Proposed Revisions to Health & Safety Guidelines for ECE Providers Operating During COVID-19

Discussion DRAFT

July 23, 2020

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OVERVIEW

The following proposed revisions to the Early Learning Division's *Safety Procedures and Guidance for Child Care Facilities and Other Early Care and Education Programs Operating during COVID-19* have been informed by a robust stakeholder engagement effort, which included:

- Provider and parent surveys that yielded over 400 and 3,000 responses, respectively;
- Multiple input sessions with large groups of child care providers; and
- Small group sessions with culturally specific providers, parents, school districts, and other key stakeholder groups.

In addition to the strong stakeholder engagement input, additional input informed the revision process, including:

- Information from the FAQs related to ELD's current health and safety guidance;
- OHA guidance;
- Current CDC guidance;
- Oregon Department of Education's *Ready Schools, Safe Learners* guidance;
- Child care licensing requirements;
- Current research on COVID-19; and,
- Guidance from other states.

As the revision teams completed their work, they sought to prioritize these guiding principles:

- Decisions need to be made in light of science of COVID-19, the science of child development, and cost and burden to families and providers;
- Decisions need to be informed by the experiences of families and child care providers;
- Decisions need to be driven by equity and informed by the experiences and voices of populations our systems have historically under-resourced and underserved;
- One set of guidance for all programs; and,
- The guidance should be as simple, transparent and as easy to administer as possible.

The document is organized into 14 sections. Each section includes a summary of key changes from the current version and a summary of stakeholder input and rationale along with the requirements and recommendations for each section. The sections are:

1. Drop-off and Pick-up
2. Daily Health Check
3. Recordkeeping
4. Family Engagement
5. Group Size and Stable Groups
6. Personal Protective Equipment for Children and Adults
7. Daily Activities
8. Handwashing and General Hygiene
9. Food and Nutrition
10. Cleaning and Building Maintenance
11. Responding to Possible and Confirmed Cases of COVID-19
12. Transportation
13. Professional Development
14. COVID-19 Health and Safety Plan

DROP-OFF AND PICK-UP

Drop-Off and Pick-Up

Key Changes to Section:

- Revisions provide additional clarity and detail on drop-off and pick-up procedures.
- Revisions delineate between required and recommended activities.

Rationale/Stakeholder Input:

- ELD received input from providers requesting greater clarity related to requirements for drop-off and pick-up procedures.
- The intention of the requirements in this section is to mitigate the potential for transmission of COVID-19 during times of day when providers and children's families interact with one another.
- The public health concerns of multiple adults entering facilities under the conditions outweighs the importance of allowing families open access to their children while in the program.

Requirements. During COVID-19, an early care and education program must:

- Require parents or caregivers to drop-off or pick-up children from program staff outside of the facility.
    - **Registered Family only**: Require parents/caregivers to wait for previous family to exit home before entering.
- Require parents or caregivers to wear a face covering during drop-off or pick-up.
- Require parents or caregivers dropping-off or picking-up children to maintain physical distancing while waiting for staff.
- Provide hand hygiene stations at the entrance of the facility, so that children and staff can clean their hands before 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.
- Must sanitize or switch out writing utensils used for drop-off and pick-up between uses.

Recommendations. The following practices are suggested to enhance health and safety:

- Schedule staggered drop-off and pick-up times for families or caregivers.
- Encourage families or caregivers to have the same person drop-off and pick-up the child every day.
- Talk to families about those at higher-risk of contracting COVID-19 not serving as the designated person for drop-off or pick-up, such as those with serious underlying medical conditions, because they are more at risk for severe illness from COVID-19.

DAILY HEALTH CHECK

Daily Health Checks
Key Changes to Section: • Revisions include additional clarifying language related to procedures and symptoms. • Language has been added regarding screening for non-COVID related illnesses.
Rationale/Stakeholder Input: • There is a chance for bias to come into play while conducting the daily health check. To mitigate bias, this guidance should include a checklist (informed by OHA guidance). Child care providers should strictly follow the checklist and respond in a yes/no fashion. The guidance should be clear on what to do about "yes" responses and who can enter the premises. • Stakeholder input focused primarily on the need for greater clarity regarding expectations, requirements, and requests for technical assistance. • Daily health checks are critical to reduce the transmission of communicable illness in child care settings. Daily health checks include observation, taking temperature, and asking questions for known COVID-19 symptoms, as well as symptoms of other common childhood illnesses.

