



Safety Procedures and Guidance for Child Care Facilities Operating During COVID-19

In addition to the [health and safety standards](#) typically implemented by child care and the same steps a facility would take when there is other illnesses present, such as flu, we recommend implementing the following procedures:

Overall Guidance

- Wash hands frequently (e.g., before and after meals, after coming inside, after sneezing, blowing your nose, or coughing) with soap and water for at least 20 seconds.
- Avoid touching your face.
- Cover coughs and sneezes with a tissue and throw the tissue away immediately.
- Provide easy access to soap and warm water for handwashing for all children and staff.
- Except for diapering or when eating, preparing, or serving food, hand-sanitizing products with 60% alcohol may be used as an alternative method to handwashing. Hand sanitizer must be stored out of reach of children when not in use.
- To minimize contact during drop-off/pick-up, allow parents to remain outside of the building for sign-in and -out of their children.

Considerations for Ratio, Group Size, and Capacity

- Spaces for children should be structured in a way that allows facilities to implement specific social distancing guidelines.
- Limit the total number of children in the facility as much as possible so social distancing guidance and guidance in this document can be followed (e.g., staggering groups at lunch and outdoors).
- Ratio and group sizes must be adjusted to the requirements for Emergency Child Care.

Age	Caregiver to Child ratio	Max children in group
6 weeks – 23 months	1:4	8
24 months – 35 months	1:5	10
36 months – Kindergarten	1:10	10
Attending Kindergarten and older	1:10	10

Screening for Symptoms and When Someone Is Sick

- Conduct daily health checks.
 - Ask staff, children, and families:
 - If they have had close contact (defined by the [CDC](#) as being within six feet of someone for 10 minutes or more) with anyone diagnosed with COVID-19.

- If anyone in their household has symptoms of respiratory illness (fever, cough, or shortness of breath).
- Evaluate temperature and check for coughs of anyone entering the building. Individuals with a fever over 100.4 F should not be allowed to stay.
 - Temperature may be taken under the arm for infants. For all other children over 6 months, use an oral, ear, or forehead thermometer and sanitize after each reading.
- If a child or staff member develops a cough, fever, or shortness of breath, send them home as soon as possible. They should stay home until they are symptom free (no cough or fever and no fever controlling meds) for at least 72 hours.
- While waiting for a sick child to be picked up, caregivers should stay with the child in a room isolated from others. If the child has symptoms of COVID-19 (fever, cough, or shortness of breath), the caregiver should remain as far away as safely possible from the child (preferably six feet).
- Ensure that the facility has flexible sick leave and absentee policies that discourage people to come in while sick.
- If anyone who has entered the facility is diagnosed with COVID-19, consult with local public health entity regarding cleaning and closure.

Exclusion Policies

- Follow [standard exclusion criteria](#) for illness.
- Anyone who has had close contact (defined by the [CDC](#) as being within six feet of someone for 10 minutes or more) with someone diagnosed with COVID-19 should remain home for 14 days after their last contact with the COVID-19 patient.
- If someone in their household has symptoms of respiratory illness, consider asking them to remain home until at least 72 hours after symptom resolution (absence of fever without the use of fever-reducing medication and improvement in respiratory symptoms).
- Recommend exclusion for children or staff who are considered high-risk, including older adults or people who have serious chronic medical conditions. To determine whether you meet a high-risk category, please consult [OHA guidance](#) on [vulnerable populations](#).

Classroom Practices

- Only staff necessary to maintain ratio compliance should be inside of classrooms.
- Focus on outdoor activities when possible, with no more than one group of children in one outside area at a time.
- Ensure activities are small group or individual activities, rather than whole group, whenever possible.
- Cancel or postpone field trips or outings to areas with large crowds.

Food and Nutrition

- Stagger meal times.
- Provide bagged or individual lunches.
- Provide pre-prepared, individually wrapped snacks.

Cleaning Practices

- Consider removing materials from the classroom that are harder to clean (e.g., soft toys).
- Follow regular cleaning protocols and use an EPA-registered disinfectant that is active against the coronavirus.
- Clean and disinfect frequently touched surfaces throughout the day and at night.
- Clean and sanitize all toys at the end of the day.
- Clean any machine washable items on the hottest setting.
- Keep a designated bin for separating toys that have been in children's mouths. When a child is done with a mouthed toy, place it in a bin that is inaccessible to other children and wash hands. Clean and sanitize prior to returning to children's area.

Preparation

- Stay informed about the COVID-19 outbreak.
- Follow guidance from your local public health entity. If you have questions for local public health, start by calling 211. Know the signs and symptoms of COVID-19 in children and adults. Keep up to date via [Oregon Health Authority](#) and your local public health entity.
- Plan ahead in case the facility needs to close:
 - Determine how the facility will communicate with staff and parents.
 - Determine who will inform your licensing specialist (if applicable) and your local Child Care Resource and Referral (CCR&R) Entity if you close (so families will not be referred during closure). To contact CCR&Rs call 1-800-342-6712.
 - If a patient with COVID-19 was in the building, the facility may need to close briefly (2 to 5 days) for cleaning and disinfection.
 - The facility may need to close if child care cannot safely be provided due to a high number of staff being out of work.