

AMENDMENT TO HEALTH AND SAFETY GUIDELINES



VERSION 2.0, Updated May 18, 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 2.0 additions.

~~This is an example of version 2.0 deletions.~~

Version 2.0 of the guidelines **takes effect on June 1, 2021**.

Visit oregonearlylearning.com/COVID-19-Resources/For-Providers to download the full guidelines.

I. Drop-Off and Pick-Up

Requirements

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

1.1 Allow drop-off and pick-up to occur at the entrance of the classroom or child care space, provided that all other requirements are met.

- Space must be sufficient in size to accommodate six feet physical distancing between each family.
- Parent/adult dropping off or picking up must wear a face covering.
- Parent/adult must maintain physical distancing (six feet apart) from everyone except the child.
- Do not use fans (they can spread the virus) in the drop-off and pickup area.

If a program chooses to, they may still require drop-off and pick-up to occur outside the facility.

1.2 Children must wash hands immediately upon arrival and prior to engaging with their stable group. Handwashing may occur inside the individual classroom or child care space.

Recommendations

The following practices are suggested to enhance health and safety:

C. Sanitize or switch out writing utensils used for drop-off and pick-up between uses by different people.

2. Daily Health Check

Requirements

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

2.3 An alternative to asking screening questions is to allow parents to complete the screening prior to arrival to the program. If screening prior to arrival, parents are required to daily submit a signed and dated confirmation of the answers to the health check questions electronically or on an ELD provided form (<https://oregonearlylearning.com/COVID-19-Resources/For-Providers>).

This documentation must be available to ELD upon request.

2.4 Updated guidelines for quarantine timeline:

- If they answered yes to either question 1 or 2, staff and children exposed to COVID-19 need to quarantine at home for 14 days—consult your local public health authority for guidance.

Added:

- Children who have received routine childhood vaccinations in the last 48 hours may return to care at the direction of a medical professional once they are fever-free. Documentation from the medical professional is required.

Updated with deletion:

*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.

2.7 Staff members who have received all required doses of the COVID-19 vaccine and two weeks have passed since their final dose:

- Are not required to daily screen themselves for health check questions 1 and 2, but must continue to monitor themselves for COVID-19 symptoms as described in health check question 3 and be excluded if experiencing the symptoms.
- Are not required to enter quarantine if exposed to a confirmed or presumptive COVID-19 case, but must monitor themselves for COVID-19 symptoms. If they become symptomatic after exposure, they must be excluded in accordance with exclusion guidelines outlined in Section 11, and are recommended to get a COVID-19 test.
- See section 11.7 for a list of possible side effects immediately after getting a vaccine.

2.8 If a program is not aware of a staff member’s vaccination status, all quarantine guidelines outlined in 2.4 must be followed.

Note: While staff members may voluntarily provide their employer with vaccination records, an employer may not require staff members to do so.

3. Recordkeeping

Requirements

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

- 3.3 If the same individual(s) conduct drop-off and/or pick-up daily, with no exceptions, logging the adult’s name is not required.
- 3.4 Daily logs must be retained in accordance with licensing rules.

4. Family Engagement

Requirements

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

- 4.4** Home visiting programs may be conducted in-person when it is considered essential. Home visiting programs should follow the “Guide for Maternal/Child Home Visitation During the COVID-19 Pandemic”: <https://oregonearlylearning.com/COVID-19-Resources/For-Providers>.
- 4.5** For parents and caregivers who enter the program to breastfeed or to support their child with special feeding needs, programs must create and follow a protocol that, at minimum, requires:
- Following physical distancing requirements with staff and children not in their household.
 - Providing an appropriate space where other children are not present, if requested.
 - Use of face coverings.
 - Pre-scheduling (when possible).
 - Cleaning and sanitizing space between visits.
- 4.6** Allow family members to enter the classroom or child care space if there is a concern for the health and safety of their child. Family members entering the facility must follow requirements for adults in the facility.
- 4.7** Families considering enrollment may visit the facility during child care hours, but may enter the child care space or classroom only when children are not present. The family must comply with daily health check and recordkeeping requirements, wear a face covering, and maintain physical distancing.
- 4.8** For programs offering parent education, parent-child interaction groups, kindergarten transition activities, or other family engagement activities, maintaining stable groups is not required. The following requirements must be in place:
- The activity must occur virtually, outdoors, or in a space sufficient in size to accommodate six feet physical distancing between families.
 - All participants must receive a daily health check prior to entering the activity. See Section 2 for requirements.
 - Physical distancing of six feet must be maintained throughout the entire activity. Programs may use visual markers or barriers to help young children maintain physical distance.
 - Face coverings must be worn by participants, staff, and children of an applicable age. See Section 6 for face covering requirements.
 - All participants must be included in recordkeeping for the purposes of contact tracing in the event that any participant learns they were COVID-19 positive at the time of the activity. See Section 3 for requirements.
 - Any activities involving food must follow all requirements included in Section 9 of the guidelines.