Requirements. During COVID-19 an early care and education program must:

- Conduct daily health check for any children, staff, and other person (parent, maintenance, etc.) coming into contact with the child care for each stable group. (See "Recordkeeping" section to document the health check.)
- Require designated staff to take temperature of all entering children, staff, and other individuals coming into contact with a stable group.
- Ask all entering staff and adults dropping off children:
    - If they or the child have been exposed to a positive or presumptive case of COVID-19 any time during the 10 days after the confirmed or presumptive COVID-19 case first showed symptoms.
        - If yes, the exposed person must undergo quarantine for 14 days. The first day of quarantine would start on the day that the exposed person last had contact with the COVID-19 case during the 10 days they were infectious.
        - If they are experiencing unusual cough, shortness of breath, or fever. "Unusual cough" means something not normal for this person, e.g. allergies, asthma.
- Document that a daily health check was completed on every person entering and write down pass/fail only. Do not record symptoms or temperature in order to maintain privacy.
- Refer to OCC Exclusion Chart, found below, while completing daily health checks.

Exclusion Summary for Child Care Providers

If a child or staff member is sick with an illness that includes cough, shortness of breath, or fever:

This child or staff member should be sent home and get tested for the coronavirus.

- If the test is positive or if the child or staff member is not tested, they must stay home for at least 10 days, and until 24 hours after resolution of their symptoms.
- If the coronavirus test is negative, the child or staff member may return 24 hours after resolution of their symptoms.

If a child or staff member is exposed to a person who tests positive for coronavirus, or has a presumptive case of COVID-19:

This child or staff member must be excluded and should quarantine for 14 days with no symptoms – this is the time it takes to see if symptoms arise (incubation period for COVID-19).

If COVID-19 symptoms develop during that 14 days, the child or staff member should consult a doctor, and follow the directions in the previous column.

The child or staff member may now have a presumptive case of COVID-19.

If a child or staff member is exposed to a person who is in or enters quarantine for COVID-19, but the child or staff member does not have any symptoms:

Exclusion from child care is NOT required. Children cannot be denied care because of the fear of transmission of COVID-19.

Consult with a local public health authority with any concerns. A directory of local public health authorities in Oregon can be found at **https://www.oregon.gov/oha/ph/ProviderPartnerResources/LocalHealthDepartmentResources**.

Important Definitions

Presumptive Case of COVID-19:
When you have been exposed to someone with a positive coronavirus test AND you have symptoms of cough, fever, or shortness of breath.

Quarantine:
When you stay away from other people for a period of time when you may become sick with an infection, even if you have no symptoms.

Fever free:
A temperature less than 100.4° Fahrenheit AND not using fever-reducing medicine (e.g. Tylenol).

For more information, visit **https://oregonearlylearning.com/COVID-19-Resources**.

Providers can also submit questions to the ELD by emailing **ProviderContact@state.or.us**.

OREGON DEPARTMENT OF EDUCATION
EARLY LEARNING DIVISION

RECORDKEEPING

Recordkeeping

Key Changes to Section:

- Section largely consistent with previous guidance.
- Revisions provide clarifying language around expectations and requirements.

Rationale/Stakeholder Input:

- Documentation remains critical for contact tracing in the event of a confirmed case within a facility and is consistent with licensing requirements.
- Stakeholder input on recordkeeping focused primarily on a desire for greater clarity.

Requirements. During COVID-19 an early care and education program must:

- Facilities must keep daily logs for each stable group to support potential contact tracing.
    - **Registered and Certified Family Facilities Only**: all visitors to the home outside of program hours must be recorded and a log of residents kept. For residents of the home over age 12 years, they do not need to be included in the daily child care attendance records – they are assumed to be present.
- Indicate in each daily log:
    - Child name
    - Arrival and departure date and times; number of hours child was in care
    - Adult(s) name 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 child care (see daily health check requirements for detailed guidance). Record only that check was done/passed – not specific information.
    - If transportation is provided by the program, names of all other riders, and their contact information (if not recorded elsewhere)
- Daily logs must be retained for 2 years (the usual amount of time per rules).

