



# **EMERGENCY CHILD CARE GUIDE FOR SCHOOL DISTRICTS**

**April 2020**

# GUIDANCE FOR EMERGENCY CHILD CARE

This resource is provided for school districts and partners as they offer Emergency Child Care in response to COVID-19 and the governor's Executive Orders [20-08](#) and [20-12](#). 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, we expect this guidance to be updated as new information is available. The latest version of this guidance will be distributed as soon as it is available. The latest version 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>.

# Contents

<a href="#">Introduction and Overview</a> .....	4
<a href="#">Point of Contact</a> .....	4
<a href="#">Registering your Site with the State</a> .....	4
<a href="#">Caring for Children Birth-to-Five</a> .....	4
<a href="#">Foundational Procedures</a> .....	5
<a href="#">Health and Safety</a> .....	5
<a href="#">Ratios and Group Size</a> .....	5
<a href="#">Arrival and Pick-Up Procedures</a> .....	5
<a href="#">Staffing and Orientation</a> .....	6
<a href="#">Snacks and meals</a> .....	7
<a href="#">Daily Schedule</a> .....	7
<a href="#">Additional Resources</a> .....	7
<a href="#">Health and Safety Checklist and Monitoring Procedures</a> .....	8
A. <a href="#">Staffing</a>	
B. <a href="#">Safe Facilities and Physical Environments</a>	
C. <a href="#">Safety Practices</a>	
D. <a href="#">Personal Hygiene</a>	
E. <a href="#">Safe Sleep</a>	
F. <a href="#">Infant and Toddler Meals and Feeding</a>	
<a href="#">Safety Procedures and Guidance During COVID-19</a> .....	17
<a href="#">Personal Considerations</a> .....	21
<a href="#">Resources</a> .....	22

## 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. Schools may choose to deploy partners to help with some of this care – for example, caring for infants may be something schools want to ask community partners to support and operate.

The following are procedures and operations for school districts operating Emergency Child Care for first responders and/or health care professionals during the COVID-19 health emergency.

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## Point of Contact

School Districts with questions about the following guidance may contact Brett Walker with the Early Learning Division (ELD) via email at [brett.walker@state.or.us](mailto:brett.walker@state.or.us) or at 971-273-8239.

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## Registering your Site with the State

All school districts offering Emergency Child Care must submit an application to register with the state. Once registered, the state can refer essential personnel to you for child care.

Please submit [this application](#) to the state so that 211 can refer families to your program. Note: The application **must** be submitted by the primary operator of the program. If the school district is not operating the program, it should be submitted by the organization that is (e.g., if the YMCA is staffing and running all or a part of your program, they should be submitting the application for that portion).

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## Caring for Children Birth-to-Five

Families will likely need care for children ages 0 to 5. If schools intend to offer infant, toddler and preschool care they **must partner** with an experienced partner or employ someone with expertise in infant, toddler, and preschool care to manage these efforts. If a school district employs someone with expertise in child care for 0 to 5 year olds, then the school must follow all related guidelines in this document. If a school district partners with another agency and that agency is operating the emergency child care for 0-5 year olds, then that agency is required to submit an Emergency Child Care application to the state.

## Foundational Procedures

### Health and Safety

The checklist provided in **Section B** provides 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 the COVID-19”](#) provides additional considerations for health and safety practices related to COVID-19. Please note: Following these procedures is now required (it was previously a recommendation). These procedures may continually be updated. Providers will be notified of updates via email and will be expected to update procedures to comply with updates.

### Ratios and Group Size

The following ratios and group size are required to comply with current social distancing guidance. Caregiver to Child Ratio refers to the number of adults to the number of children. Group size refers to the total size of the unit (i.e., classroom) of children.

Age	Required Ratios	
	Caregiver to Child ratio	Max children in group
6 weeks – 23 months	<b>1:4</b>	<b>8</b>
24 months – 35 months	<b>1:5</b>	<b>10</b>
36 months – Kindergarten	<b>1:10</b>	<b>10</b>
Attending Kindergarten and older	<b>1:10</b>	<b>10</b>

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.

