

HEALTH & SAFETY GUIDELINES

for Child Care and Early Education
Operating During COVID-19



VERSION 2.0
MAY 18, 2021



Oregon
Health
Authority

Health and Safety Guidelines for Child Care and Early Education Operating During COVID-19

Early Learning Division,
Oregon Department of Education

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.~~

This version of the guidelines **takes effect on June 1, 2021.**

For more information and the latest updates, visit <https://oregonearlylearning.com/COVID-19-Resources>. Questions? Email ProviderContact@state.or.us.

If you need accommodations with any sections (visuals, tables, etc.), please contact us by email ProviderContact@state.or.us, or phone 1-800-556-6616.

Applicability and Source of Authority

Applicability

The guidelines are required for each of the following types of child care and early education programs:

- All licensed programs, including Certified Center (CC), Certified Family (CF), and Registered Family (RF).
- School-based preschool programs, including district-run programs.
- Camps for preschool-aged children that are not required to be a Recorded Program or unlicensed Emergency Child Care Facility. To find out if you are required to be a Recorded Program or unlicensed Emergency Child Care Facility, please contact Office of Child Care at 1-800-556-6616 or at ProviderContact@state.or.us.
- All Recorded Programs.
- Oregon Pre-Kindergarten (Prenatal to Kindergarten), Preschool Promise, and Baby Promise.
- Oregon Relief Nurseries.
- Early Intervention and Early Childhood Special Education (EI/ECSE) provided in a child care or early education setting.
- Emergency Child Care Facilities operating as temporary sites for unlicensed emergency child care.
- Programs operated by political subdivisions or governmental agencies caring for children under 13 years of age.

The guidelines DO NOT apply to:

- Child care for school-aged children operated by a school district.
- Contracted Programs for school-aged children in a public school setting that are not required to be licensed because they are not ordinarily engaged in providing child care and are operating for less than 70 days in a calendar year.

The guidelines are intended to be helpful for individuals who provide Family, Friend and Neighbor child care but are not required to be implemented in these settings. For additional guidance for Family, Friend, and Neighbor child care, visit <https://oregonearlylearning.com/COVID-19-Resources/For-Providers>.

Source of Authority

There are three sources of authority for these guidelines. The first is the authority of the Early Learning Division to regulate child care through licensing, as specified in ORS 329A.250 – ORS 329A.992. The second is the authority of the Oregon Health Authority, pursuant to Executive Order 20-66, to develop, issue, and revise sector guidance defining and setting safety measures, operational limitations, and capacity limits to control the spread and risk of COVID-19, as well as the authority of the Oregon Health Authority under ORS 433.441, ORS 433.443, and ORS 431A.010. The third is the authority of the Early Learning System Director, pursuant to Executive Orders 20-03, 20-19, 20-29, 20-66, and 21-05 to issue Temporary Orders as a necessary response to developments in the COVID-19 State of Emergency.

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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:

- A. Encourage families to have the same person drop-off and pick-up the child every day.
- B. Talk with families about those at higher-risk of contracting COVID-19 not serving as the designated person for drop-off or pick-up. People with serious underlying medical conditions are more at risk for severe illness from COVID-19: <https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications.html>
- C. Sanitize or switch out writing utensils used for drop-off and pick-up between uses by different people.
- D. Consider low or no contact sign-in and -out methods such as a different sheet, pen, or clipboard for each child, or have staff complete the sign-in and -out process.



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Daily Health Check



Requirements

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

- 2.1** Conduct a daily health check for any children, staff, and any other person (parent, maintenance, etc.) coming into the program. (See “Recordkeeping” section to document the health check.)
- 2.2** Require designated staff to 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** [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.](https://oregonearlylearning.com/COVID-19-Resources/For-Providers)
- 2.4** 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 some one 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, [staff and children](#)

Daily Health Check



[exposed to COVID-19 need to quarantine at home for 14 days—consult your local public health authority for guidance.](#)

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 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 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. 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.” [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.](#)

*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.

