



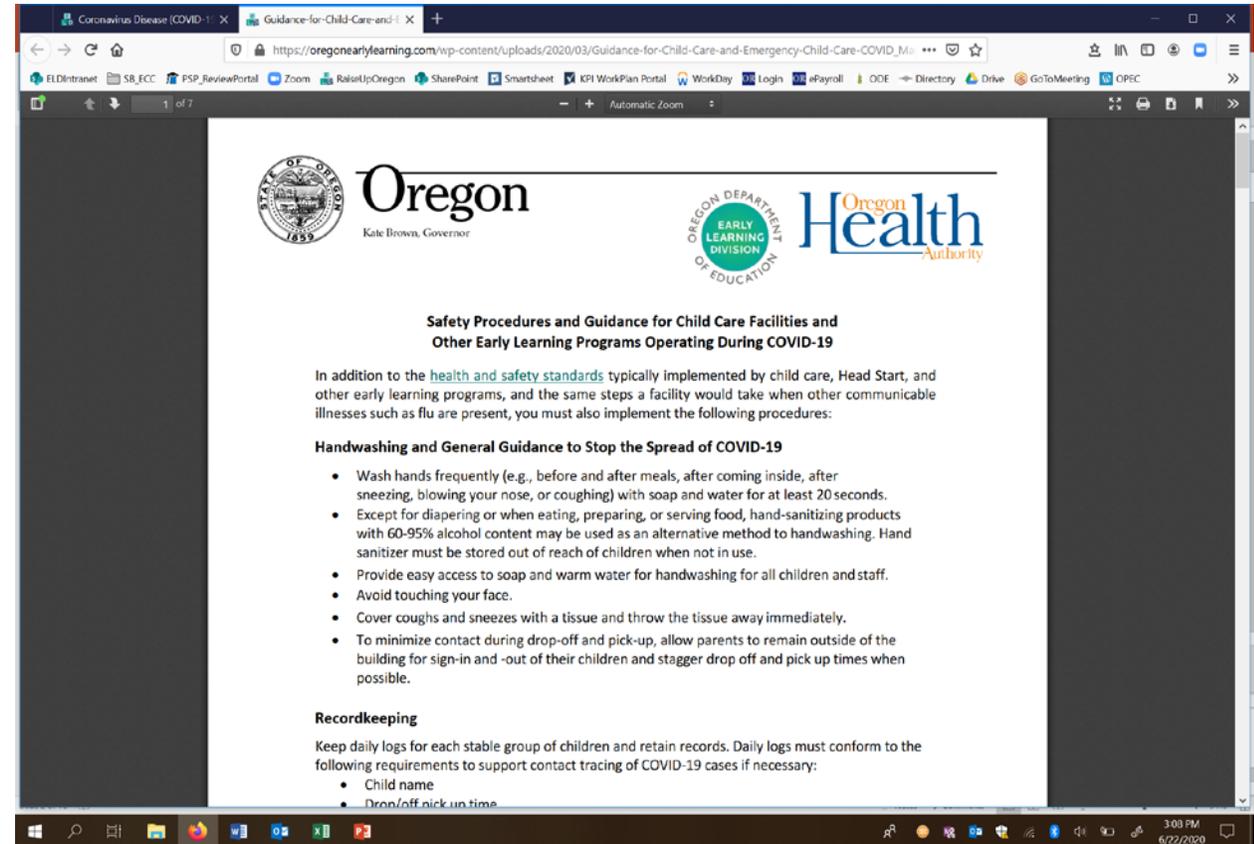
Child Care Provider Calls

June 23-25, 2019



Overview

- **Purpose:** To gather provider input on which areas of the ELD's *Safety Procedures and Guidance for Child Care Facilities and Other Early Learning Programs Operations During COVID-19* should be prioritized for upcoming stakeholder engagement and potential revision.





