

AMENDMENT TO HEALTH AND SAFETY GUIDELINES



VERSION 1.1, Updated January 12, 2021

Additions are presented in the color purple with the underline effect. Deletions are presented with the strikethrough effect. See examples below.

This is an example of version 1.1 additions.

~~This is an example of version 1.1 deletions.~~

Version 1.1 of the guidelines **takes effect on January 12, 2021.**

I. Drop-Off and Pick-Up

- 1.1 Require parents or caregivers to drop-off or pick-up children from program staff outside of the facility.

Registered Family (RF) or Certified Family (CF) providers only: When only one staff member is on site, parents or caregivers are allowed to enter but must wait for previous family to exit home before entering.

All providers: You have the option to conduct drop-off and pick-up inside the program if you are experiencing inclement weather (hail, lightning, strong winds, sleet, snow, ice, freezing rain, or temperature 32° Fahrenheit and below). To use this option you must follow these requirements:

- Parent/adult entering must wear a facial covering.
- Parent/adult must maintain social distancing (6 feet apart) from everyone except the child, and remain in the main entry area.
- Do not use fans (they can spread the virus) in the drop-off/pick-up area.
- Programs must follow all the other requirements in the “Drop-Off and Pick-Up” section of the Guidelines.

2. Daily Health Check

- 2.2 Require designated staff to ~~take temperature of~~ check for fever for all entering children and other individuals coming into contact with a stable group. If they have a temperature of 100.4° Fahrenheit or over, they must be excluded. Staff can ask for verbal certification from the parent, a child who is old enough to answer the questions, or note in the health log that it has already been verified through the school or other provider who cared for the child earlier in the day. Staff can also check using a thermometer. Providers may have a policy requiring use of a thermometer to check for fever. Staff may self-screen and attest to their temperature on a daily basis.

- 2.3 Ask all entering adults and children (or, if the child is not able to reliably answer, ask the adults who are dropping off the child):

1. Has the adult or child been exposed to a person with a positive case of COVID-19 in the past 14 days? If so, was the exposure during the time from 2 days before until 10 days after the person with COVID-19 started having symptoms? (This is the time they would have been infectious.) If the person with COVID-19 never had symptoms, use the time period of 2 days before the test was taken until 10 days after as the infectious period.

2. Has the adult or child been exposed to a person with a presumptive case of COVID-19 in the past 14 days? If so, was the exposure during the time from 2 days before until 10 days after the

person with presumptive COVID-19 started having symptoms? (This is the time they would have been infectious.)

- A “presumptive” case means the person was exposed to someone with COVID-19 and the presumptive adult or child showed symptoms in the past 10 days.

If they answered yes to either question 1 or 2, the child or adult must quarantine for ~~10~~14 days. The ~~10~~14-day quarantine starts on the day that child or adult last had contact with the COVID-19 case.

The 10-day quarantine could be shortened to 7 days if:

1. The person takes a COVID-19 test between days 5 and 7 of their quarantine period, AND
2. The person is asymptomatic, AND
3. The COVID-19 test comes back negative.

- ~~The 14-day quarantine cannot be shortened by getting a negative COVID-19 test, or by getting a note from a medical professional.~~

3. Is the adult or child experiencing new loss of taste or smell, unusual cough, shortness of breath, or fever? “Unusual cough” means something not normal for this person (e.g., allergies, asthma).

If yes to question 3, that person must be excluded from the program for at least 10 days, and be 24 hours-symptom-free for at least 24 hours. If they get a negative COVID-19 test that was taken before the 10 days is up, they can return once they have been symptom-free for 24 hours.

- With regard to people who only have a cough and shortness of breath ~~fever (without any cough or difficulty breathing)~~, if the person has been checked by a medical professional and is cleared, they can remain in or return to the program following the documented direction of the medical professional and fever-free for at least 24 hours. ~~Anyone with a fever of 100.4 Fahrenheit is excluded.~~ See additional information on exclusion and return to care under direction of a medical professional in the section “Responding to Possible and Confirmed Cases of COVID-19.”

~~4. Does the child or adult have symptoms of diarrhea, vomiting, headache, sore throat, or rash?~~

~~If yes to question 4, that person must be excluded as follows:~~

- ~~If seen by a medical professional and is cleared, they can remain in or return to the program following the documented direction of the medical professional.~~
- ~~If not seen by a medical professional, they may return 24 hours after resolution of symptoms.~~

*Remember: The illnesses you would be looking for during normal (non-COVID) times will continue to show up. As always, know when to send a child home, such as for symptoms of diarrhea, vomiting, headache with a stiff neck, “pink eye,” rash, etc. Then, the child may return 24 hours after symptoms resolve (48 hours for vomiting or diarrhea), or with approval from a doctor or other medical professional.