5. Group Size and Stable Groups

Requirements

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

5.1 Assign and keep children in stable groups with the same assigned adults.

- A new child may be added or moved to a different stable group if it is a permanent change. A permanent change means that a child is leaving the group, not returning, and is being replaced by another child. A permanent change can be accomplished by rearranging a stable group moving forward.
- Week-to-week enrollment is allowed for programs through the summer months until the 2021 school year begins. Stable groups may not change more often than weekly.
- A school cohort is considered separate from child care and does not affect the child care stable group.

5.3 Require staff assigned to a stable group to practice physical distancing with children from other stable groups and take precautions to ensure children do the same.

- Staff and children are not required to physically distance from adults or children within their stable group.
- Ensure children from different stable groups maintain physical distancing, especially during transition times.

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

Additional adults 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, Inclusive Partners, or Individualized Education Plans (IEPs). Individuals on-site for specialized services are not limited in the number of children they are allowed to see in one visit, even if seeing children in a variety of stable groups. Precautions of physical distancing, face coverings, and handwashing must be maintained. Logs must be accurately maintained for each stable group.
- 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.
- Contracted services or other special programs, such as gymnastics or music, are permitted. Services must occur outdoors with one stable group at a time. Face coverings for applicable ages are required if physical distancing cannot be maintained during the activity.
 - Volunteers and practicum students must be assigned to no more than two stable groups and may not transfer between groups during a 14-day period.
 - Each stable group may have no more than two additional adults (e.g., volunteers, practicum students, and program observers) at the same time during the day.
 - 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.

5.7 No facility may serve more than 250 children.

5.9 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 20.

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.

- Twenty 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.

5.11 Certified Family (CF) provider – may have no more than 16 children with 26 children as the maximum size for a stable group.

- 26 children can be enrolled in a stable group but only 16 (or fewer, in the case of infants and in some family child care homes) can be in attendance at the same time.
- ~~Optional, a CF provider may split children into two stable groups in different classrooms. No more than 10 children in attendance per classroom at the same time (still no more than 16 total children on site in the CF at the same time). Each separated, stable group may have 12 children enrolled.~~
- ~~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.~~
- ~~Each group of children must be in a space that meets the minimum of 35 square feet per child. If a program cares for more than 12 children in a group, the remaining four children must meet a 50 square feet per child requirement.~~

5.12 Certified Center (CC), Recorded Programs, and Schools

A program may allow an Aide II staff to have increased supervisory responsibility in order to provide greater staffing flexibility. An Aide II staff may:

- Qualify for the position of Aide II with 240 hours of experience as an Aide 1 (for any age group). 80 hours of the required 240 hours must be completed in the center where they are currently employed. Up to 160 of the hours may occur at another certified child care center facility. If working in an infant room, the Office of Child Care approved safe sleep training must be completed.
- Supervise children alone for no more than 60 minutes at a time, provided staff-to-child ratios are maintained, and the Aide II staff are not the only staff at the facility.
- Supervise an Aide I for no more than 60 minutes.

Table 2: The Certified Center ratio chart was updated to reflect school-age classroom maximum group size of 30 children.