Timeline

Activity	Completion Date
Gather input from child care providers and other stakeholders	July 11
Revise guidance based on input received	July 17
OHA reviews draft guidance	July 24
Finalize revisions	July 31
Translate revised guidance	August 7
Release new guidance	August 14



Guiding Principles

- Decisions need to be made in light of science, cost & burden*
- Decisions need to be formed by the experiences of families and child care providers*
- Decisions need to be driven by equity and informed by the experiences and voices of populations our systems have historically under-resourced and underserved.*
- One set of guidance for all programs*
- The guidance should be as simple, transparent and as easy to administer as possible*



Group Size

Current ELD Guidance			Current CDC Guidance	ODE Guidance for 2020-21 School Year															
<p>Group Size</p> <ul style="list-style-type: none"> • Registered Family (RF): 1 stable group of 10 children. No more than 6 children ages preschool and younger; No more than 2 children under 24 months. • Certified Family (CF): No more than 16 children total in 2 stable groups. Maximum number of children in a stable group is 10. Separate groups should have their own bathrooms and should be kept separate from the other stable group. Each group of children must be in a space that meets the minimum of 35 square feet per child. Each group of children must meet staff/child ratios as defined in OAR. • Certified Center (CC): May have 1 stable group of up to 10 children per classroom; large classrooms may be divided into 2 rooms with a physical barrier that is at least 4 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: <table border="1"> <thead> <tr> <th>Age</th> <th>Caregiver-to-Child ratio</th> <th>Max children in group</th> </tr> </thead> <tbody> <tr> <td>6 weeks – 23 months</td> <td>1:4</td> <td>8</td> </tr> <tr> <td>24 months – 35 months</td> <td>1:5</td> <td>10</td> </tr> <tr> <td>36 months – Kindergarten</td> <td>1:10</td> <td>10</td> </tr> <tr> <td>Attending Kindergarten and older</td> <td>1:10</td> <td>10</td> </tr> </tbody> </table> <p>Only staff necessary to maintain ratio compliance should be inside of classrooms.</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	<p>Social Distancing Strategies</p> <ul style="list-style-type: none"> • If possible, child care classes should include the same group each day, and the same child care providers should remain with the same group each day. • Keep each group of children in a separate room. 	<p>Cohorting</p> <ul style="list-style-type: none"> • Establish stable cohort groups. Students can be part of more than one stable cohort group. • The smaller the cohort, the less risk of spreading disease. As cohort groups increase in size, the risk of spreading disease increases. • Cohorts must be diverse groups of students that would typically be grouped together during the school day. Groups cannot be based on demographic or disability criteria. • Each cohort group must have system for contact tracing, including keeping daily logs. • Maintain 35 square feet per person, including staff. • Minimize interaction between students in different stable cohorts. • When feasible, stable cohorts should remain in one classroom environment for the duration of the learning day, including lunch. • Teachers of specific academic content areas rotate instead of students to the maximum extent possible. • When feasible, limit the number of students in the building
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Group Size: What We've Heard So Far

- There needs to be discussion about group size requirements in light of both public health and cost considerations for child care providers.
 - COVID-19 continues to spread in many parts of Oregon, including instances of cases in child care facilities.
 - Stable group sizes of 10 children has created financial challenges for child care providers.
- Child care providers consider group size to be a high priority area of the ELD Guidance.



Face Coverings for Child Care Workers

Current ELD Guidance	Current CDC Guidance	ODE Guidance for 2020-21 School Year
<p>Use of Face (cloth, paper or disposable) Coverings by Child Care Workers</p> <p>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.</p> <p>Due to the potential challenges of wearing cloth face coverings effectively while caring for children, the following applies:</p> <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> ○ 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. 	<p>Use of Face Coverings</p> <ul style="list-style-type: none"> • Cover your mouth and nose with a cloth face covering in public, particularly in settings where socially distancing cannot be maintained. • Especially critical in areas of significant community-based transmission. • Surgical mask or M-95 respirators recommended only for health care workers and first responders. 	<p>Face Coverings, Face Shields & Clear Plastic Barriers</p> <p>Face coverings or face shields are required for:</p> <ul style="list-style-type: none"> • Staff who are regularly within six feet of students and/or staff. This can include: <ul style="list-style-type: none"> • Staff who support personal care, feeding, or instruction requiring direct physical contact. • Staff who will sustain close contact and interactions with students. • Bus drivers. • Staff preparing and/or serving meals. • Face coverings should be washed or replaced daily. • Face shields or clear plastic barriers required for office staff.



Face Coverings: What We've Heard So Far

- There needs to be greater clarity regarding what is required vs. what is recommended best practice, particularly in light of Governor Brown's new requirements regarding the use of face coverings in designated counties.
- A determination about whether clear plastic face shield is a viable substitute for a cloth, paper, or disposable face mask needs to be made.
- Child care providers consider face coverings for child care workers to be a high priority area of the ELD Guidance.



