

HEALTH & SAFETY GUIDELINES

for Child Care and Early Education
Operating During COVID-19



VERSION 1.1
JANUARY 12, 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 1.1, Updated JANUARY 12, 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 1.1 additions.

~~This is an example of version 1.1 deletions.~~

This version of the guidelines **takes effect on January 12, 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.

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Drop-Off and Pick-Up



Requirements

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

- 1.1 Require parents or caregivers to drop-off or pick-up children from program staff outside of the facility.

Registered Family (RF) or Certified Family (CF) providers only:
When only one staff member is on site, parents or caregivers are allowed to enter but must wait for previous family to exit home before entering.

[All providers: You have the option to conduct drop-off and pick-up inside the program if you are experiencing inclement weather \(hail, lightning, strong winds, sleet, snow, ice, freezing rain, or temperature 32° Fahrenheit and below\). To use this option you must follow these requirements:](#)

 - [Parent/adult entering must wear a facial covering.](#)
 - [Parent/adult must maintain social distancing \(6 feet apart\) from everyone except the child, and remain in the main entry area.](#)
 - [Do not use fans \(they can spread the virus\) in the drop-off/pick-up area.](#)
 - [Programs must follow all the other requirements in the “Drop-Off and Pick-Up” section of the Guidelines.](#)
- 1.2 Require parents or caregivers to wear a face shield or face covering during drop-off or pick-up.
- 1.3 Require parents or caregivers during drop-off or pick-up to maintain physical distancing when not engaged in hand-off of children to staff.
- 1.4 Provide hand hygiene stations at the entrance of the facility—outside or immediately inside—so that children and staff can clean their hands as they enter.

If a sink with soap and water is not available, provide hand sanitizer between 60%-95% alcohol at the entrance. Keep hand sanitizer out of children’s reach and supervise use.
- 1.5 Sanitize or switch out writing utensils used for drop-off and pick-up between uses by different people.

Drop-Off and Pick-Up



Recommendations

The following practices are suggested to enhance health and safety:

- A. Schedule staggered drop-off and pick-up times for families.
- B. Encourage families to have the same person dropoff and pickup the child every day.
- C. 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>
- 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 ~~take temperature of~~ [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** 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 someone 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, the child or adult must quarantine for ~~10~~14 days. The ~~10~~14-day quarantine starts on the day that child or adult last had contact with the COVID-19 case.

[The 10-day quarantine could be shortened to 7 days if:](#)

- [1. The person takes a COVID-19 test between days 5 and 7 of their quarantine period, AND](#)

Daily Health Check



2. The person is asymptomatic, AND

3. The COVID-19 test comes back negative.

- The 14-day quarantine cannot be shortened by getting a negative COVID-19 test, or by getting a note from a medical professional:

3. Is the adult or child experiencing new loss of taste or smell, unusual cough, shortness of breath, or fever? “Unusual cough” means some thing 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 24 hours 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 cough and shortness of breath 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. ~~Anyone with a fever of 100.4 Fahrenheit is excluded.~~ 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.”

4. Does the child or adult have symptoms of diarrhea, vomiting, headache, sore throat, or rash?

If yes to question 4, that person must be excluded as follows:

- 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:

*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.

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

2.5 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.