5.12 Additional Updates:

- A center may have up to six additional children enrolled in the stable group. Children in attendance at the same time in a classroom may not exceed the maximum group number in the charts above.

- A center may combine two stable groups of infants or toddlers (or a combination of both infants and toddlers) at the beginning and end of the day. Attendance at any given time must not exceed maximum group size in the charts above. The combined stable groups must be the same daily.
- For school-age classrooms only, a stable group may be combined with another stable group to meet hybrid or limited in-person instructional models, but must not exceed the maximum group size of 30. Combining stable groups is only allowable when the school is offering hybrid or limited in-person learning.
- Gyms, cafeterias, and other similar very large spaces can be divided into two groups. There must be sufficient square footage to accommodate the number of children using that space at one time and a barrier must be approved by a licensing specialist if more than 30 children are in attendance.

6. Personal Protective Equipment for Children and Adults

Requirements

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

- 6.1 Pursuant to Oregon Occupational Safety and Health regulations (OSHA), 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 covering. Face coverings must follow CDC guidelines: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>.
- Per Oregon OSHA regulations, facilities that employ staff may not exercise exemptions (including medical exemptions) to the requirement for wearing a face covering.
 - Providers that do not employ staff, or whose only employed staff reside in a home-based child care facility may not be required to wear a face covering only 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.
 - Providers and staff only: exception to requirement to wear a 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 Providers and staff may remove face coverings when no child care children or other staff are present, and there is no risk of contact with children or staff.
- 6.3 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 covering. Face coverings must follow CDC guidelines for face coverings: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>. For the purposes of these guidelines, a child who is newly eligible for kindergarten in the 2021-2022 school year must begin wearing a face covering on September 1, 2021.
- 6.7 Allow children in grades kindergarten and up to **not** wear a face covering:
- If they have a medical condition or disability that prevents them from safely wearing a face covering. The exemption from wearing a face covering must be documented by a doctor or other medical or mental health professional.
 - If they are unable to remove the face covering independently.
 - While sleeping, eating, or drinking.

- While participating in distance learning, if physical distancing of six feet can be maintained from other children and staff.

6.8 Ensure children younger than two years **do not** wear a face covering out of caution for their own safety.

7. Daily Activities

Requirements

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

7.1 Follow precautions for indoor and outdoor field trips that include:

- All transportation requirements must be followed. See Section 12.
- Adults and children must wash their hands or use hand sanitizer upon arrival and when leaving the host facility.
- Programs shall keep stable groups separated from each other and away from other children as much as possible.
- Programs must comply with all requirements of Oregon Health Authority Sector Guidance and county requirements (see links below) that apply to the host facility at the time of the field trip.
 - Sector Guidance: <https://coronavirus.oregon.gov/Pages/guidance.aspx>
 - County Requirements: <https://coronavirus.oregon.gov/Pages/living-with-covid-19.aspx>

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 nap-time and overnight care.~~

7.3 Clean and sanitize classroom materials between uses by a stable group, as they become dirty, and at least weekly.

7.4 When using water tables, the water table must be drained, cleaned, and sanitized between uses by a stable group, as they become dirty, and at least daily.

7.5 Sand trays, outdoor sandboxes, and sensory tables are allowed. Sensory tables must be washed between stable groups. Children must wash their hands before and after sensory table, sandbox, or sand tray use.

7.6 Public pools may be used if located in a county that is not at an “Extreme Risk” level as referenced here: <https://coronavirus.oregon.gov/Pages/living-with-covid-19.aspx#currentrisklevelbycountymap>.

- Face coverings are not required while swimming.
- Stable groups must be kept separate from individuals outside of their stable group.
- School-age children must maintain physical distancing of six feet when not wearing a face covering.
- Children and staff must wash hands or use hand sanitizer before and after swimming.
- Only one stable group may be in the changing area or locker room at a time.
- The number of children allowed in the changing area or locker room must not exceed the minimum square footage of 35 square feet per child.

Recommendations

The following practices are suggested to enhance health and safety:

- F. Sanitize outdoor play equipment between groups of children.
K. Limit sharing materials and toys between children during an activity.

