EMERGENCY CHILD CARE GUIDE FOR SCHOOL DISTRICTS

March 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 Order 20-08. 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.

Contents

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 remained 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 recommended procedures and operations for programs operating emergency child care for school-aged children of first responders and/or health care professionals during the COVID-19 outbreak.

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 or at 971-273-8239.

Registering Your Site with the State

In order for the state to refer essential personnel to you for child care, the state needs to know your site is operational and ready to accept children. Please submit this application to the state and submit information via this form https://fs22.formsite.com/QRIS/ProviderUpdates/index.html so 211 can refer families to your program.

Age Groups

Families will likely need care for children ages 0-5. If schools intend to offer infant and toddler care they **must partner** with an experienced partner or employ someone with expertise in infant and toddler care to manage these efforts.

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 COVID-19 Guidance section of this document provides additional considerations for health and safety practices related to COVID-19.

Ratios and Group Size

The following ratios and group size are recommended given 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	1:4	8
24 months – 35 months	1:5	10
26 months – Kindergarten	1:10	10
Attending Kindergarten and older	1:10	10

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.

It is suggested that arrival and pick-up happen outside the program during this time. Staff should meet children at the entrance.

Other arrival and pick-up procedures should follow COVID-19 guidance found in the COVID-19 Guidance section of this document.

Staffing and Orientation

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 registration processes
- Daily arrival and drop off procedures
- Emergency procedures
- Preparing and serving snacks and meals

Links to online trainings for staff and other resources for onboarding regarding these requirements will be provided on ELD's website at http://oregonearlylearning.com/COVID-19-Resources/Emergency-Child-Care.

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.

Snacks should be pre-packaged or in individual portions to minimize handling and preparation. 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.

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 guidelines, 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).

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

Health and Safety Checklist and Monitoring Procedures

The checklist on the following page is for your use as you set up classrooms. Schools should meet all requirement 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

Description	Meets?
A.1 Programs have documentation of at least one staff member present at all times who has current certification in first aid and CPR.	☐ | ☐ | ☐
A.2 All staff have completed and cleared school district, Central Background Registry, or emergency background check.	☐ | ☐ | ☐
A.3 All staff have completed the required staff orientation and trainings.	☐ | ☐ | ☐

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

B.1 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).	☐ | ☐ | ☐
B.2 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).	☐ | ☐ | ☐
B.3 Classroom or learning environment is clean, well maintained, well-lighted and well ventilated.	☐ | ☐ | ☐
B.4 Classroom materials and furniture are age appropriate, clean and well-maintained.	☐ | ☐ | ☐
B.5 Electrical outlets accessible to children shall have protected caps or safety devices when not in use. ***Not applicable for school age groups***	☐ | ☐ | ☐
B.6 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.	☐ | ☐ | ☐
B.7 Outdoor play equipment is age appropriate and accessible to all children. ☐ If only school age equipment is available, preschool aged children may access provided staff position themselves so that a staff member is always within reach of a preschool	☐ | ☐ | ☐

child on the play equipment ☐ Infants and toddlers are not allowed on outdoor play equipment that is not age appropriate	
B.8 Outdoor play equipment has adaptations available or special equipment provided for children with special needs.	☐ | ☐ | ☐
B.9 Outdoor play equipment and climbing structures are surrounded by resilient materials designed to absorb the impact of a fall.	☐ | ☐ | ☐
B.10 Outdoor play area is enclosed by a barrier of sufficient height to prevent children from leaving the area unsupervised.	☐ | ☐ | ☐
B.11 Outdoor play area barrier is easily unlocked or opened by an adult in the case of an emergency.	☐ | ☐ | ☐
B.12 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.	☐ | ☐ | ☐
B.13 There shall be a safe, washable cot or rest mat for each child. *Not applicable for school age groups* *For Infant rest requirements, see Section D below*	☐ | ☐ | ☐
B.14 Rest mats/cots for napping shall be: ❏ Stored individually and away from children ❏ At least one inch thick ❏ Labelled for each child ❏ 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 ❏ Sanitized daily *Not applicable for school age groups* *For Infant rest requirements, see Section D below*	☐ | ☐ | ☐
B.15 Each child shall be allowed a sheet and blanket for napping. These shall be labeled and laundered weekly.	☐ | ☐ | ☐