Daily Health Check



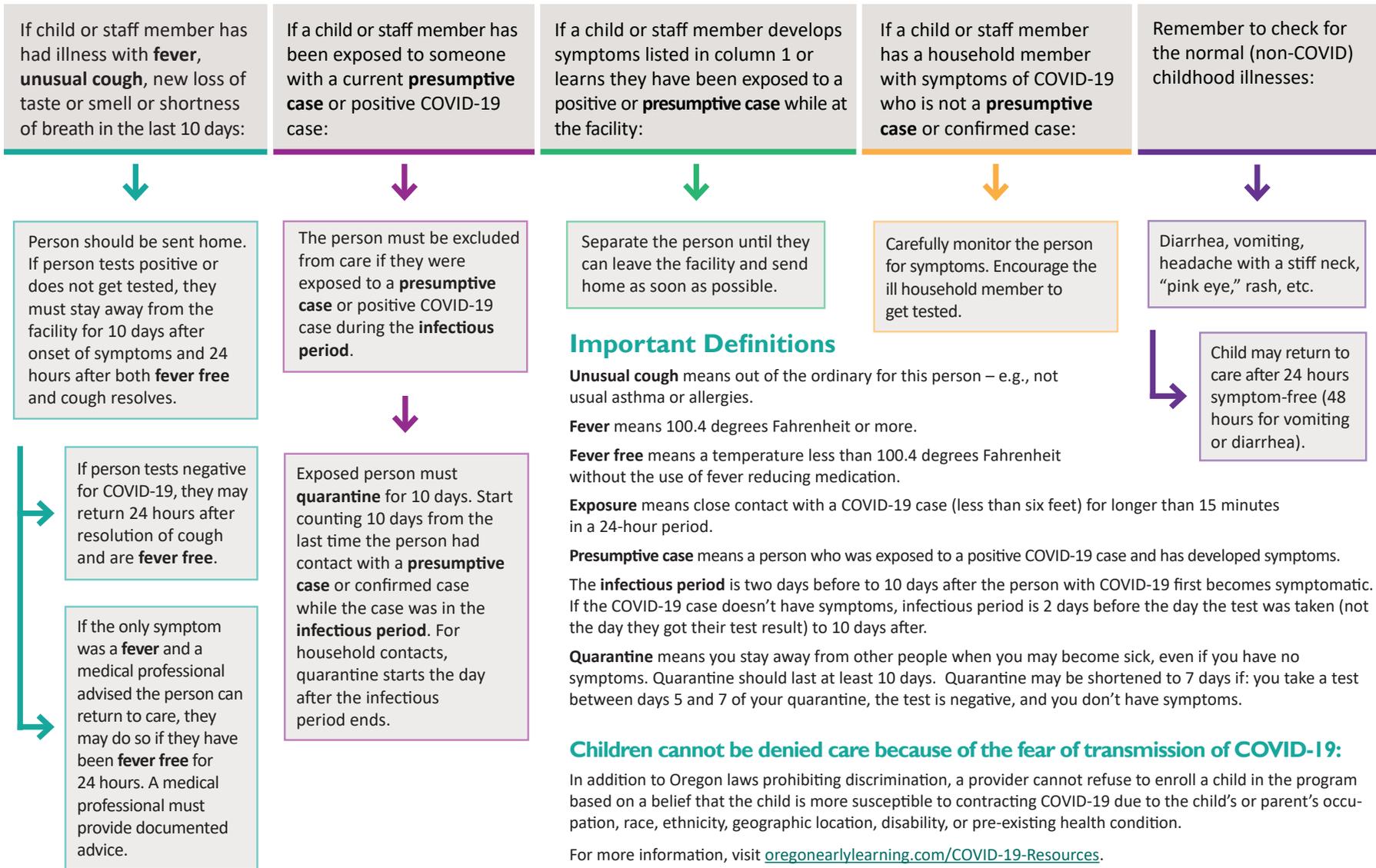
- 2.6** Refer to OCC Exclusion Chart, found below, while completing daily health checks.
- 2.7** Wear appropriate face coverings and Personal Protective Equipment, as indicated in the Personal Protective Equipment for Children and Adults section of this document.



EXCLUSION SUMMARY

for Child Care and Early Education Operations During COVID-19

UPDATED JANUARY 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** Daily logs must be retained for 2 years for all children (the usual amount of time per child care rules).
- 3.4** 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.



Recommendations

The following practices are suggested to enhance health and safety:

- A.** To minimize potential spread of disease from sharing writing utensils, staff should complete all required documentation, rather than parents or caregivers.



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** When engaging families in formal activities that are normally conducted in-person such as parent-teacher conferences, council meetings, or other typically in-person activities, conduct virtually or via telephone.
- 4.5** Conduct any visits to the home for services or other programmatic reasons virtually.
- 4.6** If families cannot engage in virtual or telephonic visits, or for parents who enter the program to breastfeed, programs must create and follow a protocol for in-person family engagement that, at minimum, requires:
 - Following physical distancing requirements with staff and children not in their household.
 - Use of face shields or face coverings.
 - Use of outdoor space if appropriate and available.
 - Engage with only one family unit and any other necessary individuals, such as translators, at a time.
 - Pre-scheduling (when possible).
- 4.7** Allow family members to enter the facility 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.
- 4.8** Ensure breastfeeding parents, or parents or caregivers whose children have special feeding needs and who choose to come to the program to feed their child, are provided an appropriate space where other children are not present. The space must be cleaned and sanitized between visits.
- 4.9** Permit families seeking enrollment to visit the facility only when children are not present. Only one family may visit the facility at a time and the family must comply with daily health check and recordkeeping requirements, wear a face shield or face covering, and maintain physical distancing.

