



Please refer to **Appendix A** for more detailed guidance regarding each consideration of the Decision Tree.

### **Best Practices (Before and During and Outbreak)**

At all times...

1. Encourage your staff or community members to [protect their personal health](#).
2. Post the signs and [symptoms of COVID-19](#):  
fever, cough, shortness of breath.
3. Clean surfaces that are frequently touched – things such as shared desks, countertops, kitchen areas, electronics, and doorknobs.
4. Limit events and meetings that require close contact.
5. Stay up to date on developments in your community.
6. Create an emergency plan for possible outbreak.
7. Assess if community members are at higher risk and plan accordingly.

During an outbreak in your area

1. If you identify a case, inform people who might have been exposed.
2. Continue to safely clean and disinfect the person's area.
3. Connect with your [local health department](#).
4. Cancel large meetings or events.
5. Put your infectious disease outbreak plan into action.

### **Prevent the Spread of COVID-19**

Plan ahead to ensure adequate supplies to support hand hygiene behaviors and routine cleaning of objects and surfaces.

Encourage staff to take [everyday preventive actions](#) to prevent the spread of respiratory illness.

- [Wash hands](#) often with soap and water. If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol.
- Always wash hands with soap and water if hands are visibly dirty.
- Remember to supervise young children when they use hand sanitizer to prevent swallowing alcohol.
- [Clean and disinfect frequently touched surfaces](#).
- [Cover cough and sneezes](#).
- Cover your mouth and nose with a [cloth face covering](#) when you have to go out in public.
- Cloth face coverings should NOT be put on babies and children under age two because of the danger of suffocation.

Require sick children and staff to stay home.

- Communicate to parents the importance of keeping children home when they are sick.
- Communicate to staff the importance of being vigilant for symptoms and staying in touch with facility management if or when they start to feel sick.
- Establish procedures to ensure children and staff who come to the child care center sick or become sick while at your facility are sent home as soon as possible.
- Keep sick children and staff separate from well children and staff until they can be sent home.
- Sick staff members should not return to work until they have met the [criteria to discontinue home isolation](#).

Have a plan if someone is or becomes sick.

- Plan to have an isolation room or area that can be used to isolate a sick child.
- Be ready to follow CDC guidance on how to [disinfect your building or facility](#) if someone is sick.
- If a sick child has been isolated in your facility, clean and disinfect surfaces in your isolation room or area after the sick child has gone home.
- If COVID-19 is confirmed in a child or staff member:
  - Close off areas used by the person who is sick.
  - Open outside doors and windows to increase air circulation in the areas.
  - Wait up to 24 hours or as long as possible before you clean or disinfect to allow respiratory droplets to settle before cleaning and disinfecting.
  - Clean and disinfect all areas used by the person who is sick, such as offices, bathrooms, and common areas.
  - If more than 7 days have passed since the person who is sick visited or used the facility, additional cleaning and disinfection is not necessary.
    - Continue routine cleaning and disinfection.

### **Monitor and Plan for Absenteeism Among Your Staff**

- Develop plans to cover classes in the event of increased staff absences. Coordinate with other local child care programs and reach out to substitutes to determine their anticipated availability if regular staff members need to stay home if they or their family members are sick.
- Recommend that individuals at higher risk for severe illness from COVID-19 (older adults and people of any age who have serious underlying medical conditions) consult with their medical provider to assess their risk and to determine if they should stay home if there is an outbreak in their community.
- Maintain an adequate ratio of staff to children to ensure safety.
  - Plan ahead and recruit those with child care experience to ensure you have a roster of substitute caregivers who can fill in if your staff members are sick or stay home to care for sick family members.

## Social Distancing Strategies

Work with your local health officials to determine a set of strategies appropriate for your community's situation. Continue using preparedness strategies and consider the following social distancing strategies:

- If possible, child care classes should include the same group each day, and the same child care providers should remain with the same group each day. If your child care program remains open, consider creating a separate classroom or group for the children of healthcare workers and other first responders. If your program is unable to create a separate classroom, consider serving only the children of healthcare workers and first responders.
- Cancel or postpone special events such as festivals, holiday events, and special performances.
- Consider whether to alter or halt daily group activities that may promote transmission.
  - Keep each group of children in a separate room.
  - Limit the mixing of children, such as staggering playground times and keeping groups separate for special activities such as art, music, and exercising.
- Consider staggering arrival and drop off times and/or have child care providers come outside the facility to pick up the children as they arrive. Your plan for curb side drop off and pick up should limit direct contact between parents and staff members and adhere to social distancing recommendations.
- If possible, arrange for administrative staff to telework from their homes.