Exclusion Policies

Current ELD Guidance	Current CDC Guidance	ODE Guidance for 2020-21 School Year
<p>Exclude Symptomatic Child Attendees and Staff</p> <ul style="list-style-type: none"> ▪ 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. <p>Exclude Children and Staff who have had contact with people exhibiting symptoms of COVID-19</p> <ul style="list-style-type: none"> • 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. 	<p>Require sick children and staff to stay home</p> <ul style="list-style-type: none"> • Communicate to parents the importance of keeping children home when they are sick. • Communicate to staff the importance of being vigilant for symptoms and staying in touch with facility management if or when they start to feel sick. • Establish procedures to ensure children and staff who come to the child care center sick or become sick while at your facility are sent home as soon as possible. • Keep sick children and staff separate from well children and staff until they can be sent home. • Sick staff members should not return to work until they have met the criteria to discontinue home isolation 	<p>Required Isolation Measures</p> <ul style="list-style-type: none"> • Protocols for surveillance COVID-19 testing and assessment of students and staff, as well as exclusion and isolation protocols for sick students and staff whether identified at the time of bus pick-up, arrival to school, or at any time during the school day. • Staff and students who are ill must stay home from school and must be sent home if they become ill at school, particularly if they have COVID-19 symptoms. <ul style="list-style-type: none"> • If they have a positive COVID-19 viral (PCR) test result, the person should remain home for at least 10 days after illness onset and 72 hours after fever is gone, without use of fever reducing medicine, and other symptoms are improving. • If they do not undergo COVID-19 testing, the person should remain home until 72 hours after fever is gone, without use of fever reducing medicine, and other symptoms are improving.



Exclusion Policies: What We've Heard So Far

- There needs to be greater clarity regarding what is required vs. what is recommended best practice.
- This is an area in which child care providers would benefit from ongoing technical assistance.
- Child care providers consider exclusion policies to be a high priority area of the ELD Guidance.



Daily Activities

Current ELD Guidance	Current CDC Guidance	ODE Guidance for 2020-21 School Year
<p>Daily Activities</p> <ul style="list-style-type: none"> • 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. • Incorporate additional outside time. • Cancel or postpone all field trips. <p>• 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:</p> <ul style="list-style-type: none"> ○ Reduce time spent in whole group activities ○ Limit the number of children in each program space, such as learning centers. ○ Increase the distance between children during table work. ○ Plan activities that do not require close physical contact between multiple children. ○ Limit item sharing and provide children with their own materials and equipment if possible (e.g., writing utensils, scissors, highchairs). <p>If items must be shared, remind children to wash their hands with soap and water or use sanitizer after using these items.</p> <ul style="list-style-type: none"> • 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. 	<p>Daily Activities</p> <ul style="list-style-type: none"> • Alter or halt daily group activities that may promote transmission. • Limit the mixing of children, such as staggering playground times and keeping groups separate for special activities such as art, music, and exercising. • Cancel or postpone special events such as festivals, holiday events, and special performances. 	<p>Daily Activities</p> <ul style="list-style-type: none"> • Opportunities to engage students in a well-rounded education often requires hands-on, interactive and physical activities (e.g., laboratory activities, band, choir, theater, career and technical education (CTE), physical education). These activities may put students and staff at a higher risk for COVID-19 spread and may require modifications or specific health and safety protocols to protect staff and students. • Host class or portions of a class outside to increase physical distancing. • Develop safe alternatives or substitutes for live performances, science labs, CTE performance assessments, etc. • Design recess activities that allow for physical distancing and maintenance of stable cohorts.



Daily Activities: What We've Heard So Far

- Requirements related to field trips and local outings ought to be revisited.
- Requirements related to water tables, sensory tables, and sandboxes ought to be revisited.
- Child care providers consider daily activities to be a moderately high priority area of the ELD Guidance.



Other Guidance Areas: Part I

- Drop-off and pick-up procedures
- Daily health checks
- Record-Keeping
- Nap time
- Nutrition and meals
- Transportation

Should any of these guidance areas be considered high priorities for the ELD's upcoming input sessions with child care providers?



Other Guidance Areas: Part II

- Handwashing and general guidance
- Cleaning and building maintenance practices
- Use of floaters, substitutes, and/or temporary staff
- Addressing confirmed cases within a facility
- Consulting with families/children at higher risk for illness
- Face coverings for children

Should any of these guidance areas be considered high priorities for the ELD's upcoming input sessions with child care providers?



Submit Written Input

- providercontact@state.or.us
- Online opportunity to comments and feedback on Guidance