Family Engagement



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.
- 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.
- 5.4 Only staff assigned to a stable group may be inside of classrooms with the following exceptions:

Additional adults ~~outside of the stable group~~ 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, or Individualized Education Plans (IEPs).
 - Meet monitoring requirements of publicly funded or regulated programming.
 - 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.

Volunteers and practicum students must be assigned to only one stable group and may not transfer between groups during a 14-day period.

Volunteers and practicum students are limited to one individual within a stable group at the same time during the day.

Contracted services for activities, such as gymnastics or music, are not permitted.

All additional adults (such as volunteers) performing daily health checks may do so only for the stable group to which they are assigned.

Group Size and Stable Groups



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.

Group Size and Stable Groups



Requirements, Counties in Phase 1 and Phase 2

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

- 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 16.
- 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.

~~Twelve~~Sixteen 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.

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 20 children as the maximum size for a stable group.

20 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.

Group Size and Stable Groups



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.

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	Phase 1 and Phase 2: 20

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	Phase 1 and Phase 2: 20

A Center may have up to four additional children enrolled in the stable group, provided the children in attendance at the same time in a classroom do not exceed the maximum group number in the charts above.

Gyms, cafeterias, and other similar very large spaces are limited to one group of 20 (or split into two groups of 10). Those very large rooms cannot be split into multiple “classrooms” for multiple groups of 20.

Group Size and Stable Groups



Recommendations, Counties in Phase 1 and Phase 2

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.



Requirements, Counties in Baseline

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

- ~~5.13 **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 10.~~
- ~~5.14 **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.~~

~~Twelve children can be enrolled in a stable group but only 10 (or less, 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.~~

~~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.~~

- ~~5.15 **Certified Family (CF) provider** — may have no more than 16 children total in two stable groups:~~

~~No more than 10 children in attendance per group at the same time (still no more than 16 total children on site in the CF at the same time).~~

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

~~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.~~

Group Size and Stable Groups



5.16 Certified Center (CC), Recorded Programs, and Schools—must meet the ratios in Table 3 below, unless licensed to operate under Table 4:

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

Table 3: 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	10
Attending Kindergarten and Older	1:15	10

Table 4: 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	10
Attending Kindergarten and Older	1:15	10

A Center may have up to four additional children enrolled in the stable group, provided the children in attendance at the same time in a classroom do not exceed the maximum group number in the charts above:

Gyms, cafeterias, and other similar very large spaces are limited to two groups. This applies to school-age only:



Personal Protective Equipment for Children and Adults



Requirements

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

- 6.1 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 shield~~ or face covering. Face coverings ~~and face shields~~ must follow CDC guidelines Face Coverings: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>.

Providers and staff only: exception to requirement to wear a ~~face shield~~ or 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 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 shield~~ or face covering. Face coverings ~~or face shields~~ must follow CDC guidelines for face coverings: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>.
- 6.3 Adults and children who are kindergarten age and up must wear a ~~face shield~~ or face covering when outside if six feet of physical distance cannot be maintained.
- 6.4 Allow a child between two years and Kindergarten to wear a face covering ~~or face shield~~, if: requested by the parent/guardian, the face covering ~~or face shield~~ fits the child's face measurements, and the child is able to remove the face covering ~~or face shield~~ themselves without assistance.
- 6.5 If a child removes a face covering ~~or face shield~~, or demonstrates a need to remove the face covering ~~or face shield~~ 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 shield~~ or face covering is removed.

If needed, show the child how to effectively wear a ~~face shield~~ or face covering.

Guide the child to re-engage in safely wearing a ~~face shield~~ or face covering.

Children cannot be disciplined for the inability to safely wear a ~~face shield~~ or face covering.



