



Note: This guidance is no longer in effect. Most businesses now follow the [COVID-19 Prevention Emergency Temporary Standards](#). Visit the California Department of Public Health's [Guidance for Child Care Providers and Programs](#) for the current COVID-19 public health guidance. This document is provided only for historical purposes.



COVID-19 UPDATE GUIDANCE: Child Care Programs and Providers

July 17, 2020

covid19.ca.gov



OVERVIEW

As stay-at-home orders are lifted for multiple industries to promote California's economic recovery, the need for child care and other supports for working families will increase. Every child care program must have a plan in place to minimize the spread of COVID-19 and to ensure the safety of children, providers, and families. As programs begin to reopen and other programs transition from emergency child care for essential workers to enhanced regular operations, all providers must apply new and updated policies and requirements and must update their emergency preparedness plan.

Social distancing with young children is a challenging effort. However, the recommendations set forth aim to keep children and providers safe and healthy, while ensuring children are in a nurturing and responsive environment. Parents may also be concerned about the safety of returning children back to care. It is important to maintain frequent communication with families about the policies and practices implemented in programs to keep everyone safe. This ongoing communication will aid in supporting young children with this new transition and social and physical distancing practice.

The state recognizes this health crisis is a fluid situation and is coordinating joint efforts with state and local agencies to provide support, as well as current information and guidance that is responsive to questions and suggestions from providers, families, and stakeholders. Child care providers should continue to monitor updated guidelines and information posted at <https://covid19.ca.gov>.

These guidelines and considerations are based on the best available public health data at this time, and the practical realities of managing a child care program; as new data and practices emerge, the guidance will be updated.

The state has provided funding and materials to support child care programs to access cleaning supplies and essential protective gear, such as masks. Please contact your [local child care resource and referral agency](#) to learn more about what resources are currently available.

The California Department of Social Services (CDSS) worked in collaboration with the California Department of Education (CDE) to develop this guidance.

Essential Protective Equipment and Supplies

Items	Child Care Workforce	Children
<u>Face Coverings*</u>	YES	<p>Never place face coverings on babies or children under 2 because of danger of suffocation</p> <p>Children aged 2 years and older should wear face coverings, especially when indoors or when a six-foot physical distance from others cannot be maintained.</p>
Gloves	YES, for tasks such as serving food, handling trash, or using cleaning and disinfectant products	NO
<p>Hand Sanitizer Should contain at least 60% ethyl alcohol (preferred) or at least 70% isopropyl alcohol (a neurotoxin and eye irritant).</p> <p>WARNING Do not use any products that contain <u>methanol</u></p>	YES, OPTIONAL Note that frequent handwashing is more effective than the use of hand sanitizers	<p>May be used under adult supervision only and must be kept out of children's reach. Call Poison Control if consumed: 800-222-1222</p> <p>Note that frequent handwashing is more effective than use of hand sanitizers. Sanitizer must be rubbed into children's hands until completely dry.</p> <p>Hand sanitizer is not recommended for children under 24 months.</p>
Disinfectant Cleaning Products	YES Provide training and required protective equipment per manufacturer's recommendations. Must be kept out of children's reach.	NO

*Masks or face shields may also be worn. Face coverings are strongly encouraged for young children between two years old and second grade, if they can be worn properly. A face shield is an acceptable alternative for children in this cohort. Note that local guidance may apply. Please consult recommendations from the local or county health department.

The Healthy Schools Act requires that anyone using disinfectants at child care centers complete annual California Department of Pesticide Regulation-approved training. Online training can be found by going to <https://apps.cdpr.ca.gov/schoolipm/>. This does not apply to family child care homes.



Planning

- Have plans in place to protect and support staff, children, and their family members who are at higher risk for severe illness.
- Establish plans for sharing information and guidelines with parents and caregivers in their preferred language.
- Train all staff and communicate with families on the following:
 - Enhanced sanitation practices
 - Physical distancing guidelines
 - [Proper use, removal, and washing of face coverings](#)
 - Personal hygiene
 - Screening practices
 - COVID-19 specific exclusion criteria.
- Implement the necessary processes and protocols when a workplace has an outbreak, in accordance with CDPH guidelines.
 - Investigate the COVID-19 illness and determine if any work-related factors could have contributed to risk of infection. Update protocols as needed to prevent further cases.
 - Update protocols as needed to prevent further cases. See the CDPH guidelines, *Responding to COVID-19 in the Workplace*, which are incorporated into this guidance and contain detailed recommendations for establishing a plan to identify cases, communicate with employees and other exposed persons, and conducting and assisting with contact tracing.