5. Group Size and Stable Groups

- 5.4 Only staff assigned to a stable group may be inside of classrooms with the following exceptions:

Additional adults ~~outside of the stable group~~ must be minimized, but may be allowed into the classroom in order to provide:

- Specialized services or tutors to children such as those associated with Early Intervention or Early Childhood Special Education, Special Education, or Individualized Education Plans (IEPs).
- Meet monitoring requirements of publicly funded or regulated programming.
- Maintain ratios during staff breaks (e.g., floaters).
- Service to the facility that cannot take place outside of program hours.

Enhancement of program services through the use of volunteers and practicum students. Volunteers and practicum students must be assigned to only one stable group and may not transfer between groups during a 14-day period.

Volunteers and practicum students are limited to one individual within a stable group at the same time during the day.

Contracted services for activities, such as gymnastics or music, are not permitted.

All additional adults (such as volunteers) performing daily health checks may do so only for the stable group to which they are assigned.

All additional adults, as referenced above, must practice physical distancing with children and adults outside of their stable group.

Requirements, Counties in Phase 1 and Phase 2

During COVID-19, a child care and early education program must:

- 5.10 Registered Family (RF) provider** – may have up to one stable group of 10 children. Note: RF providers do not have square footage requirements related to the number of children in care.

~~Twelve~~ Sixteen children can be enrolled in a stable group but only 10 (or fewer, in the case of infants and in some family child care homes) can be in a classroom in attendance or on site at the same time.

Of the 10 total children, there may be no more than six children ages preschool and younger (including the provider's children), of which only two children may be under 24 months of age.

Requirements, Counties in Baseline

~~During COVID-19, a child care and early education program must:~~

- ~~5.13 Preschool and School-Age Recorded Programs that operate in a home~~ must maintain a staff-to-child ratio of 1:10 and a maximum group size of 10.

- ~~5.14 Registered Family (RF) provider~~ – may have up to one stable group of 10 children. Note: RF providers do not have square footage requirements related to the number of children in care:

~~Twelve~~ children can be enrolled in a stable group but only 10 (or less, in the case of infants and

in some family child care homes) can be in a classroom in attendance or on site at the same time.

Of the 10 total children, there may be no more than six children ages preschool and younger (including the provider's children), of which only two children may be under 24 months of age.

5.15 Certified Family (CF) provider – may have no more than 16 children total in two stable groups.

No more than 10 children in attendance per group at the same time (still no more than 16 total children on site in the CF at the same time).

Each group of children must be in a space that meets the minimum of 35 square feet per child.

There must be a physical barrier between the two groups, at least four feet high and strong enough to prevent kids from going over or through it.

The room barrier must be approved by a licensing specialist.

5.16 Certified Center (CC), Recorded Programs, and Schools – must meet the ratios in Table 3 below, unless licensed to operate under Table 4.

Each group of children must be in a space that meets the minimum of 35 square feet per child.

Table 3: Child Care Regulations, Ratio, and Group Size

Age of Children	Minimum Number of Caregivers to Children	Maximum Number of Children in a Group
Six Weeks of Age through 23 Months	1:4	8
24 Months of Age through 35 Months	1:5	10
36 Months of Age to Attending Kindergarten	1:10	10
Attending Kindergarten and Older	1:15	10

Table 4: Child Care Regulations, Ratio, and Group Size

Age of Children	Minimum Number of Caregivers to Children	Maximum Number of Children in a Group
Six Weeks of Age and Under 30 Months	1:4	8
30 Months of Age to Attending Kindergarten	1:10	10
Attending Kindergarten and Older	1:15	10

A Center may have up to four additional children enrolled in the stable group, provided the children in attendance at the same time in a classroom do not exceed the maximum group number in the charts above.

Gyms, cafeterias, and other similar very large spaces are limited to two groups. This applies to school-age only.