Recommendations. The following practices are suggested to enhance health and safety:

- Staff should complete all required documentation, rather than parents/families, to minimize potential spread of disease from sharing of writing utensils.

FAMILY ENGAGEMENT

Family Engagement
Key Changes to Section: • This is a new section of the guidance.
Rationale/Stakeholder Input: • Families are a critical element of their children's early care and education, including their safety during COVID-19. • Effective early care and education integrate parent and family engagement strategies into all systems and program services to support family well-being and promote children's learning and development. • Early care and education programs are a critical part of a family's support system and can serve a critical social and public health function. • Racial, linguistic and ethnic diversity of Oregon's families requires particular attention to communication, including communication in families' home languages.
Requirements. During COVID-19, a child care facility must do the following: • Inform families of the requirements of operating during COVID-19, how programs are operating differently during this time, and any other program policies that are specific to COVID-19. • Communicate requirements that families must follow, including drop-off and pick-up procedures. • Ensure any information related to the facility and COVID-19 is provided in the languages that families can read or understand. • Conduct family engagement activities, such as conferences, council meetings, or other typically in-person activities, virtually or via telephone. • Conduct any home visits virtually or by other non in-person means. • If families cannot engage in virtual or telephonic visits, engagements must be conducted outside, following physical distancing requirements, and requiring face coverings and should be conducted only with one family unit at a time. • Ensure nursing mothers who choose to come to the child care program on a daily basis to feed and interact with their infant are provided an appropriate space. The space must be cleaned and sanitized between parental visits. **Recommendations. The following practices are suggested to enhance health and safety:** • Provide means for families to understand their child's daily experience, including means such as newsletters, family engagement and photo or video sharing applications, or daily reports via text message. • Limit the number of things that go from the facility into the home, including pausing on activities that pass items from school to home or between homes. • Support families in understanding best practices around reducing the spread of COVID-19 and how this relates to the health and safety of child care, including the importance of physical distancing and limiting group interactions.

GROUP SIZE AND STABLE GROUPS

Group Size and Stable Groups

Key Changes to Section:
• Revisions propose returning to maximum group sizes as defined by child care licensing requirements for different types of providers.
  o For Registered Family providers, the maximum stable group size is 10
  o For Certified Family providers, the maximum stable group size is 16
  o For Certified Center providers, the maximum stable group size is 20
  o For School-age providers, the maximum stable group size is 30
• Revisions maintain requirements related to stable groups, and add clarifying language regarding the implementation of stable groups.

Rationale/Stakeholder Input: • The ELD received a significant amount of stakeholder input clearly demonstrating that child care providers cannot continue to finance their services under the current maximum group sizes. A return to pre-COVID group size requirements would provide immediate financial relief statewide to many Certified Family providers and Certified Centers. • The ELD received significant parent concerns that the current group size will result in increased tuition payments for them that are beyond what they can afford. • Increasing the maximum group size will increase the amount of care that is currently available, and help families access the care that they need and contribute to the stabilization of supply. • **The available scientific evidence is inconclusive about whether transmission of COVID-19 occurs commonly in young children.** • Moving to the licensing group size would also create alignment with the guidelines for K-12 reopening. The K-12 guidelines do not have a maximize group size, but do require 35 square feet per child, the same requirement that is already in place for Certified Family and Certified Centers in child care licensing rules. • Less supply in communities of concentrated poverty and racially isolated communities can result in low-income families and families of color having less access to child care that is essential to their workforce participation and their children's development.

Requirements. During COVID-19, an early care and education program must do the following:
• Assign and keep children in stable groups with the same assigned adults.
  o A new child may be added or moved to a different stable group if it is a permanent change.
• 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 within the same stable group.
• 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.
  o Staff and children are not required to physically distance from adults or children within their stable group.

Group Size and Stable Groups

- Staff-to-child ratios and maximum group sizes must adhere to those specified in licensing rules by provider type. These group sizes and ratios, as well as any additional requirements, are below:

Registered Family (RF) – 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.

