

Child Care Provider COVID-19 Requirements and Recommendations



Effective Date: June 30, 2021

Applicability

This document applies to child care providers, as defined below, to provide health and safety requirements and recommendations while operating during COVID-19. Where this guidance does not require a specific action by child care providers, a provider may choose whether to consider or implement advisory information or best practices.

Definitions

For the purposes of this document the following definitions apply:

- “Child care providers” includes but is not limited to certified child care, child care programs operated by political subdivisions or governmental agencies caring for children under 13 years of age, unlicensed temporary emergency child care, recorded programs, and registered family providers.
- “Certified child care” means programs with an active certification as defined in ORS 329A.250(2).
- “Recorded programs” means programs with an active record issued pursuant to ORS 329A.255 or 329A.257.
- “Registered family providers” means programs with an active registration as defined in ORS 329A.250(11).
- “Susceptible” has the meaning given that term in OAR 333-019-0010.
- “Unlicensed temporary emergency child care” means programs approved to provide emergency child care pursuant to Executive Order 20-19 and who remain in operation and unlicensed pursuant to Executive Order 21-15.

Communicable Disease Plans

Child care providers are required to have a written communicable disease management plan that complies with the rules adopted by the Oregon Health Authority in OAR 333, Division 19, that includes:

- A protocol to notify the [Local Public Health Authority](#) (LPHA) of any confirmed COVID-19 cases among children or staff;
- A protocol for exclusion of individuals with COVID-19 or susceptible to COVID-19 consistent with Oregon Health Authority rules in OAR 333, Division 19;
- A protocol to end program activities if cases or risk levels warrant;
- A process for keeping daily logs and record-keeping to assist state or local public health authorities with contact tracing, consistent with Oregon Health Authority rules in OAR 333, Division 19; and

- A designated COVID-19 Point of Contact to facilitate communication, maintain healthy operations, and respond to COVID-19 questions from state or local public health authorities, state or local regulatory agencies, families and staff. All staff and families should be provided the contact information for the COVID-19 Point of Contact.

COVID-19 Exclusion and Notification

Child care providers should attempt to verify vaccination status in order to apply any exclusion protocols that are specific to vaccinated individuals. If a provider is not aware of an individual's vaccination status, the provider should assume the individual is unvaccinated and follow general exclusion protocols.

Child care providers should:

- Exclude from the program any child or staff member, regardless of vaccination status, if they exhibit COVID-19 symptoms including new loss of taste or smell, fever, new cough, or shortness of breath in the last 10 days.
 - New cough means out of the ordinary for this person – e.g., not typical asthma, allergies.
 - Fever means 100.4 degrees Fahrenheit or more, without the use of fever-reducing medication.
 - Exclusion from the program should be for 10 days after onset of symptoms and 24 hours after both fever and cough resolve, without the use of a fever reducing medication. Programs should consult with the Local Public Health Authority for additional guidance.
 - The 10-day exclusion period can be shortened:
 - If an individual with symptoms of COVID-19 tests negative at any time during the 10-day period. They can return to the child care program 24 hours after resolution of cough and fever without the use of fever-reducing medication.
 - If an individual's only symptom is fever and is advised by a medical professional they can return to the child care program.
 - Documentation from the medical professional is recommended. The person should be fever-free for at least 24 hours.
 - A child who has received routine childhood vaccinations in the last 48 hours can return to care at the direction of a medical professional once they are fever-free. Documentation of vaccination from the medical professional is recommended.
 - Monitor for symptoms anyone who comes into the program who is known to have had a household member with symptoms of COVID-19. The ill household member should be strongly encouraged to get tested. An unvaccinated staff member or child who is a close contact of an individual with presumptive or confirmed COVID-19 may be required to be excluded in accordance with Oregon Health Authority rules.
 - Follow these recommendations for individuals who are experiencing COVID-19 symptoms but who have received their COVID-19 vaccine within the past three days:

- If the individual has symptoms of fatigue, chills, muscle ache, joint pain, or redness – these are likely vaccine side effects. If no fever is present, the individual may work or attend the program if they feel well enough to work. If fever is present, staff members should stay home until 24 hours fever-free.
- If the individual's only symptom is fever, the individual should 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 the individual has symptoms that include cough, shortness of breath, or loss of taste or smell, they should be excluded consistent with the recommendations above.