Personal Protective Equipment for Children and Adults



- 6.6** Allow children in grades Kindergarten and up to **not** wear a ~~face shield or~~ face covering:
- If they have a medical condition or disability that makes it difficult for them to breathe with a face covering, as documented by their doctor's or other medical or mental health professional's order.
 - If they experience a disability that prevents them from wearing a face covering, as documented by their doctor's order.
 - If they are unable to remove the ~~face shield or~~ face covering independently.
 - While sleeping.
- 6.7** Ensure children under two **never** wear a ~~face shield or~~ face covering.
- 6.8** Require staff or child to wash hands before putting on a ~~face shield or~~ face covering, after taking ~~face shields and~~ face coverings off, and anytime the ~~face shield or~~ 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.
- 6.9** 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.
- 6.10** If a face shield is used, it must be wiped down with disinfectant at the end of the day after use.
- 6.11** Require disposable face coverings or face shields to be worn only once.
- 6.12** Face coverings must be changed after a daily health check if the adult interacted with a sick child.
- 6.13** 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.
- 6.14** ~~For Certified Centers and Recorded Programs Only: Require adults who engage in health and safety checks to wear a clean, outer layer of clothing (e.g., a larger size, long sleeve button down shirt, a smock, or an apron) during the daily health checks. Require adults, such as floaters or early interventionists, interacting with multiple, stable groups to wear a clean, outer layer of clothing when moving to a~~

Personal Protective Equipment for Children and Adults



- new group:
- 6.15 ~~Require a clean outer layer of clothing (e.g., a larger size, long sleeve button-down shirt or a long-sleeved smock, or a sheet, blanket, etc.) to be worn by adults when feeding infants, and for hair to be tied back if necessary.~~
 - 6.16 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.
 - 6.17 Require clothing to be changed after being soiled by bodily fluids.
 - 6.18 [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** No field trips are permitted unless they are conducted fully outdoors. Field trips to indoor venues are not permitted.
- No transportation is permitted for field trips unless there is no outdoor space available at the program or no outdoor space available within walking distance.
- When going on outdoor field trips:
- Adults and children must wash their hands or use hand sanitizer before and after.
 - Programs shall keep stable groups separated from each other and away from other children as much as possible.
- 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** Limit sharing materials and toys between children during an activity. If sharing occurs, children must wash their hands with soap and water or use hand sanitizer at the end of the activity and prior to starting a new activity.
- 7.4** Clean and sanitize classroom materials between uses [by a stable group, as they become dirty, and at least daily](#).
- 7.5** Discontinue the use of classroom areas or materials where children must interact with common materials while engaging, such as shared sand and water tables, or outdoor sandboxes.



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.

Daily Activities



- 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.** For sensory activities, staff can arrange the room for individually planned sensory activities that utilize totes or trays so each child can have their own.



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



Food and Nutrition



Requirements

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

- 9.1 Eliminate 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.



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 5 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 daily or 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 day, or at a specified time (i.e., naptime), 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.

Cleaning and Building Maintenance



- 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.

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 daily 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.

Cleaning and Building Maintenance



Sleeping Areas –Table 5 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.
 - 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 5 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 5.

Food Areas – Table 5 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 5.

Cleaning and Building Maintenance



Electronics – Table 5 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.

10.4 Table 5. 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 5: 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	<ul style="list-style-type: none"> • Collect “mouthed” toys after each use by a child. • Collect all other toys daily or as they become dirty.
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.

Cleaning and Building Maintenance

Table 5: 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			<ul style="list-style-type: none"> Vacuum carpeted floor and rugs daily. 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		<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 5: 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			After each use	
Changing tables		X			After each use	
Potty chairs		X			After each use	
Diaper trash cans		X	X			
Bathroom floors		X	X			<ul style="list-style-type: none"> At the end of the day.
Countertops		X	X			<ul style="list-style-type: none"> At the end of the day.
Toilets		X	X			
Food Areas						
Food preparation surfaces	X				X	
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 5: 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.



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 will 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, 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, ~~common cold~~.
- 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 persons 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 with whose only symptoms of COVID-19 is fever is advised by a medical professional they can return to care (e.g., diagnosed with something else and given



Responding to Possible and Confirmed Cases of COVID-19



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.

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.
- The exposed person must quarantine for ~~10~~¹⁴ days. Start counting ~~10~~¹⁴ days from the last time they had contact with the person with the presumptive or positive COVID-19 case.