- 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.

Certified Family (CF) – may have no more than 16 children with 16 children as the maximum size for a stable group.

- 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, the remaining four children must meet a 50 square foot requirement.

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, Table A

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	30

Table 2: Child Care Regulations, Ratio and Group Size, Table B

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	30

- Only staff assigned to a stable group may be inside of classrooms.
- Additional adults outside of the stable group may be allowed into the classroom in order to provide specialized services to children such as those associated with Early Intervention or Early Childhood Special Education; meet monitoring requirements; maintain ratios during teacher breaks; or a service to the facility that cannot take place outside of program hours.
- When providing outdoor activities, there cannot be more than one stable group of children in one outside area at a time.

Group Size and Stable Groups

Recommendations. The following practices are suggested to enhance health and safety:

- 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.
- Certified Centers may divide large classrooms, with the approval of their licensing specialist, in order to have two smaller groups (e.g., two groups of ten).

PERSONAL PROTECTIVE EQUIPMENT FOR CHILDREN AND ADULTS

Personal Protective Equipment for Children and Adults

Key Changes to Section:

- Revisions add new requirement for all staff to wear face covering at all times.
- Revisions introduce new language that addresses the use of plastic face shields and clear plastic barriers.
- Revisions include added language on required practices for providers regarding how they handle face coverings.
- Revisions require face coverings for children in kindergarten and above. The requirements did not change for children prior to kindergarten entry.
- Revisions include recommendations for providers on communication with parents and monitoring of children wearing face coverings.

Rationale/Stakeholder Input:

- The ELD received significant stakeholder input on this issue, reflecting a wide range of opinions. These included: opposition to the use of face coverings; concern for how the use face coverings may impact children's learning and development; support for plastic face shields; and support for broader requirements related to the use of face coverings. In response, face coverings may include cloth face coverings as well as plastic face shields as an accommodation.
- There have been instances of COVID-19 transmission within Oregon's early care and education facilities.
- The evidence of the importance of face coverings as a strategy for reducing transmission of COVID-19 continues to grow.
- Face coverings are not allowed for children under 2 because safety considerations outweigh the benefit of reducing transmission.
- **Many young children,** including some with developmental delays and disabilities, are unable to effectively use face coverings, thereby reducing the benefits of reducing transmission in the early care and education setting.
- Although not as well studied, face shields likely provide a reasonable alternative to preventing spread of respiratory droplets, and the OHA allows them in place of face coverings.
- Equity considerations of additional costs for purchasing PPE were considered, but the protection of families, staff and providers was prioritized.
- Revisions align with ODE, CDC, and OHA guidance.

Required. **During COVID-19, an early care and education program must do the following:**

- Require staff or any other person over the age of 12 who is inside the child care facility to wear a face covering.
- Require children in kindergarten and older to wear a face covering.
    - Allow a child between two and kindergarten to wear a face covering if requested by the parent/guardian and:The face covering fits according to children's face measurements
    - The child is able to remove the face covering themselves without assistance
    - The child will never wear the face covering when asleep
- **Ensure children** under two **never wear a face covering**.

Personal Protective Equipment for Children and Adults

- Require staff or child to wash hands before putting on a face covering, after taking masks/cloth face covering off, and anytime the face covering is touched.
    - Hand-sanitizing products with 60-95% alcohol content may be used as an alternative to wash hands after taking masks/cloth face covering off. Hand sanitizer must be stored out of reach of children when not in use.
- Require that face coverings are washed daily or a new covering worn daily.
    - After removal of a soiled face covering, the covering should be put into a secure place away 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. Reusable plastic field shields must be sanitized after each use.
- Require disposable masks or face shields to be only worn once.
- Require adults who engage in health and safety checks and those who interact with multiple stable groups of children must change face coverings and an outer layer of clothing.
- Require a clean, outer layer of clothing for adults when feeding infants and tie hair back if necessary.
- 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, are required to maintain six feet of distancing and wear a face covering.
- Require clothing to be changed after being soiled by bodily fluids.