## Parent Drop-Off and Pick-Up

- Hand hygiene stations should be set up at the entrance of the facility, so that children can clean their hands before they enter. If a sink with soap and water is not available, provide hand sanitizer with at least 60% alcohol next to parent sign-in sheets. Keep hand sanitizer out of children's reach and supervise use. If possible, place sign-in stations outside, and provide sanitary wipes for cleaning pens between each use.
- Consider staggering arrival and drop off times and plan to limit direct contact with parents as much as possible.
  - Have child care providers greet children outside as they arrive.
  - Designate a parent to be the drop off/pick up volunteer to walk all children to their classroom, and at the end of the day, walk all children back to their cars.
  - Infants could be transported in their car seats. Store car seat out of children's reach.
- Ideally, the same parent or designated person should drop off and pick up the child every day. If possible, older people such as grandparents or those with serious underlying medical conditions should not pick up children, because they are more at risk for [severe illness from COVID-19](#).

## Screen Children Upon Arrival

Persons who have a fever of 100.4<sup>0</sup> (38.0<sup>0</sup>C) or above or other signs of illness should not be admitted to the facility. Encourage parents to be on the alert for signs of illness in their children and to keep them home when they are sick. Screen children upon arrival, if possible.

There are several methods that facilities can use to protect their workers while conducting temperature screenings. The most protective methods incorporate social distancing (maintaining a distance of 6 feet from others) or physical barriers to eliminate or minimize exposures due to close contact to a child who has symptoms during screening.

## Examples of Screening Methods

### Reliance on Social Distancing (example 1 )

- Ask parents/guardians to take their child's temperature either before coming to the facility or upon arrival at the facility. Upon their arrival, stand at least 6 feet away from the parent/guardian and child.
- Ask the parent/guardian to confirm that the child does not have fever, shortness of breath or cough.
- Make a visual inspection of the child for signs of illness which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness.

You do not need to wear personal protective equipment (PPE) if you can maintain a distance of 6 feet.

### Reliance on Barrier/Partition Controls (example 2 )

- Stand behind a physical barrier, such as a glass or plastic window or partition that can serve to protect the staff member's face and mucous membranes from respiratory droplets that may be produced if the child being screened sneezes, coughs, or talks.
- Make a visual inspection of the child for signs of illness, which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness.
- Conduct temperature screening (follow steps below)
  - Perform hand hygiene
  - Wash your hands with soap and water for 20 seconds. If soap and water are not available, use a hand sanitizer with at least 60% alcohol.
- Put on disposable gloves.
- Check the child's temperature, reaching around the partition or through the window.
- Make sure your face stays behind the barrier at all times during the screening.
- If performing a **temperature check on multiple individuals**, ensure that you use a **clean pair of gloves for each child** and that the **thermometer has been thoroughly cleaned** in between each check.

- If you use disposable or non-contact (temporal) thermometers and you did not have physical contact with the child, you do not need to change gloves before the next check.
- If you use non-contact thermometers, clean them with an alcohol wipe (or isopropyl alcohol on a cotton swab) between each client. You can reuse the same wipe as long as it remains wet.

### Reliance on Personal Protective Equipment (example 3)

If social distancing or barrier/partition controls cannot be implemented during screening, personal protective equipment (PPE) can be used when within 6 feet of a child.

However, **reliance on PPE alone is a less effective control and more difficult to implement, given PPE shortages and training requirements.**

- Upon arrival, wash your hands and put on a facemask, eye protection (goggles or disposable face shield that fully covers the front and sides of the face), and a single pair of disposable gloves. A gown could be considered if extensive contact with a child is anticipated.
- Make a visual inspection of the child for signs of illness, which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness, and confirm that the child is not experiencing coughing or shortness of breath.
- Take the child's temperature.
  - If performing a **temperature check on multiple individuals**, ensure that you use a **clean pair of gloves for each child** and that the **thermometer has been thoroughly cleaned** in between each check.
  - If you use disposable or non-contact (temporal) thermometers and did not have physical contact with an individual, you do not need to change gloves before the next check.
  - If you use non-contact thermometers, clean them with an alcohol wipe (or isopropyl alcohol on a cotton swab) between each client. You can reuse the same wipe as long as it remains wet.
- After each screening, remove and discard PPE, and wash hands.
- Use an alcohol-based hand sanitizer that contains at least 60% alcohol or wash hands with soap and water for at least 20 seconds.
- If hands are visibly soiled, soap and water should be used before using alcohol-based hand sanitizer.
- If your staff does not have experience in using PPE:
  - Check to see if your facility has guidance on how to don and doff PPE. The procedure to don and doff should be tailored to the specific type of PPE that you have available at your facility.
  - If your facility does not have specific guidance, [the CDC has recommended sequences for donning and doffing PPE](#)
- When feasible, staff members and older children should [wear face coverings](#) within the facility.

## Clean and Disinfect

[Caring for Our Children](#) (CFOC) provides national standards for cleaning, sanitizing and disinfection of educational facilities for children. Toys that can be put in the mouth should be cleaned and sanitized (see below). Other hard surfaces, including diaper changing stations, door knobs, and floors can be disinfected.