### 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 COVID-19 guidance found in the [COVID-19 Guidance section](#) of this document. This includes the requirement of a daily health check for all individuals entering the classroom.

## Staffing and Orientation

Staffing for each group of children should also remain stable. It is suggested that each group of children have two staff assigned to their group each day, in order to ensure the ratio may be maintained during the entirety of the day. These staff do not need to be in the room at the same time.

Daily staffing considerations should include time for a morning break, a lunch break, and an afternoon break while maintaining the 1:10 ratio. Staff should not be interacting with more than one group of children.

Sample Staffing Pattern: This sample staffing pattern should be used to help program design how to support a group of 10 children for a full day program, assuming the program hours are 7 a.m. to 6 p.m.

Staffing	Hours	Breaks
<b>Teacher A</b>	7 a.m. to 4 p.m.	AM break: 9:30 to 9:40 a.m. Lunch: 12:30 to 1:30 p.m. PM break: 2 to 2:10 p.m.
<b>Teacher B or Assistant</b>	Available to provide breaks to Teacher A and to support required sanitation procedures.	Variable to accommodate Teacher A breaks.

Staff must be at least 18 years old and have passed a background check pursuant with temporary guidance. Guidance for the number of types of staff is included in Section A.

In addition to the staffing requirements in the health and safety checklist, 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
- Safe Sleep (For those serving children ages 0-3)
- Recognizing and Reporting Child Abuse and Neglect (Mandatory Reporting)

Links to online trainings for staff and other resources for onboarding regarding these requirements will be provided on ELD’s website at <https://oregonearlylearning.com/providers-educators/professional-development/Self>.

## Snacks and Meals

It is recommended that programs provide breakfast, a morning snack, lunch, and an afternoon snack.

Snacks and meals should be age-appropriate, i.e. formula and pre-packaged baby food for infants, and appropriate snacks and meals for toddlers.

If possible, it is recommended that grab-and-go lunches be provided, in partnership with school district nutrition programs.

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 will not be 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). Schedules should also allow for at least one rest period for children under age five. Infant/Toddler schedules should allow for children to eat and rest as needed.

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## Additional Resources

In addition to the attached sample forms, the Early Learning Division will be updating its COVID-19 page with additional resources for schools as they operate Emergency Child Care:

<http://oregonearlylearning.com/COVID-19-Resources/Emergency-Child-Care>

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## Health and Safety Checklist and Monitoring Procedures

The checklists on the following pages are for your use as you set up classrooms. Schools should meet all requirements prior to operating when possible. Schools should use their discretion if they determine they may not be able to meet a requirement prior to opening. For example, schools should not employ staff without a background check, but may need time to make outdoor play areas fully accessible to all age groups.

Schools should determine processes to ensure ongoing monitoring of health and safety standards. The ELD may provide onsite monitoring and support if deemed necessary.

### A. Staffing

Staff meet qualification standards and have ongoing support.

Description	Meets?
	Yes   No   N/A

<p><b>A.1</b> Programs have documentation of at least one staff member present at all times who has current certification in first aid and CPR that is appropriate for the ages of children being served.</p>	<input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>
<p><b>A.2</b> All staff have completed and cleared school district, Central Background Registry, or emergency background check.</p>	<input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>
<p><b>A.3</b> All staff have completed the required staff orientation and trainings.</p> <p>The following are requirements for programs serving children Birth-to-Five:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Recognizing and Reporting Child Abuse and Neglect</li> <li><input type="checkbox"/> Intro to Child Care Health and Safety</li> <li><input type="checkbox"/> Oregon Infants Safe Sleep (for programs serving children 0 to 5 years old)</li> </ul>	<input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>

## B. Safe Facilities and Physical Environments

Physical environment and facilities are accessible to children and are designed and maintained to ensure the safety of children, families, and staff present.