2.5 Staff members may self-screen and attest to their own health on a daily basis.

2.6 Document that a daily health check was completed on every person entering and write down pass or fail only. Do not record symptoms or temperature in order to maintain privacy.

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](#)

Daily Health Check



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.

2.9 Refer to OCC Exclusion Chart, found below, while completing daily health checks.

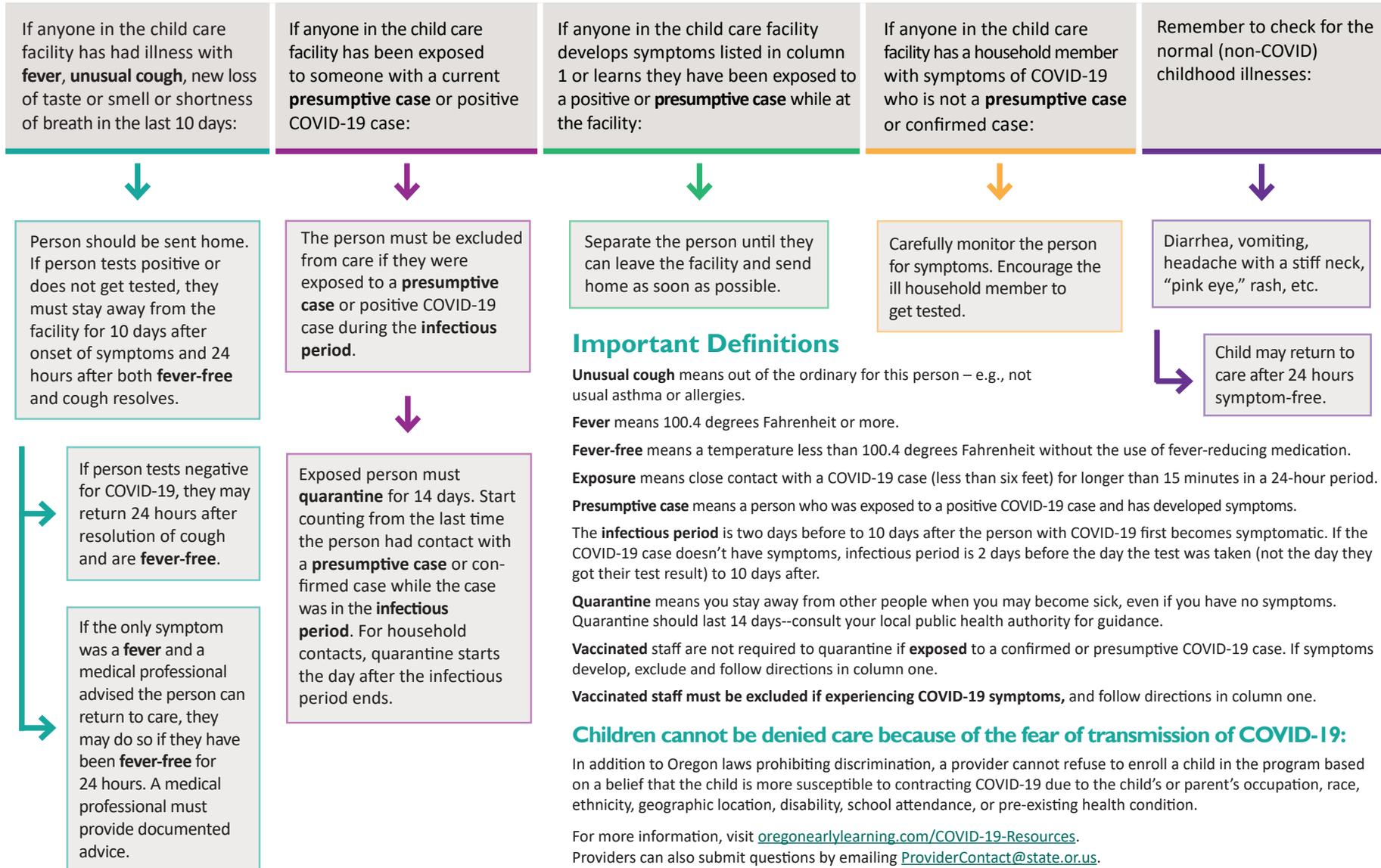
2.10 Wear appropriate face coverings and Personal Protective Equipment, as indicated in the “Personal Protective Equipment for Children and Adults” section of this document.