Please see **Appendix B** for Detailed Cleaning and Disinfection Guidance

Intensify cleaning and disinfection efforts:

- Facilities should develop a schedule for cleaning and disinfecting. Please see **Appendix C** for Specific Guidance.
- [Routinely clean, sanitize, and disinfect](#) surfaces and objects that are frequently touched, especially toys and games. This may also include cleaning objects/surfaces not ordinarily cleaned daily such as doorknobs, light switches, classroom sink handles, countertops, desks, chairs, cubbies, and playground structures. Use the cleaners typically used at your facility.
- Use all cleaning products according to the directions on the label. For disinfection, most common EPA-registered, fragrance-free household disinfectants should be effective. If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection. Follow the manufacturer’s instructions for concentration, application method, and contact time for all cleaning and disinfection products.
- If possible, provide EPA-registered disposable wipes to child care providers and other staff members so that commonly used surfaces such as keyboards, desks, and remote controls can be wiped down before use.
- All cleaning materials should be kept secure and out of reach of children.
- Cleaning products should not be used near children, and staff should ensure that there is adequate ventilation when using these products to prevent children from inhaling toxic fumes.

## Clean and Sanitize Toys

- Toys that cannot be cleaned and sanitized should not be used.
- Toys that children have placed in their mouths or that are otherwise contaminated by body secretions or excretions should be set aside until they are cleaned by hand by a person wearing gloves. Clean with water and detergent, rinse, sanitize with an EPA-registered disinfectant, rinse again, and air-dry. You may also clean in a mechanical dishwasher. Be mindful of items more likely to be placed in a child’s mouth, like play food, dishes, and utensils.
- Machine washable cloth toys should be used by one individual at a time or should not be used at all. These toys should be [laundered](#) before being used by another child.
- Do not share toys with other groups, unless they are washed and sanitized before being moved from one group to the other.
- Set aside toys that need to be cleaned. Place in a dish pan with soapy water or put in a separate container marked for “soiled toys.” Keep dish pan and water out of reach from

children to prevent risk of drowning. Washing with soapy water is the ideal method for cleaning. Try to have enough toys so that the toys can be rotated through cleanings.

- Children's books, like other paper-based materials such as mail or envelopes, are not considered a high risk for transmission and do not need additional cleaning or disinfection procedures.

## **Healthy Hand Hygiene Behavior**

- All children, staff, and volunteers should engage in hand hygiene at the following times:
  - Arrival to the facility and after breaks
  - Before and after preparing food or drinks
  - Before and after eating or handling food, or feeding children
  - Before and after administering medication or medical ointment
  - Before and after diapering
  - After using the toilet or helping a child use the bathroom
  - After coming in contact with bodily fluid
  - After handling animals or cleaning up animal waste
  - After playing outdoors or in sand
  - After handling garbage
- Wash hands with soap and water for at least 20 seconds. If hands are not visibly dirty, alcohol-based hand sanitizers with at least 60% alcohol can be used if soap and water are not readily available.
- Supervise children when they use hand sanitizer to prevent ingestion.
- Assist children with handwashing.
  - After assisting children with handwashing, staff should also wash their hands.
- Place [posters](#) describing handwashing steps near sinks. Developmentally appropriate posters in multiple languages are available from CDC.

## **Food Preparation and Meal Service**

- If a cafeteria or group dining room is typically used, serve meals in classrooms instead. If meals are typically served family-style, plate each child's meal to serve it so that multiple children are not using the same serving utensils.
- Sinks used for food preparation should not be used for any other purposes.
- Caregivers should ensure children wash hands prior to and immediately after eating.
- Caregivers should wash their hands before preparing food and after helping children to eat.

Facilities should follow all other applicable federal, state, and local regulations related to safe preparation of food.

## Vulnerable/High Risk Groups

Based on currently available information and clinical expertise, older adults and people of any age who have serious underlying medical conditions might be at higher risk for severe illness from COVID-19. To protect those at [higher risk](#), it's important that everyone practices [healthy hygiene behaviors](#).

- If you have staff members or teachers age 65 or older, or with serious underlying health conditions, encourage them to talk to their healthcare provider to assess their risk and to determine if they should stay home.  
Information about [COVID-19 in children](#) is somewhat limited, but the information that is available suggests that many children have mild symptoms. However, a small percentage of children have been reported to have more severe illness. If you have children with underlying health conditions, talk to their parents about their risk. Follow children's care plans for underlying health conditions such as an [asthma action plan](#).
- If you have children with disabilities, talk to their parents about how their children can continue to receive the support they need.

## Assess Group Gatherings and Events

- Follow [current guidance](#) about gatherings and events.
- Plan to limit nonessential visitors and postpone or cancel use of classroom volunteers.
- Please see **Appendix D** for Guidelines

### Summer Camp Capacity

50 K-3<sup>rd</sup> graders—Utilize

50 4th grade and up

50 gymnasts

## Additional Resources

Checklist for Parents. Please see **Appendix E**.

Checklist for Teachers/Staff. Please see **Appendix F**