6. Personal Protective Equipment for Children and Adults

- 6.1** Require all staff, contractors, other service providers, or visitors or volunteers who are in the facility or in the designated child care section of the child care provider's home, to wear a ~~face shield or face covering~~. Face coverings ~~and face shields~~ must follow CDC guidelines Face Coverings: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>.
- Providers and staff only: exception to requirement to wear a ~~face shield or face covering~~ if they have a medical condition or disability, as documented by their doctor's [or other medical or mental health professional's](#) order, that prevents them from wearing a face covering.
- 6.2** Require all children who are in grades Kindergarten and up who are in the child care facility or the designated child care section of Registered Family (RF) or Certified Family (CF) program to wear a ~~face shield or face covering~~. Face coverings ~~or face shields~~ must follow CDC guidelines for face coverings: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>.
- 6.3** Adults and children who are kindergarten age and up must wear a ~~face shield or face covering~~ when outside if six feet of physical distance cannot be maintained.
- 6.4** Allow a child between two years and Kindergarten to wear a face covering ~~or face shield~~, if: requested by the parent/guardian, the face covering ~~or face shield~~ fits the child's face measurements, and the child is able to remove the face covering ~~or face shield~~ themselves without assistance.
- 6.5** If a child removes a face covering ~~or face shield~~, or demonstrates a need to remove the face covering ~~or face shield~~ for a short period of time, staff:
- Must supervise the child to maintain six feet or more of physical distancing from all adults and children while the ~~face shield or face covering~~ is removed.
 - If needed, show the child how to effectively wear a ~~face shield or face covering~~.
 - Guide the child to re-engage in safely wearing a ~~face shield or face covering~~.
 - Children cannot be disciplined for the inability to safely wear a ~~face shield or face covering~~.
- 6.6** Allow children in grades Kindergarten and up to **not** wear a ~~face shield or face covering~~:
- If they have a medical condition [or disability](#) that makes it difficult for them to breathe with a face covering, as documented by their doctor's [or other medical or mental health professional's](#) order.
 - If they experience a disability that prevents them from wearing a face covering, as documented by their doctor's order.
 - If they are unable to remove the ~~face shield or face covering~~ independently.
 - While sleeping.
- 6.7** Ensure children under two **never** wear a ~~face shield or face covering~~.
- 6.8** Require staff or child to wash hands before putting on a ~~face shield or face covering~~, after taking ~~face shields and face coverings~~ off, and anytime the ~~face shield or face covering~~ is touched.
- Hand-sanitizing products with 60-95% alcohol content may be used as an alternative to washing hands.
 - Children must be supervised when using hand sanitizer, and it must be stored out of reach of

children when not in use.

- 6.10 ~~If a~~ face shield is used, it must be wiped down with disinfectant at the end of the day after use.
- 6.13 ~~If a~~ face shield is used, it must be sanitized after the daily health check if the adult interacted with a sick child. For Certified Centers and Recorded Programs, face shields must be sanitized after the daily health checks are completed.
- 6.14 ~~For Certified Centers and Recorded Programs Only: Require adults who engage in health and safety checks to wear a clean, outer layer of clothing (e.g., a larger size, long sleeve button down shirt, a smock, or an apron) during the daily health checks. Require adults, such as floaters or early interventionists, interacting with multiple, stable groups to wear a clean, outer layer of clothing when moving to a new group:~~
- 6.15 ~~Require a clean outer layer of clothing (e.g., a larger size, long sleeve button down shirt or a long-sleeved smock, or a sheet, blanket, etc.) to be worn by adults when feeding infants, and for hair to be tied back if necessary:~~
- 6.18 Note, in prior Guidelines cloth face coverings and plastic face shields were considered equal in the ability to prevent transmission of the virus that causes COVID-19. OHA now recommends that cloth face coverings or face masks are preferred; it is not recommended to wear a plastic face shield. This is because face shields are not as effective at limiting the release of aerosols that can go around the shield. However, they may be a good alternative for communication with people who are deaf or hard of hearing, children who speak a different language than the provider, or children with autism or learning disabilities. While face masks and cloth face coverings are preferred, plastic face shields are not prohibited.

7. Daily Activities

- 7.2 Maintain at least 36 inches between mats, cribs, 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) during naptime and overnight care.
- 7.4 Clean and sanitize classroom materials between uses by a stable group, as they become dirty, and at least daily.

10. Cleaning and Building Maintenance

Item	Sanitize or Disinfect?		Frequency <i>Note: At times, it may be necessary to clean, rinse, sanitize, and/or disinfect more frequently</i>			Notes
	Sanitize	Disinfect	Daily	Weekly	Before/After Each Use	
Handwashing sinks and faucets		X			After each use	
Changing tables		X			After each use	
Potty chairs		X			After each use	
Diaper trash cans		X	X			
Bathroom floors		X	X			• At the end of the day.
Countertops		X	X			• At the end of the day.
Toilets		X	X			

11. Responding to Possible and Confirmed Cases of COVID-19

11.5 A provider must exclude staff and children for COVID-19 symptoms or cases as follows:

The adult or child has had an illness with new loss of taste or smell, fever, unusual cough, or shortness of breath in the last 10 days.

- Unusual cough means out of the ordinary for this person – e.g., not usual asthma, allergies, common-cold.
- Fever means 100.4° degrees Fahrenheit or more, without the use of fever reducing medication.
- The individual must stay away from child care for 10 days after onset of symptoms and 24 hours after both fever and cough resolve, without the use of a fever reducing medication.
 - The 10-day rule for exclusion applies if the persons tests positive, or does not get tested.
 - If a child or staff member with symptoms of COVID-19 tests negative at any time during the 10-day period, they may return 24 hours after resolution of cough and fever without the use of fever-reducing medication.
 - If a child or staff member with whose only symptoms of COVID-19 is fever is advised by a medical professional they can return to care (e.g., diagnosed with something else and given antibiotics), they are allowed return to care. Documentation from the medical professional is required. The person must be fever-free for at least 24 hours.