Cleaning

- Introduce fresh outdoor air as much as possible, for example by opening windows. When cleaning, air out the space before children arrive; plan to do thorough cleaning when children are not present. If using air conditioning, use the setting that brings in fresh air. Replace and check air filters and filtration systems to ensure optimal air quality.
- Implement procedures to frequently [clean and disinfect](#) all high-touch surfaces, such as sink knobs, toilet handles, tables, door handles. (Some programs have one designated staff responsible for routinely cleaning, sanitizing, and disinfecting the site.)
- Designate a container for toys that need to be cleaned, sanitized, or disinfected before being introduced back into the classroom environment.
- Have multiple toys and manipulatives accessible that are easy to clean and disinfect throughout the day or provide individually labeled bins with toys and belongings for each child. Toys that may be put in a child's mouth should be cleaned and sanitized. Ensure toys that are difficult to clean (e.g. soft toys) are either removed from the classroom or carefully monitored for use by individual children only.
- When choosing cleaning products, use those approved for use against COVID-19 on the [Environmental Protection Agency \(EPA\)-approved list "N"](#) and follow product instructions.
 - To reduce the risk of [asthma related to disinfecting](#), programs should aim to select disinfectant products on the N list with asthma-safer ingredients (hydrogen peroxide, citric acid or lactic acid) as recommended by the US EPA Design for Environment program.
 - Avoid products that mix these ingredients with peroxyacetic (paracetic) acid, sodium hypochlorite (bleach) or quaternary ammonium compounds, which can cause asthma.
 - Use disinfectants labeled to be effective against emerging viral pathogens, following label directions for appropriate dilution rates and contact times. Provide employees training on [the chemical hazards](#), manufacturer's directions, proper ventilation, on Cal/OSHA requirements for safe use and as required by the Healthy Schools Act training (for child care centers only).
 - Workers using cleaners or disinfectants must wear gloves, eye protection, and other protective equipment as required by the product instructions.

- All products must be kept out of children's reach.



Hygiene

- Implement and enforce strict [handwashing guidelines](#) for all staff and children. Wash hands for 20 seconds with soap, rubbing thoroughly after application, and use paper towels (or single use cloth towels) to dry hands thoroughly. It may be helpful to sing a 20-second song while children wash.
- Use bathroom time as an opportunity to reinforce healthy habits and monitor proper handwashing.
- Teach children to avoid [contact with one's eyes, nose and mouth](#), and use tissue to wipe their nose and to [cough/sneeze](#) inside their elbow. Model and practice handwashing before and after eating, after coughing or sneezing, after playing outside, and after using the restroom.
- Discontinue brushing teeth during class.
- All personal items should be labeled and kept in a separate bag to ensure personal items are separate from others. Personal toys and blankets should either be sent home with the family each day or washed daily by the provider.
- Use bedding (sheets, pillows, blankets, sleeping bags) that can be washed. Keep each child's bedding separate, and consider storing in individually labeled bins, cubbies, or bags. Cots and mats should be labeled for each child. Bedding that touches a child's skin should be cleaned weekly or before use by another child.



Arrival Procedures

If a parent/caregiver is entering the classroom, ask them to wash their own hands and assist in washing the hands of their children before dropping off, prior to coming for pick up, and as soon as they get home.

- Ask parents/caregivers to meet at the facility entryway for pick-up and drop-off of children whenever possible and to be as brief as possible.
- If parents/caregiver must enter, ask them to enter and exit the room one person at a time to allow for social and physical distancing. Consider asking them to wear face coverings.
- Ask parents/caregivers to bring their own pens when signing children in and out. When that is not possible, collect pens immediately after a single use, deposit them in the cleaning area, and provide a sanitized pen.