Recommendations. The following practices are suggested to enhance health and safety:

- Develop written agreements to document use of face coverings with children.
- 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, are recommended to wear a face mask. A face mask is medical-grade equipment, including surgical masks and N-95 respirators. A face covering must be worn if a mask is unavailable. Physical distancing must occur regardless of type of face covering.
- 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.

DAILY ACTIVITIES

Daily Activities

Key Changes to Section:

- Revisions add detail and clarity regarding required and recommended activities.
- Revisions include language that addresses requirements for other necessary personnel, such as therapists.

Rationale/Stakeholder Input:

- Stakeholders provided input indicating a desire for greater clarity and specificity regarding allowable and recommended activities while children are in care.
- Physical distancing continues to be one of the most effective strategies for reducing transmission of COVID-19. While physical distancing of young children cannot happen at all times in early care and education setting, it should still be encouraged where possible.
- Providers were interested in the full-range of child development sensory activities. The full range of these activities continues to be limited due to the public health need to discourage activities that require close physical proximity.
- The public health considerations of preventing the spread of COVID-19 to families and staff outweighed the additional cost and burden to providers and families of requiring additional supplies and materials.

Requirements. During COVID-19, an early care and education program must do the following:

- Ensure any field trips are conducted fully outdoors. No other field trips are permitted.
    - No transportation is permitted for field trips.
    - When going on outdoor field trips:
        - Adults and children must wash their hands or use sanitizer before and after.
        - Programs shall keep stable groups separated from each other and away from other children as much as possible.
- Maintain at least 30” between 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 nap time and overnight care.
- Severely limit sharing materials and toys between children during an activity. If sharing has occurred, children must wash their hands with soap and water or use sanitizer after shared use of materials and toys.
- Ensure classroom materials are cleaned between uses.
- 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 sand boxes.

Recommendations. The following practices are suggested to enhance health and safety:

- Open windows frequently to increase airflow and keep child care areas well ventilated.
- Reduce time spent in whole/large group activities.
- Limit the number of children in each program space, such as learning centers.
- Depending on the size of the group and the age of the children, separate learning environments into individual spaces for each child.

- Minimize time standing in lines and take steps to ensure that distance between the children is maintained.
- Incorporate additional daily outside time, with no more than one stable group of children in one outside area at a time.
- Sanitize outdoor play equipment between groups of children.
- Increase the distance between children during table work.
- Plan activities that do not require close physical contact between multiple children.
- Provide children with their own materials and equipment if possible (e.g., writing utensils, scissors, high chairs).
- Incorporate assigned mats at circle time.
- In order to provide 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

Handwashing and General Hygiene
Key Changes to Section: • Revisions remove references to pick-up and drop-off procedures, which are addressed in another section of the Guidelines.
Rationale/Stakeholder Input: • Handwashing and general hygiene are highly effective strategies for reducing transmission of COVID-19. • Some minor revisions address questions that have been raised by providers. • Stakeholders generally expressed support for the content included in this section.
Requirements. During COVID-19, an early care and education program must: • Require staff and children to wash hands for at least 20 seconds (hand sanitizer with alcohol content between 60-95% when an asterisk* appears): o Before and after eating, preparing food, and or bottle preparation o Before and after administering medication o After toileting or assisting with toileting o Before and after diapering o After wiping a nose, coughing, or sneezing* o After coming in from outside* o Upon entering the child care facility* o If staff are moving between stable groups/cohorts* • Make handwashing materials easily accessible to each stable group. • Hand sanitizer must be stored out of reach of children when not in use.

FOOD AND NUTRITION

Food and Nutrition
Key Changes to Section: • Revisions clearly delineate between required and recommended practices for meal and snack times.
Rationale/Stakeholder Input: • This section includes practices designed to mitigate the potential transmission of COVID-19 during meal and snack times. • Some stakeholders asked if there should be changes in nutritional guidance in response to COVID-19. There is no known evidence to suggest nutritional changes to guard against COVID-19. • Family style meals continue to be disallowed during COVID-19 because of the increased risk of transmission they create. • Latinx providers shared concerns about being able to meet the nutrition requirements due to challenges in sourcing food. • The importance of breast feeding outweighs public health concerns of reducing parent access to facilities during COVID-19.
Requirements. During COVID-19, an early care and education program must: • Eliminate children and staff serving themselves from communal platters in the manner of family-style meals. • Require staff to wash their hands before and after assisting children with eating. • Supervise infant feeding, toddler meals, and all meal times to prevent children from sharing and/or touching each other's food. • Allow breastfeeding parents to enter the program for the purposes of feeding. **Recommendations. The following practices are suggested to enhance health and safety:** • Programs may provide bagged and individualized lunches, accept lunches from families, or provide meals prepared on site under the specific guidance (See Rules and Sanitation Guidance). • Arrange or stagger meal schedules so that a smaller group of children is eating at one time. • Seat children and staff for meals to allow 6 feet of physical distancing.