Not applicable for school age groups	
B.16 A specific place for isolating a child who becomes ill shall be provided. The isolation area shall be: ❏ Equipped with a cot, mat or bed for each sick child ❏ Shall allow for direct supervision of children by qualified staff ❏ Shall be sanitized after each use	○ | ○ | ○

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

C.1 All staff are trained and practice Universal Precautions. Staff have needed supplies to implement these precautions.	☐ | ○ | ○
C.2 Supervision procedures shall include: ❏ All children in sight and sound of staff at all times (including nap and toileting) ❏ Children not left alone with unqualified staff at any time ❏ Communication between staff regarding supervision ❏ Daily sign in and out sheets *(Form provided in TK)* ❏ Attendance checks are conducted regularly throughout daily schedule (head counts)	☐ | ○ | ○
C.3 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.	☐ | ○ | ○
C.4 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.	☐ | ○ | ○
C.5 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.	○ | ○ | ○
C.6 Program has system of communication with families in the	☐ | ○ | ○

case of an emergency and/or evacuation.	
C.7 Classrooms in use with children have at least one accessible working telephone.	☐ | ☐ | ☐
C.8 Programs have an age appropriate plan for evacuating and removing children to a safe location in an emergency.	☐ | ☐ | ☐
C.9 Program has procedures that address how to manage injuries and address child illness, including communication with families.	☐ | ☐ | ☐
C.10 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.	☐ | ☐ | ☐
C.11 Programs have signed medical consent form on file for each child, authorizing medical care in the case of an emergency.	☐ | ☐ | ☐
C.12 Programs obtain information from families on the child's health, including any allergies or health conditions that will require additional attention.	☐ | ☐ | ☐
C.13 Child allergies (including food allergies) are posted where staff can easily refer to it, but also where confidentiality can be maintained.	☐ | ☐ | ☐
C.14 Families complete a permission slip whenever medication is administered in the program. Medication permission slip must include: ❏ Dates which medication shall be administered ❏ Times when medication shall be administered ❏ Complete instruction for administration. ❏ Parent/Guardian signature ❏ Documentation of administration with date, time and staff signature ❏ Be stored with medication ❏ 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. ❏ Elementary schools may follow school specific policy and procedure if applicable.	☐ | ☐ | ☐

C.15 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.	☐ | ☐ | ☐
C.16 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) ❏ 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.	☐ | ☐ | ☐
C.17 Parents and/or guardians will be informed daily of any injuries to their child and first aid administered.	☐ | ☐ | ☐

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

Description	Currently Meets? Yes | No | N/A
D.1 Each handwashing sink has hot and cold running water, soap, and paper towels that are dispensed in a sanitary manner.	☐ | ☐ | ☐
D.2 Children and staff are regularly engaged in handwashing: ❏ Upon entering the classroom; ❏ Before and after eating; ❏ After blowing their nose; ❏ After using the toilet or diapering; ❏ Before and after water play; ❏ After any potential contact with bodily fluids and/or fecal matter; ❏ Giving medication or applying ointment; ❏ After cleaning or handing the garbage; or, ❏ After handling animals or animal waste.	☐ | ☐ | ☐
D.3 Parent(s) shall be informed of any animal in the school. Considerations shall be made for any animal allergies present in children or staff.	☐ | ☐ | ☐
D.4 During toileting, program staff provide positive support and instruction using naturally occurring opportunities at the individual ability level of the child.	☐ | ☐ | ☐
D.5 During diapering, Universal Precautions are followed.	☐ | ☐ | ☐
D.6 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.	☐ | ☐ | ☐

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
E.1 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.	☐ | ○ | ○
E.2 Each mattress shall: ☐ Fit snugly ☐ Be covered by a tightly fitting sheet	☐ | ○ | ○
E.3 A clean sheet shall be provided for each child.	☐ | ○ | ○
E.4 Infants must be placed on their backs on a flat surface for sleeping.	☐ | ○ | ○
E.5 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.	☐ | ○ | ○
E.6 No child shall be routinely left in a crib, portable crib or playpen except for sleep or rest.	☐ | ○ | ○
E.7 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.	☐ | ○ | ○
E.8 Swaddling or other clothing or covering that restricts the child's movement is prohibited.	☐ | ○ | ○
E.9 Clothing or items that could pose a strangulation hazard (e.g. teething necklaces, pacifier attachments, clothing drawstrings) are prohibited.	☐ | ○ | ○
E.10 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.	☐ | ○ | ○