8. Handwashing and General Hygiene

Requirements

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

- 8.1 Require staff and children to wash hands for at least 20 seconds (hand sanitizer with alcohol content between 60-95% is allowed when an asterisk* appears):
- Before and after eating, preparing food, and or bottle preparation.
 - Before and after administering medication.
 - After toileting or assisting with toileting.
 - Before and after diapering.
 - After wiping a nose, coughing, or sneezing.*
 - After coming in from outside.*
 - Upon entering and leaving the child care facility.*
 - If staff are moving between stable groups. *
 - ~~After sharing toys, learning materials, etc.*~~
 - After cleaning (staff only).
 - After bagging, cleaning, and disinfecting linens, clothing, and other laundry items (staff only).
- 8.3 Hand sanitizer must not be used on children under the age of two years.
- 8.4 Application of hand sanitizer on preschool-aged children must be supervised by an adult.
- 8.6 All other individuals (parent, maintenance, etc.) coming into the program shall be advised and encouraged to frequently wash hands or use hand sanitizer.

9. Food and Nutrition

Requirements

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

- 9.1 Eliminate the practice of children serving themselves from communal platters in the manner of family-style meals. Have one staff member serve everyone from communal dishes.
- 9.6 Activities or lessons that involve food handling must be directly supervised to minimize contamination. Shared materials must be limited and sanitized between uses by stable groups.

10. Cleaning and Building Maintenance

Requirements

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

Updates include:

- Removed requirement to wear gloves while cleaning.
- Toys must be cleaned weekly, between stable groups, and as they become dirty.
- Vacuum carpeted floor and rugs every other day.
- Water tables must be cleaned daily, between stable groups, and as they become dirty.
- Handwashing sinks and faucets must be disinfected at the end of the day.
- Food preparation surfaces must be cleaned after each use.
- Moved to the “Recommendations” section the requirement for Registered Family and Certified Family providers to clean spaces between times when household members utilize a space.

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

Requirements

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

- 11.2 Decisions about required closure may be made in conjunction with Early Learning Division staff and the local public health authority.
- 11.4 In addition to Oregon laws prohibiting discrimination, a provider cannot refuse to enroll a child in the program based on a belief that the child is more susceptible to contracting COVID-19 due to the child’s or parent’s occupation, race, ethnicity, geographic location, disability, school attendance, or pre-existing health condition.
- 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.
- 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 person 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 whose only symptom 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. Children who have received routine childhood

vaccinations in the last 48 hours may return to care at the direction of a medical professional once they are fever-free. Documentation from the medical professional is required.

- Staff who have received the COVID-19 vaccine must be excluded if experiencing COVID-19 symptoms. Staff may return with negative COVID-19 test and 24 hours symptom-free. If COVID-19 test is positive, or no test taken, they must be excluded for 10 days.

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.
- Staff members and children exposed to COVID-19 need to quarantine at home for 14 days—consult your local public health authority for guidance.
- Staff members who have received all required doses of the COVID-19 vaccine and two weeks have passed since their final dose are not required to enter quarantine if exposed to a confirmed or presumptive COVID-19 case. They must monitor themselves for symptoms. If they become symptomatic after exposure, they must be excluded in accordance with exclusion guidelines outlined in this Section and are recommended to get a COVID-19 test.
- If a program is not aware of a staff member's vaccination status, all quarantine guidelines must be followed. Note: While staff members may voluntarily provide their employer with vaccination records, an employer may not require staff members do so.

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.

11.7 Individuals who have received their COVID-19 vaccine within the past three days, and are experiencing COVID-19 symptoms:

- Symptoms of fatigue, chills, muscle ache, joint pain, or redness, are likely vaccine side effects. If no fever is present, the individual may return to work if they feel well enough to work. If fever is present, staff members must stay home until 24 hours fever-free.

- If the only symptom is fever, staff members must stay home until 24 hours fever-free. If the fever does not improve in two days, the individual should see a health care provider and consider getting tested for COVID-19 as they may have been exposed prior to vaccination.
- If symptoms include cough, shortness of breath, or loss of taste or smell, staff members must stay home and should get tested for COVID-19. If no test is taken, the individual must isolate for 10 days and not return to work until symptom-free for 24 hours. If the individual is tested and the test is negative, they may return to work after the cough resolves and they are fever-free for 24 hours.