CLEANING AND BUILDING MAINTENANCE

Cleaning and Building Maintenance Practices

Key Changes to Section:

- Section remains largely consistent with current guidance.
- Revisions removed reference to a few of the COVID-19 Sanitation Recommendations and Cleaning Schedule.

Rationale/Stakeholder Input:

- The cleaning and disinfection of rooms or areas used for early care and educations programs is crucial for reducing the risk of COVID-19 transmission and is aimed at limiting the survival of novel coronavirus in key environments where it can spread.
- **Clear majority of stakeholder support programs following required cleaning and sanitation practices.**
- Providers expressed concern for the additional time and cost of the cleaning and sanitation requirements, and challenges with sourcing all needed cleaning products. **The public health considerations of preventing the spread of COVID-19 to families and staff outweighed the additional cost and burden to providers and families of requiring additional supplies and materials.**

Requirements. During COVID-19 an early care and education program must:

- Facilities must follow the cleaning requirements in Table 3, included at the end of this section.

Surfaces

- Wear disposable gloves when cleaning and disinfecting surfaces.
- Wash hands with soap and water as soon as you remove the gloves.
- Keep all disinfectants out of the reach of children.
- Clean surfaces that dirty using a detergent or soap and water prior to disinfection.
- Use EPA-registered household disinfectant and 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 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.
- For soft (porous) surfaces, such as carpeted floor, rugs, and drapes, remove visible contamination if present and clean with appropriate cleaners indicated for use on these surfaces. 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.
- High touch surfaces, such as doorknobs, light switches, countertops, handles, desks, phones, keyboards, and toilets, must be disinfected or sanitized frequently.

Linens, clothing, and other items that go in the laundry

- Wear disposable gloves when cleaning and disinfecting linens, clothing and other items that go in the laundry.
- Wash hands with soap and water as soon as you remove the gloves.
- Bag all soiled linens, clothing, and other items that go in the laundry in bags 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.
- Clean and disinfect clothes hampers according to guidance above for surfaces.

Electronics
- 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.

Sleeping Areas
- Clean and sanitize bed sheets, pillow cases, cribs, cots, mats and blankets before use by another child.

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.

Toileting and Diaper Areas
- Disinfect handwashing sinks, counters, toilets, toilet handles, & floors, changing tables, potty chairs, diaper trash cans and bathroom floors. Table 3 provides details on frequency.

Food Areas
- 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 & pans, cutting boards, tables and highchair trays, highchairs, and kitchen floors. Table 3 provides details on frequency.

Toys
- Collect "mouthed" toys after each use by a child.
- Collect all other toys daily or as they become dirty.
- 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 or cover sufficiently with spray the toys in a solution of chlorine bleach; refer to "Method for Mixing Bleach" for the correct proportions. 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.
- Chlorine from the sanitizing bleach solution evaporates off the toys so no residue remains, and further rinsing is not necessary.

Specific Additional Requirements for Registered Family and Certified Family homes

- Spaces must be cleaned between times when household members utilize the space and times when a group of children utilize the space.
- Items used for child care must be washed separately from items used by family or household members.

Recommendations. The following practices are suggested to enhance health and safety:

- Consider putting a wipeable cover on electronics, such as tablets, touch screens, keyboards, and remote controls.

