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
If used, diaper changing tables are age appropriate, in good condition, made with non-absorbent materials and are cleaned and sanitized before and after diapering. Diaper changing pads are allowed if able to be sanitized.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

E. Additional Infant and Toddler Requirements

Description	Yes No N/A
Each infant shall sleep in a crib, portable crib, or playpen with a clean, non-absorbent mattress. All cribs, portable cribs, and playpens must comply with current Consumer Product Safety Commission (CPSC) standards.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Each mattress shall: <input type="checkbox"/> Fit snugly <input type="checkbox"/> Be covered by a tightly fitting sheet	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
A clean sheet shall be provided for each child.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Infants must be placed on their backs on a flat surface for sleeping.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
If an infant falls asleep in a place other than their crib, portable crib or playpen, the provider must immediately move the infant to an appropriate sleep surface.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
No child shall be routinely left in a crib, portable crib, or playpen except for sleep or rest.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
There shall be no items (e.g., bottles, toys, pillows, stuffed animals, blankets, bumpers) in the crib, portable crib, or playpen with the infant, except pacifiers.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Swaddling or other clothing or covering that restricts the child's movement is prohibited.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Clothing or items that could pose a strangulation hazard (e.g., teething necklaces, pacifier attachments, clothing drawstrings) are prohibited.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Car seats are to be used for transportation only. Children who are asleep in a car seat must be removed upon arrival to the school and placed in an appropriate sleep surface.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Meals and snacks are both age appropriate and available at appropriate times and nourishing.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Infants up to six months of age shall be held or sitting up in a caregiver's lap for bottle feeding. Propping bottles is prohibited.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Children shall not be laid down with a bottle for sleeping.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Safety Procedures and Guidance 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.
 - 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

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

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 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.

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.

- 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 ECC 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 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 by Children in Child Care Settings

It is unlikely that a child will be able to effectively wear a cloth, paper, or disposable 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>.

Resources

- ✓ [Program Application Form](#)
- ✓ [Background Check Application](#)
- ✓ [Daily Attendance Log](#)
- ✓ [Sample Medical Form](#)
- ✓ [Sample Infant and Toddler Enrollment Form](#) and [Child Enrollment Form](#)
- ✓ [Safe Sleep](#)
- ✓ [Bottle propping](#)