EXCLUSION SUMMARY

for Child Care and Early Education Operations During COVID-19

UPDATED MAY 2021





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Recordkeeping



Requirements

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

- 3.1** Keep daily logs separated by or indicating each stable group (people in that group or people who came in contact with that group). In addition to the reasons for recordkeeping under child care rules, additional requirements support potential contact tracing.

Registered Family (RF) and Certified Family (CF) providers only: all visitors during program hours must be recorded and a log of residents kept. Residents of the home over the age of 12 do not need to be included in the daily child care attendance records – they are assumed to be present.

- 3.2** Indicate in each daily log:

Child name.

Adult name(s) completing drop-off and pick-up (no signature is required).

Arrival and departure date and times.

Name of any staff or person coming in contact with a stable group, arrival and departure date and times.

Document daily health checks on all children, staff, and any person coming into the program (see Daily Health Check requirements for detailed guidance). Record only that the check was a pass or fail – not specific information.

If transportation is provided by the program, document names of all other riders, and their contact information (if not recorded elsewhere).

- 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.

- 3.5** If a program is part of a K-12 school, this information can be recorded and incorporated into the school's records for contact tracing.



Family Engagement



Requirements

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

- 4.1 Inform families of the requirements for operating during COVID-19, how programs are operating differently during this time, and any other program policies that are specific to COVID-19.
- 4.2 Communicate requirements that families must follow, including drop-off and pick-up procedures.
- 4.3 Provide information related to the facility and COVID-19 to families in a manner that they can understand.
- 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.

Family Engagement



- [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.](#)



Recommendations

The following practices are suggested to enhance health and safety:

- A. Provide ways for families to understand their child's daily experience, such as family engagement and photo or video sharing applications, or daily reports via email or text message.
- B. Limit the number of items that go from the facility into the home and from the home to the facility, especially those items that are not easily washed or sanitized.
- C. Provide families with information about the spread of COVID-19 and support in understanding the latest public health guidance, including how their actions outside of the program may impact their child, other children, and staff, such as maintaining social distancing or wearing face coverings when outside of the family's home.





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.
- 5.2 Require staff to practice physical distancing (i.e., six feet) at all times within the facility with adults, as well as other staff who are not usually with the same 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.

Group Size and Stable Groups



- 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.
- 5.5** When providing outdoor activities, there cannot be more than one stable group of children in one outside area at a time. Programs may have separate areas as long as stable groups are kept apart and there is at least 75 square feet per child in that area.
- 5.6** Recorded Programs may use a visual barrier to define the space used outside.
- 5.7** ~~No facility may serve more than 250 children.~~
- 5.8** Staff-to-child ratios and maximum group sizes must adhere to those specified in licensing rules by provider type, and by the provider's license which may be for fewer children. These group sizes and ratios, as well as any additional requirements, are below.
- 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.

Group Size and Stable Groups



- 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.
- ~~Optionally, 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 – must meet the ratios in Table 1 below, unless licensed to operate under Table 2.

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

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.

Group Size and Stable Groups



Table 1: 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	20
Attending Kindergarten and Older	1:15	<u>30</u>

Table 2: 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	20
Attending Kindergarten and Older	1:15	<u>30</u>

- 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.

Group Size and Stable Groups



Recommendations

The following practices are suggested to enhance health and safety:

- A.** A group may have more staff/teachers than the minimum required by licensing or less children than the maximum allowed in order to provide higher quality care.
- B.** Programs who have staff or serve children at increased risk for COVID-19 infection should consider serving less than the maximum number of children per group.