Child care providers are required to:

- Exclude from the program any child or staff member who tests positive for COVID-19, regardless of vaccination status, for the time period specified in the rules adopted by the Oregon Health Authority under OAR 333, Division 19, in accordance with rules adopted by the Authority.
- Exclude from the program any child or staff member who is susceptible and who is exposed to COVID-19, for the time period specified in the rules adopted by the Oregon Health Authority, in accordance with the rules adopted by the Authority.
- Inform all families, staff, and individuals who enter the child care program that they should not enter if they are unvaccinated and have been exposed to a COVID-19 case.
- Notify the local public health authority immediately if anyone who has been on the premises of the program is diagnosed with COVID-19.
- Communicate, in coordination with local public health authority, with all families and other individuals who have been on the premises of the program in the past 14 days about a confirmed case of COVID-19.

Recordkeeping

Child care providers are required to, for contact tracing purposes, log the following, in accordance with rules adopted by the Oregon Health Authority under OAR 333, Division 19:

- Adult name(s) completing drop-off and pick-up;
- Child names, arrival and departure date and times;
- Name of any staff or person coming in contact with child care children, arrival and departure date and times;
- If transportation is provided by the program: names of all riders and their contact information.

Recommended Prevention Strategies

The following best practices protocols are recommended to be established by child care program to prevent transmission of COVID-19.

It is important to remember:

- Our communities will be living with the virus until there is widespread immunity.
- COVID-19 continues to evolve with new, more infectious variants; our knowledge of mitigation efforts also evolves over time. For these reasons the guidance for responding to COVID-19 also evolves.
- Right now, the best tools to protect individuals are vaccination for those eligible, physical distancing, face coverings, ventilation and airflow, hand hygiene, and staying home if ill or exposed to someone with COVID-19.
- Opportunity for transmission decreases with each mitigation effort that is implemented.

Best Practices for Personal Protective Equipment and Physical Distancing

1. Indoors, all adults should wear a face covering unless they are vaccinated.
2. Indoors, children who are in grades kindergarten and up should wear a face covering unless:
 - They have a verified medical condition or disability that prevents them from safely wearing a face covering;
 - They are unable to remove the face covering independently;
 - They are sleeping, eating, or drinking;
 - They are participating in distance learning and are physically distanced from others.
3. If a child removes a face covering, or demonstrates a need to remove the face covering for a short period of time:
 - Supervise the child to maintain physical distancing while the face covering is removed;
 - Show the child how to effectively wear a face covering;
 - Guide the child to re-engage in safely wearing a face covering;
 - Don't discipline for the inability to wear a face covering.
 - Always ensure children younger than two years do not wear a face covering.
 - Face coverings should be washed daily or a new one worn daily. If a face shield is used, it should be wiped down with disinfectant at the end of the day after use. Disposable face coverings or face shields should be worn only once.

Best Practices for Stable Groups

**Note: Although stable group restrictions have been lifted, it is important to remember that if a COVID-19 positive case occurs, everyone that had exposure should quarantine. This is why it is so important to minimize contact as much as possible.*

1. Keep adults and children in the same groups as much as possible.
2. Staff and children from different groups should practice physical distancing.

3. Interaction with individuals from other groups should be minimized.
4. Consider having contracted services and family engagement activities outdoors.

Best Practices for Handwashing and General Hygiene

1. Staff and children should wash hands for at least 20 seconds (hand sanitizer containing at least 60% alcohol is supported 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 cleaning (staff only)
 - After bagging, cleaning, and disinfecting linens, clothing, and other laundry items (staff only)
2. Hand sanitizer should not be used on children under the age of two years.
3. Application of hand sanitizer on preschool-aged children should be supervised by an adult.
4. Hand sanitizer should be stored out of reach of children when not in use.
5. All other individuals (parent, maintenance, etc.) coming into the program should be advised and encouraged to frequently wash hands or use hand sanitizer.

Best Practices for Food and Nutrition

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.
2. Closely supervise all meal times, including infant feeding and toddler meals, to prevent children from sharing and/or touching each other's food.
3. Discontinue use of drinking fountains except for filling other containers such as water bottles.
4. Directly supervise activities or lessons that involve food handling to minimize contamination. Shared materials should be limited and sanitized between uses.

Best Practices for Ventilation and Air Flow

Ventilation is a primary tool to reduce viral spread indoors and promote a healthy learning environment. Indoor air spaces need special consideration because of COVID-19 transmission potential from the buildup in air of smaller particles and aerosols that are generated from breathing, talking, laughing, shouting, singing, coughing, and sneezing. In addition, improved indoor air quality is associated with better child and staff attendance, engagement, and well-being, as well as other health outcomes, including reduced asthma and allergies. Optimization of indoor air quality can provide benefits extending beyond mitigating infectious disease transmission.