- Install hand sanitizers, out of the reach of children, near all entry doors and other high traffic areas.
- Take steps to reduce contact between children and adults, including other children's parents during pick-up/drop-off, classroom visits, volunteers.
- If possible, the same parent/caregiver should drop off and pick up the child every day, avoid designating those at high risk.
- Consider staggering arrival and drop off times.
- Consider designating a staff member from each class to escort in or out of facility (if parent/caregiver are comfortable with this option) and signing their child in and out for arrival.



Health Screening

- Providers must implement screening procedures for all staff and children before they enter the facility. Ask all individuals about [COVID-19](#) symptoms within the last 24 hours and whether anyone in their home has had COVID-19 symptoms or a positive test. Exclude anyone who has an affirmative response on any of these points.
- Document/track incidents of possible exposure and notify local health officials, staff, and families immediately of any possible case of COVID-19 while maintaining confidentiality as required by the Americans with Disabilities Act (ADA).
- Conduct visual wellness checks of all children upon arrival and ask health questions when concerned.
- Take children's temperature each morning with a no-touch thermometer. If a thermometer requiring a touch-method (under the tongue or arm, forehead, etc.) is the only type available, it should only be used when a fever is suspected. Thermometers must be properly cleaned and disinfected after each use.
- Monitor staff and children throughout the day for signs of illness; send home children with a fever of 100.4 degrees or higher, cough, or other COVID-19 symptoms after isolating from the general room population and notify parents.
- Child care programs must exclude any child, parent, caregiver, or staff showing symptoms of COVID-19. Staff should discuss with parent/caregiver and refer to the child's health history form and/or emergency card to identify if the child has a history of allergies, which would not be a reason to exclude.

- Establish procedures for safely transporting anyone sick home or to a healthcare facility, as appropriate.
- Advise sick staff members and children not to return until they met CDC criteria to discontinue home isolation.



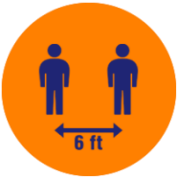
Coronavirus Symptoms

- Fever
- Cough
- Shortness of breath or difficulty breathing
- Chills
- Repeated shaking with chills
- Fatigue
- Muscle pain
- Headache
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea
- New loss of taste or smell



Group Size and Staffing

- Children should remain in groups as small as possible. Should these guidelines differ from local health ordinances, follow the stricter guidance.
- It is important to keep the same children and teacher or staff with each group and include children from the same family in the same group, to the greatest extent possible.



Classroom Space / Physical Distancing

- Arrange developmentally appropriate activities for smaller group activities and rearrange furniture and play spaces to maintain 6 feet of separation, when possible.
- For napping, place cots, cribs, and mats 6 feet apart, with heads in opposite directions.
- Use opportunities to reduce time spend indoors by bringing children outside, weather permitting while maintaining physical distancing.
- Offer more opportunities for individual play.
- Plan activities that do not require close physical contact between multiple children.
- Stagger indoor and outdoor play and adjust schedules to reduce the number of children in the same area.
- Ensure all outdoor play equipment is cleaned and disinfected between use by different groups of children.
- Develop spacing instructions in both indoor and outdoor spaces that are developmentally appropriate and easy for children to understand.



Meal Times

- Utilize more tables to spread children out or use name cards to ensure adequate spacing of children.
- Practice proper handwashing before and after eating. Use paper goods and disposable plastic utensils when possible, following CDC and CDPH COVID-19 food handling guidelines.

- Do not allow children or staff to share or touch each other's food.
- Immediately clean and disinfect trays and tables after meals. Avoid family- or cafeteria-style meals, ask staff to handle utensils, and keep food covered to avoid contamination.
- Ensure meals are provided in individual portions and are delivered by staff wearing gloves.
- Implement outdoor meal times if space and weather allow.



Resources

- California Department of Social Services, Community Care Licensing, Child Care Page: <https://www.cdss.ca.gov/inforesources/child-care-licensing>
- California Division of Occupational Safety and Health (Cal/OSHA): <https://www.dir.ca.gov/dosh/Coronavirus/COVID-19-Infection-Prevention-in-Childcare-Programs-Guidance.pdf>
- California Coronavirus (COVID-19) Resources: <https://covid19.ca.gov/>
- [California Department of Pesticide Regulation Health Schools Act information: https://apps.cdpr.ca.gov/schoolipm/](https://apps.cdpr.ca.gov/schoolipm/)
- Centers for Disease Control and Prevention (CDC): <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html>