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/corona-virus/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.
- 6.4 Adults and children who are kindergarten age and up must wear a face covering when outside if six feet of physical distance cannot be maintained.
- 6.5 Allow a child between two years and kindergarten age to wear a face covering, if: requested by the parent/guardian, the face covering fits the child's face measurements, and the child is able to remove the face covering themselves without assistance.

Personal Protective Equipment for Children and Adults



- 6.6** If a child removes a face covering, or demonstrates a need to remove the face covering 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 covering is removed.
 - If needed, show the child how to effectively wear a face covering.
 - Guide the child to re-engage in safely wearing a face covering.
 - Children cannot be disciplined for the inability to safely wear a face covering.
- 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.
- 6.9** Require staff or child to wash hands before putting on a face covering, after taking face coverings off, and anytime the 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** Require face coverings to be washed daily or a new face covering to be worn daily.
- After removal of a soiled face covering, the face covering should be put away into a secure place that is not accessible to others. For example, it could be placed into a plastic bag or plastic container that is inaccessible to children prior to being cleaned.
- 6.11** If a face shield is used, it must be wiped down with disinfectant at the end of the day after use.
- 6.12** Require disposable face coverings or face shields to be worn only once.
- 6.13** Face coverings must be changed after a daily health check if the adult interacted with a sick child.

Personal Protective Equipment for Children and Adults



- 6.14** 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.
- 6.15** Ensure any child care staff providing direct contact care and monitoring of children or other staff displaying COVID-19 symptoms, prior to their exclusion from the child care setting, to maintain six feet of physical distancing and to wear a face shield or face covering.
- 6.16** Require clothing to be changed after being soiled by bodily fluids.
- 6.17** 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.



Recommendations

The following practices are suggested to enhance health and safety:

- A.** Develop written agreements with parents to document their requested use of face shields or face coverings for their child(ren) age two to Kindergarten.
- B.** Any staff providing direct contact care and monitoring of children or other staff displaying COVID-19 symptoms, prior to their exclusion from the child care setting, are recommended to wear a “face mask.” A “face mask” is medical-grade equipment, including surgical masks and N-95 respirators. A face covering or face shield must be worn if a mask is unavailable. Physical distancing must occur whether a face mask, face covering, or face shield is worn.
- C.** Plexiglas or clear plastic barriers may be used for additional protection at an entry area, such as a front desk or child check-in area. This barrier must be at least three feet wide and four feet tall, centered at the level of the mouth and nose level.



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 naptime 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.

Daily Activities



- [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:

- A. Reduce time spent in whole or large group activities.
- B. Limit the number of children in each program space, such as learning centers.
- C. Depending on the size of the group and the age of the children, separate learning environments into individual spaces for each child.
- D. Minimize time standing in lines and take steps to ensure that distance between the children is maintained.
- E. Incorporate additional daily outside time, with no more than one stable group of children in one outside area at a time. You may have separate areas as long as stable groups are kept apart and there is at least 75 square feet per child in that area.
- F. ~~Sanitize outdoor play equipment between groups of children.~~
- G. Increase the distance between children during table work.
- H. Plan activities that do not require close physical contact between multiple children.
- I. Provide children with their own materials and equipment if possible (e.g., writing utensils, scissors, high chairs).
- J. Incorporate assigned mats at circle time.
- K. [Limit sharing materials and toys between children during an activity.](#)



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).
- 8.2** Make handwashing materials easily accessible to each stable group.
- 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.
- 8.5** Hand sanitizer must be stored out of reach of children when not in use.
- 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.



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.
- 9.2 Staff must wash their hands before and after assisting children with eating.
- 9.3 Closely supervise all meal times, including infant feeding and toddler meals, to prevent children from sharing and/or touching each other's food.
- 9.4 Allow breastfeeding parents or those whose children have special feeding needs to enter the program for the purposes of feeding.
- 9.5 Discontinue use of drinking fountains except for filling other containers such as water bottles.
- 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.](#)



Recommendations

The following practices are suggested to enhance health and safety:

- A. Programs may provide bagged and individualized lunches, accept lunches and snacks from families, or provide meals prepared on site.
- B. Arrange or stagger meal schedules so that a smaller group of children is eating at one time.
- C. If space allows, consider providing six feet of physical distancing between children during meals.