The adult or child has been exposed to someone with a current presumptive or positive COVID-19 case.

- An exposure is defined as an individual who has close contact (less than six feet) for longer than 15 minutes (total in a 24-hour period) with a COVID-19 case who is infectious. Infectious means from two days before until 10 days after their symptoms started (or when they were tested, if they never showed any symptoms). You can contact your Local Public Health Agency if you are concerned about how to determine.
- A presumptive case is defined as a person who was exposed to a positive COVID-19 case and developed symptoms.
- The exposed person must quarantine for ~~10~~¹⁴ days. Start counting ~~10~~¹⁴ days from the last time they had contact with the person with the presumptive or positive COVID-19 case.

The 10-day quarantine could be shortened to 7 days if:

1. The person takes a test between days 5 and 7 of their quarantine period, AND
2. The person is asymptomatic, AND
3. The tests comes back negative.

- ~~For presumptive cases only, if the exposure was to a presumptive case of COVID-19, exclusion is required only if the adult or child was exposed in the 10 days after the COVID-19 presumptive person started having symptoms. This is the period they would be infectious.~~

If a person develops these symptoms while at the facility or learns they have been exposed to a positive or presumptive case while at the facility, send them home as soon as possible, and separate them until they can leave the facility.

*Remember: The illnesses you would be looking for during normal (non-COVID) times will continue to show up. As always, know when to send a child home, such as for symptoms of diarrhea, vomiting, headache with a stiff neck, "pink eye," rash, etc. Then, the child may return 24 hours after symptoms resolve (48 hours for vomiting or diarrhea), or with approval from a doctor or other medical professional.

~~**If a child or staff member has symptoms of diarrhea, vomiting, headache, sore throat, or rash, they must be excluded and advised to consult a medical professional:**~~

- ~~If seen by a medical professional and is cleared, they can remain in or return to the program following the documented direction of the medical professional.~~
- ~~If not seen by a medical professional, they may return 24 hours after resolution of symptoms.~~

- 11.10** ~~Ensure, i~~n the event of a confirmed case of COVID-19 in a facility, ensure that all children, and staff, and others exposed in the stable cohort—and anyone who came in contact with the group—do not come to the program and are informed about the need to be quarantined at home for 14 days. Refer to definition of exposure in 11.5.

12. Transportation

- 12.6** ~~Require transportation staff to wear face shields or face coverings.~~

- 12.8** ~~Require an adult to bring children to the vehicle; the adult must remain until after the daily health check.~~

- 12.9** It is recommended, but not required, to conduct a daily health check as described in “Daily Health Check” section of this guidance during the route. ~~prior to the child getting on the bus~~. Verification of the daily health check must be recorded.

If the daily health check will be done before or during the route, the child must be able to answer the daily health questions, or have the person providing supervision (e.g. parent, older sibling) be able to accurately answer the daily health questions.

If the health check does not occur on the route, the provider must have a system for (and complete) contacting each child’s parent/caregiver to answer the daily health questions. Examples of a system include phone call, electronic communication, or daily journal.

- 12.12** To reduce person-to-person transmission, transportation staff must ensure children are at least three feet apart during transport.

In home-based child care, passenger vehicles (e.g. sedan, mini-van) are frequently used for transportation, small stable groups are the norm, and three-foot distancing in the vehicle is nearly impossible. Therefore, three-foot distancing between everyone in the vehicle is strongly encouraged, but not required.

- 12.14** ~~Staff must use hand sanitizing spray or gel (containing between 60-95% alcohol) in between helping each child and when getting on and off the vehicle.~~ Staff must use hand sanitizer (containing between 60-95% alcohol) in between helping each child and when getting on and off the vehicle. Gloves are not recommended; hand sanitizer is strongly preferred. If hand sanitizer is not available, disposable gloves can be used and must be changed to a new pair before helping each child.

- 12.16** Immediately following each transportation session, clean and sanitize entire transportation vehicle, paying particular attention to frequently touched surfaces, such as seats/~~car seats~~, steering wheel, door handles, handrails, ~~seat belts~~, air vents, and the top of seats. Sanitation products must be approved by the EPA for use against SARS-CoV-2: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19>. Car safety seats and seat belts should be cleaned with mild detergent and water.

For more information and the latest updates, visit <https://oregonearlylearning.com/COVID-19-Resources>.