Description	Meets?
	Yes   No   N/A
<p><b>B.1</b> Minimum of 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).</p>	<input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>
<p><b>B.2</b> Minimum of 75 square feet per child of safe and accessible outdoor space excluding areas where children are not permitted or used for non-child items (ie, storage, large permanent equipment not available to preschool aged children).</p>	<input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>
<p><b>B.3</b> Classroom or learning environment is clean, well maintained, well-lighted, and well ventilated.</p>	<input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>
<p><b>B.4</b> Classroom materials and furniture are age appropriate, clean, and well-maintained.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Classroom materials and toys are cleaned and sanitized daily.</li> <li><input type="checkbox"/> Classroom surfaces cleaned and throughout the day and after all children have departed.</li> </ul>	<input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>
<p><b>B.5</b> 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"/>
<p><b>B.6</b> 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>	<input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>

<p><b>B.7</b> Outdoor play equipment is age appropriate and in good repair and accessible to all children.</p> <p><input type="checkbox"/> Infants and toddlers are not allowed on outdoor play equipment that is not age appropriate</p> <p><b>NOTE: Follow equipment requirements outlined in <a href="#">“Safety Procedures and Guidance for Child Care Facilities Operating During COVID-19.”</a></b></p>	<p><input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/></p>
<p><b>B.8</b> Outdoor play equipment has adaptations available or special equipment provided for children with special needs.</p> <p><b>NOTE: Follow equipment requirements outlined in <a href="#">“Safety Procedures and Guidance for Child Care Facilities Operating During COVID-19.”</a></b></p>	<p><input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/></p>
<p><b>B.9</b> Outdoor play equipment and climbing structures are surrounded by resilient materials designed to absorb the impact of a fall.</p> <p><b>NOTE: Follow equipment requirements outlined in <a href="#">“Safety Procedures and Guidance for Child Care Facilities Operating During COVID-19.”</a></b></p>	<p><input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/></p>
<p><b>B.10</b> 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><b>B.11</b> 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><b>B.12</b> 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><b>B.13</b> There shall be a safe, washable cot or rest mat for each child.</p> <p><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><b>B.14</b> Rest mats/cots for napping shall be:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Stored individually and away from children</li> <li><input type="checkbox"/> At least one inch thick</li> <li><input type="checkbox"/> Labelled for each child</li> <li><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</li> <li><input type="checkbox"/> Sanitized daily</li> </ul> <p><i>Not applicable for school age groups.</i></p>	<p><input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/></p>

<i>For Infant rest requirements, see Section D below.</i>	
<b>B.15</b> 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.</i>	<input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>
<b>B.16</b> A specific place for isolating a child who becomes ill shall be provided. The isolation area shall be:  <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	<input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>

## C. Safety Practices

Provider has documented routines to ensure health and safety practices related to universal precautions, food handling and preparation, medications, and securing items that may be a danger to children, adhering to whatever is most stringent.

Description	Currently Meets?
	Yes   No   N/A

<b>C.1</b> All staff are trained and practice Universal Precautions. Staff have needed supplies to implement these precautions.	<input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>
<b>C.2</b> Supervision procedures shall include:  <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 ( <i>provided in toolkit</i> ) <input type="checkbox"/> Attendance checks are conducted regularly throughout daily schedule (head counts)	<input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>
<b>C.3</b> Program ensures items of potential danger to children (including but not limited to medication, diapering ointment,	<input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>