10

Cleaning and Building Maintenance



Requirements

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

- 10.1** Operate ventilation systems properly and/or increase circulation of outdoor air as much as possible by opening windows and doors, using fans, and other methods.
- 10.2 Surfaces in General**
- ~~Wear disposable gloves when cleaning and disinfecting surfaces. Instead of disposables, you can wear reusable (e.g., rubber) gloves except when cleaning and disinfecting areas around a sick person or when in contact with diapers, stool, blood and other bodily fluids.~~
 - ~~Wash hands with soap and water as soon as you remove the gloves.~~
 - Keep all disinfectants locked up. Keep hand sanitizers out of the reach of children.
 - Clean dirty surfaces using a detergent or soap and water prior to disinfection.
 - Use products approved by the EPA for use against SARS-CoV-2 for household disinfectant: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19>. Follow instructions on the label (e.g., concentration, application method, contact time).
 - Diluted household bleach solutions are also allowable when appropriate for the surface.
 - Mix water (not hot water) with bleach using instructions on the bleach bottle. Leave diluted bleach mixture on the surface for at least one minute.
 - Do not mix bleach or other cleaning and disinfection products together. This can cause fumes that may be very dangerous to breathe.
 - If using bleach, make a fresh bleach dilution daily; label the bottle with contents and the date mixed.
- 10.3 Child Care Areas – Table 3 provides a summary of the required cleaning schedule and method of cleaning. Review the requirements below for important details.**

Toys

- Collect “mouthed” toys after each use by a child.
- Collect all other toys [weekly, between stable groups, and](#) as they become dirty.

Cleaning and Building Maintenance



- Sort toys into separate containers: one for cloth and stuffed toys and one for wood and plastic toys. Sorting the toys ahead of time will make it easier to wash and sanitize them.
- At the end of the [week and between stable groups](#), clean, rinse, and sanitize toys.
- Toys may be cleaned in a washing machine, dishwasher, or by hand.
- If washing toys in a washing machine:
 - Use hot water and detergent.
 - Dry toys completely in a hot dryer when possible.
 - Many soft toys made of fabric, such as stuffed animals, rattles, and dress-up clothes may be washed in a washing machine. Check instructions on toy.
- If washing toys in a dishwasher:
 - Use the proper amount of dishwasher detergent recommended by manufacturer.
 - Run toys through the complete wash and dry cycle.
 - ~~Do not wash toys with dirty dishes, utensils, etc.~~
 - Some hard toys such as wood, plastic or metal may be washed in a dishwasher. Check instructions on toy.
- If washing toys by hand, use the following process:
 - Step 1: Wash and scrub toys thoroughly with soap or detergent and warm water to remove most of the dirt, grime, and saliva. It is important to clean toys before sanitizing them because the sanitizer kills germs better on clean surfaces.
 - Step 2: Rinse toys with water to remove the dirt, soap residue, and germs to help make a clean surface.
 - Step 3: Sanitize toys. Sanitizing reduces the germs from surfaces to levels that are considered safe.
- Dip the toys in a sanitizing solution, or cover the toys sufficiently with spray. Protect your skin by wearing household rubber gloves.
- Allow toys to dry completely (i.e. overnight) or allow a 2-minute contact time before wiping toys dry with a paper towel.
- When using a bleach solution for sanitizing, chlorine from the sanitizing bleach solution evaporates off the toys so no residue remains, and further rinsing is not necessary.

Cleaning and Building Maintenance



Objects Intended for the Mouth

- Thermometers, pacifiers, teething toys, and similar objects must be cleaned and reusable parts sanitized between uses.
- Pacifiers may not be shared.

Soft Surfaces

- For soft (porous) surfaces, such as carpeted floor, rugs, and drapes, remove visible contamination if present and clean and disinfect with appropriate cleaners indicated for use on these surfaces.
- Vacuum carpeted floor and rugs every other day when children are not present.
- After cleaning:
 - If the items can be laundered, launder items in accordance with the manufacturer's instructions using the warmest appropriate water setting for the items and then dry items completely.
 - Otherwise, use products that have been approved by the EPA for use against SARS-CoV-2 that are suitable for porous surfaces: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19>.