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

F.1 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.	☐ | ○ |○
F.2 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.	☐ | ○ |○
F.3 Infants and children who cannot feed themselves shall be held or, if able to sit alone, fed in an upright position.	☐ | ○ |○
F.4 Infants no longer being held for feeding shall be fed in a manner that provides safety and comfort.	☐ | ○ |○
F.5 Children shall not be laid down with a bottle for sleeping.	☐ | ○ |○
F.6 Program has procedure to ensure proper handling and storage of breast milk.	☐ | ○ |○

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 there is other illnesses present, such as flu, we recommend implementing the following procedures:

Overall Guidance

- 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.
- 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.
- 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.
- To minimize contact during drop-off/pick-up, allow parents to remain outside of the building for sign-in and -out of their children.

Considerations for Ratio, Group Size, and Capacity

- Spaces for children should be structured in a way that allows facilities to implement specific social distancing guidelines.
- Consider limiting the total number of children in the facility so social distancing guidance and guidance in this document can be followed (e.g., staggering groups at lunch and outdoors). Total facility capacity should be limited as much as possible.
- Ratio and group sizes should be adjusted to support this guidance.
  - Programs should strongly consider lowering group size whenever possible and not go beyond licensing regulations for group size overall.

Screening for Symptoms and When Someone Is Sick

- Conduct daily health checks.
  - Ask staff, children, and families:
    - If they have had close contact (defined by the [CDC](#) as being within 6 feet of someone for 10 minutes or more) with anyone diagnosed with COVID-19.
    - If anyone in their household has symptoms of respiratory illness (fever, cough, or shortness of breath).
  - 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 over 6 months, use an oral, ear, or forehead thermometer with a disposable cover to change after each reading.
- If a child or staff member develops a cough, fever, or shortness of breath, 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 symptoms of COVID-19 (fever, cough, or shortness of breath), the caregiver should remain as far away as safely possible from the child (preferably 6 feet).
- Ensure that the facility has flexible sick leave and absentee policies that discourage people to come in while sick.
- If anyone who has entered the facility is diagnosed with COVID-19, consult with local public health entity regarding cleaning and closure.

Exclusion Policies

- Follow standard exclusion criteria for illness.
- Anyone who has had close contact (defined by the CDC as being within 6 feet of someone for 10 minutes or more) with someone diagnosed with COVID-19 should remain home for 14 days after their last contact with the COVID-19 patient.
- If someone in their household has symptoms of respiratory illness, consider asking them to remain home until at least 72 hours after symptom resolution (absence of fever without the use of fever-reducing medication and improvement in respiratory symptoms).
- Recommend exclusion for children or staff who are considered high-risk, including older adults or people who have serious chronic medical conditions. To determine whether you meet a high-risk category, please consult OHA guidance on vulnerable populations.

Classroom Practices

- Only staff necessary to maintain ratio compliance should be inside of classrooms.
- Focus on outdoor activities when possible, with no more than one group of children in one outside area at a time.
- Ensure activities are small group or individual activities, rather than whole group, whenever possible.
- Cancel or postpone field trips or outings to areas with large crowds.

Food and Nutrition

- Stagger meal times.
- Provide bagged or individual lunches.
- Provide pre-prepared, individually wrapped snacks.

Cleaning Practices

- Consider removing materials from the classroom that are harder to clean (e.g., soft toys).
- Follow regular cleaning protocols and use an EPA-registered disinfectant that is active against coronaviruses.
- 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.

Preparation

- Stay informed about the COVID-19 outbreak.
- Follow guidance from your local public health entity. If you have questions for local public health, start by calling 211. Know the signs and symptoms of COVID-19 in children and adults. Keep up to date via Oregon Health Authority and your local public health entity.
- Plan ahead in case 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 close (so families will not be referred during closure). CCR&Rs can be contacted at 1-800-342-6712.
  - If a patient with COVID-19 was in the building, the facility may need to close briefly (2 to 5 days) for cleaning and disinfection.
  - The facility may need to close if child care cannot safely be provided due to a high number of staff being out of work.

Personnel Considerations

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

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

Resources to Attach

- ✔ Sample Reporting Logs: [0 to 5 Months](#) and [6 to 11 Months](#)

- ✔ Sample [Medical Form](#)

- ✔ Sample [Infant and Toddler Enrollment Form](#) and [Child Enrollment Form](#)

- ✔ Sample [Injury Report Form](#)