<p>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><b>C.4</b> Emergency contacts for children and staff are maintained and accessible to staff.</p> <p><input type="checkbox"/> 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><b>C.5</b> 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><b>C.6</b> Program has system of communication with families in the case of an emergency and/or evacuation.</p>	<p><input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/></p>
<p><b>C.7</b> Classrooms in use with children have at least one accessible working telephone.</p>	<p><input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/></p>
<p><b>C.8</b> 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><b>C.9</b> Program has procedures that address how to manage injuries and address child illness, including communication with families. <i>(provided in toolkit)</i></p>	<p><input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/></p>
<p><b>C.10</b> Child illness policy and procedure includes written requirements around exclusion and re-introduction, and is shared with families. <b>Procedures should be inclusive of <a href="#">COVID-19 protocols</a>.</b></p>	<p><input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/></p>
<p><b>C.11</b> 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><b>C.12</b> 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><b>C.13</b> Child allergies (including food allergies) are posted where staff 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><b>C.14</b> Families complete a permission slip whenever medication is administered in the program. Medication permission slip must include:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Dates which medication shall be administered</li> <li><input type="checkbox"/> Times when medication shall be administered</li> <li><input type="checkbox"/> Complete instruction for administration</li> <li><input type="checkbox"/> Parent/Guardian signature</li> <li><input type="checkbox"/> Documentation of administration with date, time and staff signature</li> <li><input type="checkbox"/> Be stored with medication</li> <li><input type="checkbox"/> Medication must be labeled with child’s name, name of drug, dosage, physician's name and phone number, and directions for administration. Information on the label and the family permission slip must match.</li> <li><input type="checkbox"/> Elementary schools may follow school specific policy and procedure if applicable</li> </ul>	<p style="text-align: center;"><input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/></p>
<p><b>C.15</b> All medication, refrigerated or unrefrigerated, have child-resistant caps, are stored away from food at the proper temperature and are inaccessible to children. Expired medication is returned to families in a timely manner.</p>	<p style="text-align: center;"><input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/></p>
<p><b>C.16</b> A well-stocked first aid kit is accessible only to adults in every classroom and is taken when children are outside of the classroom (ex. Outdoor time, visits to other classrooms or school gym)</p> <ul style="list-style-type: none"> <li><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.</li> </ul>	<p style="text-align: center;"><input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/></p>
<p><b>C.17</b> Parents and/or guardians will be informed daily of any injuries to their child and first aid administered.</p>	<p style="text-align: center;"><input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/></p>
<p><b>C.18</b> Staff conduct daily health checks of all individuals (children and staff) as they arrive, including a visual scan and temperature check of each child.</p>	<p style="text-align: center;"><input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/></p>

## D. Personal Hygiene

Providers have documented routines and practices for handwashing for all staff, and providers include best practices for hygiene practices and handwashing as part of daily curriculum for children.

Description	Currently Meets?
	Yes   No   N/A

<p><b>D.1</b> Each handwashing sink has hot and cold running water, soap, and paper towels that are dispensed in a sanitary manner.</p>	<p><input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/></p>
<p><b>D.2</b> Children and staff are regularly engaged in handwashing:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Upon entering the classroom</li> <li><input type="checkbox"/> Before and after eating</li> <li><input type="checkbox"/> After blowing their nose</li> <li><input type="checkbox"/> After using the toilet or diapering</li> <li><input type="checkbox"/> Before and after water play</li> <li><input type="checkbox"/> After any potential contact with bodily fluids and/or fecal matter</li> <li><input type="checkbox"/> Giving medication or applying ointment</li> <li><input type="checkbox"/> After cleaning or handling the garbage</li> <li><input type="checkbox"/> After handling animals or animal waste</li> </ul>	<p><input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/></p>
<p><b>D.3</b> Parent(s) shall be informed of any animal in the school. Considerations shall be made for any animal allergies present in children or staff.</p>	<p><input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/></p>
<p><b>D.4</b> During toileting, program staff provide positive support and instruction using naturally occurring opportunities at the individual ability level of the child.</p>	<p><input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/></p>
<p><b>D.5</b> During diapering, Universal Precautions are followed.</p>	<p><input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/></p>
<p><b>D.6</b> If used, diaper-changing tables are age appropriate, in good condition, made with non-absorbent materials, feature steps for children to climb up while being assisted, and are cleaned and sanitized before and after diapering.</p>	<p><input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/></p>

## ADDITIONAL INFANT AND TODDLER REQUIREMENTS

### E. Safe Sleep

Providers have documented routines and practices for safe sleep practices. Additional guidance can be found in Appendix B.