High Touch Surfaces

- High touch surfaces, such as doorknobs, light switches, non-food countertops, handles, desks, phones, keyboards, and toilets, must be disinfected daily, including at the end of the day.

~~Specific Additional Requirements for Registered Family (RF) and Certified Family (CF) Providers~~

- ~~• Spaces must be cleaned between the times when household members utilize the space and the times when a group of children utilize the designated child care space.~~
- ~~• Items used for child care must be washed separately from items used by family or household members.~~

~~Sleeping Areas –Table 3 provides a summary of the required cleaning schedule and method of cleaning. Review the requirements below for important details.~~

- ~~• Handling and washing linens, clothing, and other items that go in the laundry
 - ~~• Wash hands with soap and water frequently when bagging, cleaning, and disinfecting linens, clothing and other items that go in the laundry.~~~~

Cleaning and Building Maintenance



- Wear disposable gloves when handling dirty laundry from a person who is sick.
- Bag or contain all soiled linens, clothing, and other items that go in the laundry before removing from the area.
- Do not shake dirty laundry.
- Launder items according to the manufacturer's instructions. Use the warmest appropriate water setting and dry items completely.
- Dirty laundry from an ill person can be washed with other people's items.

Bed sheets, pillow cases, cribs, cots, mats, and blankets

- Clean and sanitize bed sheets, pillow cases, cribs, cots, mats and blankets before use by another child.

Toileting and Diaper Areas – Table 3 provides a summary of the required cleaning schedule and method of cleaning. Review the requirements below for important details.

- Disinfect handwashing sinks, counters, toilets, toilet handles, floors, changing tables, potty chairs, diaper trash cans, and bathroom floors at the frequency in Table 3.

Food Areas – Table 3 provides a summary of the required cleaning schedule and method of cleaning. Review the requirements below for important details.

- Sanitize food area items including refrigerator, freezer, eating utensils, bottles, dishes, kitchen counters, food preparation surfaces, food preparation sinks, kitchen equipment (blenders, can openers, pots and pans, cutting boards), tables and highchair trays, highchairs, and kitchen floors at the frequency in Table 3.

Electronics – Table 3 provides a summary of the required cleaning schedule and method of cleaning. Review the requirements below for important details.

- Follow manufacturer's instructions for cleaning and disinfecting.
- If no guidance, use alcohol-based wipes or sprays containing at least 70% alcohol. Dry surfaces thoroughly.

Cleaning and Building Maintenance



10.4 Table 3. Required Cleaning Schedule (see requirements above for details)

Note: At times, it may be necessary to clean, rinse, sanitize and/or disinfect more frequently. The 3-Step Method is 1. WASH 2. RINSE and 3. SANITIZE or DISINFECT.

- Sanitizing solution is used to reduce germs from surfaces but not totally get rid of them. Sanitizers reduce the germs from surfaces to levels that are considered safe. The sanitizing 3-Step Method is most often used for food surfaces, kitchens, and classrooms.
- Disinfecting solution is used to destroy or inactivate germs and prevent them from growing. Disinfectants are regulated by the U.S. Environmental Protection Agency (EPA). The disinfecting 3-Step Method is most often used for body fluids and bathrooms/diapering areas.