The 10-day quarantine could be shortened to 7 days if:

1. The person takes a test between days 5 and 7 of their quarantine period, AND
2. The person is asymptomatic, AND
3. The tests comes back negative.

~~• For presumptive cases only, if the exposure was to a presumptive case of COVID-19, exclusion is required only if the adult or child was exposed in the 10 days after the COVID-19 presumptive person started having symptoms. This is the period they would be infectious:~~

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.

*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.~~

Responding to Possible and Confirmed Cases of COVID-19



- 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.

Requirements, Confirmed Case of COVID-19

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

- 11.7** 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. A program shall immediately contact their local public health authority and licensing specialist (alternatively, the program can call (503) 947-1400).

To locate your local public health authority, visit <https://www.oregon.gov/oha/PH/ProviderPartnerResources/LocalHealthDepartmentResources/Pages/lhd.aspx>.

- 11.8** 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@dhsoha.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.

- 11.9** 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.

- 11.10** ~~Ensure, in the event of a confirmed case of COVID-19 in a facility, all children, and staff, and others exposed in the stable cohort and anyone who came in contact with the group do not come to the program and are informed about the need to be quarantined at home for 14 days. Refer to definition of exposure in 11.5.~~ ensure that all children, and staff, and others exposed in the stable cohort and anyone who came in contact with the group do not come to the program and are informed about the need to be quarantined at home for 14 days. Refer to definition of exposure in 11.5.

- 11.11** Decisions about required closure will be made in conjunction with ELD staff and the local public health authority.

Responding to Possible and Confirmed Cases of COVID-19



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** Ensure children who become sick during the program participation be sent home immediately and not be transported in the same vehicle used to transport children in the program.
- 12.3** Require transportation only be provided to one stable group of children; this group may be different from the stable groups implemented within the facility.
- 12.4** Require transportation staff to follow health protocols upon reporting to work using the “Daily Health Check” included in this guidance.
- 12.5** Require transportation staff to adhere to exclusion rules.
- 12.6** Require transportation staff to wear ~~face shields or~~ face coverings.
- 12.7** Ensure staff follow all Individual Education Plan (IEP) or Individual Family Service Plan (IFSP) guidance for the safe and appropriate transport of children.
- 12.8** ~~Require an adult to bring children to the vehicle; the adult must remain until after the daily health check.~~
- 12.9** 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, ~~prior to the child getting on the bus~~. Verification of the daily health check must be recorded.

[If the daily health check will be done before or during the route, the](#)

Transportation



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.

- 12.10** Develop and implement procedures to require physical distancing between staff and adult(s) dropping off child.
- 12.11** Assign children to the same location and seat each day. A seating chart must be developed and clearly displayed for all transportation staff.
- 12.12** To reduce person-to-person transmission, transportation staff must ensure children are at least three feet apart during transport.

In home-based child care, passenger vehicles (e.g. sedan, mini-van) are frequently used for transportation, small stable groups are the norm, and three-foot distancing in the vehicle is nearly impossible. Therefore, three-foot distancing between everyone in the vehicle is strongly encouraged, but not required.

- 12.13** 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).
- 12.14** ~~Staff must use hand sanitizing spray or gel (containing between 60-95% alcohol) in between helping each child and when getting on and off the vehicle.~~ 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.
- 12.15** Staff and children must wash hands as they enter the facility.
- 12.16** Immediately following each transportation session, clean and sanitize entire transportation vehicle, paying particular attention to frequently touched surfaces, such as seats/~~car seats~~, steering wheel, door handles, handrails, ~~seat belts~~, 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.



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 July 2021 for recertification.
- 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** In-person training is strongly discouraged. If considering in-person training, make sure the person or organization providing the training has received prior approval from the ELD for 1) any in-person training, and 2) meets professional development requirements.

Exception: Prior approval is not required for in-person training if all participants work at the same child care or early education facility or are within the same household and do not work at additional facilities and:

- The training happens within the facility where staff work.
 - Does not disrupt stable groups of children and staff.
 - Attendance does not exceed the state's requirements for group gatherings relevant to that county, or, for coaching or in-class/program observations, only one additional adult enters the room.
 - Physical distancing is maintained throughout the entire experience.
 - Face shields or face coverings are worn by participants.
- 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.



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 monitor its “COVID-19 Health and Safety Plan” throughout the year and update as needed. 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.”