Description	Currently Meets?
	Yes   No   N/A
<b>E.1</b> 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"/>
<b>E.2</b> Each mattress shall: <ul style="list-style-type: none"> <li><input type="checkbox"/> Fit snugly</li> <li><input type="checkbox"/> Be covered by a tightly fitting sheet</li> </ul>	<input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>
<b>E.3</b> A clean sheet shall be provided for each child.	<input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>
<b>E.4</b> Infants must be placed on their backs on a flat surface for sleeping.	<input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>
<b>E.5</b> While on the school premises, 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"/>
<b>E.6</b> 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"/>
<b>E.7</b> 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"/>
<b>E.8</b> Swaddling or other clothing or covering that restricts the child's movement is prohibited.	<input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>
<b>E.9</b> 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"/>
<b>E.10</b> 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"/>

## F. Infant & Toddler Meals and Feeding

Providers have documented routines and practices for feeding, meals, and snacks that protect the health and safety of infants and toddlers.

Description	Currently Meets?
	Yes   No   N/A

<b>F.1</b> Meals and snacks are both age appropriate and available at appropriate times. USDA/CACFP guidelines for on-demand feeding of Infants and Toddlers must be followed.	<input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>
<b>F.2</b> 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"/>
<b>F.3</b> Infants and children who cannot feed themselves shall be held or, if able to sit alone, fed in an upright position.	<input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>
<b>F.4</b> Infants no longer being held for feeding shall be fed in a manner that provides safety and comfort.	<input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>
<b>F.5</b> Children shall not be laid down with a bottle for sleeping.	<input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>
<b>F.6</b> Program has procedure to ensure proper handling and storage of breast milk.	<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 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 care<sup>1</sup>:

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.

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<sup>1</sup> 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

- 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.
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## Personnel Considerations

The following personnel suggestions are provided to help identify necessary staff and their essential functions at the site.

Necessary Personnel	Essential Functions
<p><b>Site Administrator</b> (May Not be School Administrator)</p> <p><b>Front Desk Staff</b></p>	<p>Develop daily arrival and drop off procedures</p> <p>Develop emergency procedures</p> <p>Ongoing communication with families</p> <p>Sick child/room coverage</p> <p>Medication administration</p> <p>Support classroom staff as needed</p>
<p><b>Human Resources</b></p>	<p>Hire emergency child care staff</p> <p>Track required trainings and orientations</p> <p>Maintain a substitute pool</p>
<p><b>Food Service Staff</b> <b>Aide</b> (food delivery to classrooms)</p>	<p>Prepare and serve age appropriate meals according to USDA/CACFP guidelines and current CDC guidance</p> <p>Delivery of meals to classrooms</p>
<p><b>Custodial Staff</b> <b>Additional staff as needed</b></p>	<p>Facility sanitation and laundering protocols align with current COVID-19 requirements</p> <p>Sanitation protocols are implemented throughout the day</p> <p>Provide support for cleaning and sanitizing classrooms after meals</p>
<p><b>Teacher</b> <b>Teacher Assistant</b> <b>Aide</b> (supports multiple classrooms)</p>	<p>Classrooms are staffed in a manner that always supports age appropriate supervision ratios</p> <p>Assigned classroom staff receive breaks and lunches</p> <p>Support meal service in classrooms (if required)</p>
<p><b>Bus Drivers</b> <b>Aide</b> (supports supervision)</p>	<p>Provide transportation services</p> <p>Sanitize bus before and after routes</p> <p>Provide additional staff on bus to support age appropriate supervision</p>

## Resources

- ✓ [Sample Sign-in and Out Form](#)
- ✓ [Sample Medical Form](#)
- ✓ Sample [Infant and Toddler Enrollment Form](#) and [Child Enrollment Form](#)
- ✓ [Safe Sleep](#)
- ✓ [Bottle propping](#)