Table 3: Required Cleaning Schedule

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	
Child Care Areas						
Toys	X			X	X <u>(mouthed toys)</u>	<ul style="list-style-type: none"> • Collect “mouthed” toys after each use by a child. • Collect all other toys <u>between stable groups</u>, as they become dirty <u>and at least weekly</u>.
Objects intended for the mouth	X				X	<ul style="list-style-type: none"> • Thermometers, pacifiers, teething toys, and similar objects must be cleaned and reusable parts sanitized between uses. • Pacifiers may not be shared.
<u>Water Tables</u>	X		X			<ul style="list-style-type: none"> • <u>Clean between stable groups, as they become dirty, and at least daily.</u>

Cleaning and Building Maintenance

Table 3: Required Cleaning Schedule, Continued

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	
Child Care Areas, Continued						
Soft surfaces (e.g., carpeted floor, rugs, and drapes)		X	X <u>every other day</u>			<ul style="list-style-type: none"> Vacuum carpeted floor and rugs <u>every other day</u>. Disinfect if soft surfaces are contaminated, using products approved by EPA for use against SARS-CoV-2.
High touch surfaces (e.g., doorknobs, light switches, non-food countertops, handles, desks, phones, keyboards, and toilets)		X	X			<ul style="list-style-type: none"> Disinfect at the end of each day.
<p>Specific additional requirements for Registered Family (RF) and Certified Family (CF) Providers</p> <ul style="list-style-type: none"> Spaces must be cleaned between the times when household members utilize the space and the times when a group of children utilize the designated child care space. Items used for child care must be washed separately from items used by family or household members. 						
Sleeping Areas						
Linens, clothing, and other items that go in the laundry	X			X		<ul style="list-style-type: none"> Clean at least weekly and in between use by another child.
Bed sheets, pillow cases, cribs, cots, mats, and blankets	X			X		<ul style="list-style-type: none"> Clean and sanitize bed sheets, pillow cases, cribs, cots, mats, and blankets before use by another child and at least weekly.

Cleaning and Building Maintenance

Table 3: Required Cleaning Schedule, Continued

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	
Toilet and Diapering Areas						
Handwashing sinks and faucets		X	X			<ul style="list-style-type: none"> Disinfect at the end of the day.
Changing tables		X			After each use	
Potty chairs		X			After each use	
Diaper trash cans		X	X			
Bathroom floors		X	X			
Countertops		X	X			
Toilets		X	X			
Food Areas						
Food preparation surfaces	X		X		After each use	
Eating utensils and dishes	X				After each use	
Tables and high chair trays	X				X	
Countertops	X		at end of day		After each use clean	
Food Preparation Appliances	X		X		After each use	
Mixed use tables	X					<ul style="list-style-type: none"> Before serving food.
Refrigerator	X					<ul style="list-style-type: none"> Clean monthly.
Food preparation sinks	X		X			

Cleaning and Building Maintenance

Table 3: Required Cleaning Schedule, Continued

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	
Food Areas, Continued						
Kitchen floors	X		X			
Electronics						
Electronics		X				<ul style="list-style-type: none"> Follow manufacturer's instructions.



Recommendations

The following practices are suggested to enhance health and safety:

- A. Consider running ventilation systems continuously and changing the filters more frequently. Do not use fans if they pose a safety or health risk, such as increasing exposure to pollen/allergies or exacerbating asthma symptoms. For example, do not use fans if doors and windows are closed and the fans are recirculating the classroom air.
- B. Consider putting a cleanable cover on electronics, such as tablets, touch screens, keyboards, and remote controls.
- C. For children or adults with asthma, use bleach products sparingly and, when possible, when children are not in the facility or room. If possible, use wipes or apply product directly to a dampened towel, rather than using spray when there are children or adults with asthma.
- D. [For Registered Family and Certified Family: consider cleaning spaces between the times when household members utilize the space and the times when a group of children utilize the designated child care space.](#)



Responding to Possible and Confirmed Cases of COVID-19



Requirements

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

- 11.1 Make a plan for a confirmed case and the possibility that the facility may need to close. (See “COVID-19 Health and Safety Plan” section).
- 11.2 Decisions about required closure may be made in conjunction with Early Learning Division staff and the local public health authority.
- 11.3 Have a plan for a child with particular health needs.
 - If an enrolled child has particular health needs or susceptibility to disease, including COVID-19, the provider and parent must develop a care plan for the child. The provider must ensure all staff engaged with the child understand the plan.
- 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 symptoms of COVID-19 is fever is advised by a medical professional they can return to care



Responding to Possible and Confirmed Cases of COVID-19



(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.