Requirements, Confirmed Case of COVID-19

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

- 11.8** Notify the local public health authority and the Office of Child Care if anyone who has entered the facility, including household members within a family child care facility, is diagnosed with COVID-19. Any additional cases must also be reported. A program shall immediately contact their local public health authority as quickly as possible in the same business day, and licensing specialist (alternatively, the program can call (503) 947-1400 within 24 hours or the next business day.
- To locate your local public health authority, visit <https://www.oregon.gov/oha/PH/ProviderPartnerResources/LocalHealthDepartmentResources/Pages/lhd.aspx>.
- 11.9** Notify the appropriate program staff, in addition to the local public health authority and the Office of Child Care if you are a program that participates in:
- ERDC: dpu.providerreporting@dhsoha.state.or.us or 800-699-9074.
 - Baby Promise, Preschool Promise, or Oregon Pre-Kindergarten program: Angela.Stinson@ode.state.or.us or 971-940-4198.

12. Transportation

Requirements

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

- 12.1** If transporting children, create a transportation plan that meets the following requirements and is developed and shared with staff and families.

~~Transportation plans must comply with all applicable state and federal guidelines.~~

Program transportation plans must include the following:

- Protocols for health screenings for staff and children.
- Personal Protective Equipment requirements.
- Cleaning and sanitizing schedule and documentation.
- Transportation schedule that minimizes the time each child is in transport
- Procedures for communicating with families and staff about any updates, additional health information, and any changes to the transportation protocols.
- Procedures to send sick children who utilize transportation home.

- 12.5** Require transportation staff to wear face coverings. Transportation staff may remove face coverings when no

children or other staff are present.

12.8 Ensure children who become sick during the program participation are sent home immediately. If the program is responsible for transporting the child home, that child must be separated, maintaining physical distancing of six feet from the other children in the vehicle.

12.10 When transporting:

- If children are not in the same classroom stable group, either a face covering or three feet of physical distancing is required. Children under kindergarten age are not required to wear a face covering, but must practice physical distancing.
- If in the same classroom stable group: three feet of distancing is not required. Children kindergarten age and older are required to wear a face covering.

12.13 Staff and children must wash hands as they enter the classroom or child care space, as required in Section 1.2.

12.14 Clean and sanitize the entire transportation vehicle daily, paying particular attention to frequently touched surfaces, such as seats, steering wheel, door handles, handrails, 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.

Recommendations

The following practices are suggested to enhance health and safety:

- D. Assign children to the same location and seat each day.
- E. Children ages two and older may use hand sanitizer prior to or upon entering the transportation vehicle. Hand sanitizer must be stored out of reach of children when not in use.

13. Professional Development

Requirements

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

13.1 Ensure all necessary staff have first aid and CPR training. Online-only training will be accepted through the end of the State of Emergency for recertification. An online-only certification will be accepted until the next required CPR/first aid certification renewal after the State of Emergency ends.

13.4 Virtual training is recommended. If considering in-person training, the following measures must be in place:

- Training must occur virtually, outdoors, or in a sufficient space to accommodate six feet physical distancing between participants.
- Face coverings are worn by participants.
- There is a plan in place for contract tracing in the event of a COVID-19 exposure.

With the above measures in place, an outside trainer may be used, and groups participating may be from different child care facilities within the same organization.

Recommendations

The following practices are suggested to enhance health and safety:

- D. Whenever possible, utilize virtual training options with attention toward accessibility measures.

14. COVID-19 Health and Safety Plan

Requirements

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

- 14.5 Each child care facility must continue to evaluate its “COVID-19 Health and Safety Plan” for safety practices and update as needed, including when guidelines are revised. All revisions must be shared with all families and staff and posted in an easily visible area.
- 14.6 ~~The “COVID-19 Health and Safety Plan” must be completed within 45 days of ELD’s issuance of the template for the “COVID-19 Health and Safety Plan.”~~