Improve the indoor air quality by:

1. Increase circulation of outdoor air as much as possible by opening windows and doors, using fans and employing other methods. See [OHA Indoor air considerations for COVID-19 for smaller spaces](#) and [CDC ventilation recommendations](#);
2. Exhausting air from indoors to the outdoors; and
3. Cleaning the air that is recirculated indoors by using effective filtration methods (e.g., HEPA filters) to remove virus-containing particles from the air.
4. As applicable, ensure that ventilation systems (e.g., HVAC) operate properly.

All ventilation strategies should include safety and health precautions including restricting the amount a window is open, putting screens in windows and covers on fans, minimizing exposure to pollen or smoke, and adjusting the thermostat to maintain a comfortable temperature.

Best Practices for Cleaning and Building Maintenance

**Note: Know the difference between cleaning, sanitizing, and disinfecting and the 3-Step Method:*

1. WASH
2. RINSE
3. SANITIZE or DISINFECT

**Cleaning* is first used to remove dirt and debris from surfaces using a detergent or soap and water prior to sanitizing or disinfecting.

**Sanitizing* is used to reduce germs from surfaces but not totally get rid of them. Sanitizing solutions 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* is used to destroy or inactivate germs and prevent them from growing. Disinfecting solutions 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.

1. Use products approved by the EPA for use against SARS-CoV-2 for household disinfectant: <https://www.epa.gov/pesticide-registration/listn-disinfectants-use-against-sars-cov-2-covid-19>.

Diluted household bleach solutions may also be used for some surfaces. If using bleach, make a fresh bleach dilution daily; label the bottle with contents and the date mixed.

2. For children or adults with asthma: use bleach products sparingly or when children are not present. Use wipes or apply product directly to a dampened towel, rather than using spray.
3. 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. Run ventilation systems continuously and change 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 air.
4. Toys should be sanitized as they become dirty and at least weekly. Water tables should be cleaned in between each use by a group. Toys may be cleaned using hot water and soap/detergent in a washing machine, dishwasher, or by hand. Dry toys completely in a hot dryer when possible. Do not wash toys with dirty dishes, utensils, etc.

When washing toys by hand:

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 2 minutes 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.

5. Thermometers, pacifiers, teething toys, and similar objects should be cleaned and reusable parts sanitized between uses. Pacifiers should not be shared.
6. Vacuum carpeted floor and rugs every other day, and as they become dirty, when children are not present. If contaminated, disinfect with appropriate cleaners indicated for use on these surfaces.
7. High touch surfaces, such as doorknobs, light switches, non-food countertops, handles, desks, phones, keyboards, and toilets, should be disinfected at least daily, including at the end of the day.
8. Toilet and diapering areas including but not limited to handwashing sinks, counters, toilets, toilet handles, floors, diaper trash cans, and bathroom floors must be disinfected daily, with the exception of changing tables which should be disinfected after each use.
9. Tables and high chair trays should be cleaned and sanitized before and after each use.
10. Food preparation surfaces, counter tops, eating utensils and dishes and food preparation sinks should be cleaned and sanitized after each use. Counter tops should also be sanitized at the end of the day.
11. Kitchen floors should be sanitized daily.

12. Refrigerators should be cleaned and sanitized monthly.
13. Bedding, linens and clothing should be sanitized in a washing machine using hot water and machine dried at least weekly, and in between use by another child. Wear disposable gloves when handling dirty laundry from a person who is sick. Bag all items that go in the laundry before removing from the area. Do not shake dirty laundry. Dirty laundry from an ill person can be washed with other people's items.
14. Use cleanable covers on electronics, such as tablets, touch screens, keyboards, and remote controls.
15. In home-based programs: clean spaces between the times when household members and children utilize the space.

Best Practices for Transportation

1. Exclude individuals from transportation in accordance with exclusion guidelines listed above.
2. Follow face covering requirements for staff and children in accordance with those guidelines listed above.
3. 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 should be separated, maintaining physical distancing of six feet from the other children in the vehicle.
4. 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 should 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.
5. Consider requiring either a face covering (for children kindergarten-age and older) or three feet of physical distancing during transport.
6. Children should get out of the vehicle in a manner that minimizes children passing each other (e.g., unload from front to back of vehicle).
7. Assign children to the same location and seat each day.

Best Practices for Health Education, Training and Communication

All staff and families should be educated to maintain good hygiene and behave in ways that prevent transmission of COVID-19. This includes the following best practices:

1. Having a method to train staff and inform families regarding COVID-19 safety precautions, and information on recognizing signs and symptoms of COVID-19
2. Providing training to staff when updates to safety precautions are made, and for new staff prior to first day of work or during employee orientation.

Additional Resources

[Association of Camp Nurses – Communicable Disease Management Template](#)

[CDC Guidance: Cleaning and Disinfecting Your Facility](#)