Responding to Possible and Confirmed Cases of COVID-19



*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.

11.6 Anyone who comes into child care who has a household member with symptoms of COVID-19 that is not confirmed or presumptive must be carefully monitored for symptoms. The ill household member should be strongly encouraged to get tested.

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.

Responding to Possible and Confirmed Cases of COVID-19



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@dhs.oha.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.
- 11.10** Communicate, in coordination with local public health authority, with all families and other individuals who have been in the facility in the past 14 days about the confirmed case.
- 11.11** In the event of a confirmed case of COVID-19 in a facility, ensure that all children, and others exposed do not come to the program and are informed about the need to be quarantined. Refer to definition of exposure in 11.5.



Recommendations

The following practices are suggested to enhance health and safety:

- A.** Sign up for OHA's COVID-19 newsletter: <https://www.govstatus.egov.com/OR-OHA-COVID-19>.



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.
- 12.2** Require transportation only be provided to one stable group of children; this group may be different from the stable groups implemented within the facility.
- 12.3** Require transportation staff to follow health protocols upon reporting to work using the “Daily Health Check” included in this guidance.
- 12.4** Require transportation staff to adhere to exclusion rules.
- 12.5** Require transportation staff to wear face coverings. [Transportation staff may remove face coverings when no children or other staff are present.](#)
- 12.6** Ensure staff follow all Individual Education Plan (IEP) or Individual Family Service Plan (IFSP) guidance for the safe and appropriate transport of children.
- 12.7** 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. 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.

Transportation



- 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.
- 12.9** Develop and implement procedures to require physical distancing between staff and adult(s) dropping off child.
- 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.
- 12.11** Children must get out of the vehicle in a manner that minimizes children passing each other (e.g., unload from front to back of vehicle).
- 12.12** 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.
- 12.13** 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.

Transportation



Recommendations

The following practices are suggested to enhance health and safety:

- A. Programs providing transportation may want to build classroom enrollment based on transportation needs to minimize crossover interactions between children.
- B. The adult dropping off children for transportation should be a household member.
- C. Air circulation should be prioritized. Weather permitting and assuming that it does not pose any other risks to children (e.g., children with sensory issues), windows should be kept open. If not possible, internal ventilation systems should be used.
- 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.



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.](#)
- 13.2 Provide access to professional development that contributes to staff’s professional learning goals and to meet child care licensing or program requirements.
- 13.3 Ensure staff have resources necessary to participate in online courses or remote training.
- 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 contact 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.](#)
- 13.5 All staff must review these guidelines, “Health & Safety Guidelines for Child Care and Early Education Operating During COVID-19,” as well as any updates to the guidelines that occur, prior to implementation, including new hires prior to first day of work or during employee orientation.

Professional Development



Recommendations

The following practices are suggested to enhance health and safety:

- A. Provide access to digital literacy training for staff to support online learning for themselves, children, or families.
- B. Provide access to professional development around mental health and supporting resilience for oneself, families, and children that is culturally relevant to staff and families.
- C. Support any trainers, coaches, or other professional development staff on adapting supports through distance methods.
- D. [Whenever possible, utilize virtual training options with attention toward accessibility measures.](#)



COVID-19 Health and Safety Plan



Requirements

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

- 14.1** Create a written “COVID-19 Health and Safety Plan” for each facility. (This is different from, or in addition to, an emergency preparedness or other plan already required by licensing rules.)
- 14.2** Ensure any information related to the facility’s “COVID-19 Health and Safety Plan” is provided to families in a manner that they can understand.
- 14.3** ELD will provide an optional template for use in the creation of the “COVID-19 Health and Safety Plan.” If you choose not to use the template, you must include all of the required elements that are identified in the template.
- 14.4** The “COVID-19 Health and Safety Plan” shall include a focus on training and communication with staff and families associated with the facility. A child care facility’s “COVID-19 Health and Safety Plan” shall be shared with all families and staff and posted in an easily visible area.
- 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.”~~