Table 3. Cleaning

Item	Sanitize	Disinfect	Daily	Weekly	Before & After Each Use	Comments:
Child Care Areas						
Door & cabinet handles		X	X			At the end of the day.
Drinking fountains		X	X*			Recommended not to use, instead use personal drinking cups or water bottles.
Mouthed toys	X				X*	Removed from use after it has been in contact with mouth, then cleaned and **sanitized** prior to reuse.
Pacifiers	X		X*			Should be cleaned with soap and water between uses by same child. **Sanitized** either by boiling in hot water or washing in dishwasher once daily. Pacifiers should never be shared.
Cloth toys & dress-up clothes	X		X			Sanitized with bleach according to equipment manufacturer's instructions or washed above 140°F.
Hats & helmets	X				X	After each child's use.
Infant & toddler toys	X		X*			
Preschool & school-age toys	X		X*			Site specific cleaning schedule must be developed and followed.

	Upholstered furniture			X*			Vacuum daily when children are not present. Clean as needed using a carpet shampoo machine, or steam cleaner. **For infant rooms, clean at least once per month.**
	Garbage cans		X	X*			
	Rugs & carpets			X*			Vacuum daily when children are not present. Clean as needed using a carpet shampoo machine or steam cleaner. **For infant rooms, clean at least once per month.**
	Floors (tile, linoleum, etc.)	X*		X			Sweep or vacuum, then **sanitize**.
	Floors, carpets, rugs, or surfaces with bodily fluid or spit-up		X	X*			Children should be moved from area contaminated ***prior*** to cleaning and **disinfecting** with either high heat or an EPA registered product. Children should not return to carpeted areas until dry.
	Sleeping Areas						
	Cribs, cots, mattresses, & mats	X		X*			Clean and **sanitize** before use by different child.
	Laundry - Bedding: sheets, blankets, sleep sacks, etc.	X			X*		Should be done on-site or by a commercial service (i.e. not washed in a private home). Sanitized with bleach according to equipment manufacturer's instructions or washed above 140^{o}F.
	Toileting and Diaper Areas						
	Handwashing sinks, counters, toilets, toilet handles, & floors		X	X*			Clean immediately if visibly soiled.
	Changing tables		X			X	After each use.
	Potty chairs		X			X	After each use.
	Diaper trash cans		X	X			Emptied throughout the day.
	Bathroom floors		X	X*			**Disinfectant** is not used on floors when children are present.
	Food Areas						
	Refrigerator/ freezer	X			X		
	Eating utensils, bottles, & dishes	X				X	After each use.
	Kitchen counters	X				X*	
	Food preparation surfaces	X				X	
	Food preparation sinks	X		X			

Kitchen equipment: blenders, can openers, pots & pans, cutting boards	X				X*	After each use.
Tables & high chair trays	X				X	
High chairs	X		X			
Kitchen floors	X		X			Swept, washed, rinsed and **sanitized.**
Other Cleaning Items						
Mops		X	X			Cleaned, rinsed and **disinfected** in utility sink. Air dried in an area with ventilation to the outside & inaccessible to children.
Laundry - Bibs & burp cloths	X				X	Sanitized with bleach according to equipment manufacturer's instructions or washed above 140^{o}F.
Spray bottles of soap, rinse water & bleach solutions		X	X			See bleach solution preparation procedure above for where to clean bottles.

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.**

***At times it may be necessary to clean, rinse, and sanitize/disinfect more frequently.**

****This guidance is adapted from Cleaning Schedule, King County Health Department, 2019.**

RESPONDING TO POSSIBLE AND CONFIRMED CASES OF COVID-19

Preparation for a confirmed case and possible closure

Key Changes to Section:

- This section was consolidated for greater clarity, incorporating sections around planning, what to do when there is a confirmed case.
- The exclusion period following resolution of cough or fever was changed from 72 to 24 hours.
- Section remains largely consistent with current guidance, while adding additional detail on specific required and recommended practices.

Rationale/Stakeholder Input:

- ELD has engaged with partners, families and child care providers to determine impact, available supports and equity considerations for planning if there is a COVID-19 confirmed case in the early care and education program.
- The requirements in this section recognize that COVID-19 remains highly communicable and there have been confirmed cases in early care and education settings. This outweighs the financial and employment costs to families and providers when a program is closed or excludes staff or children because of COVID-19.
- Closures and exclusion of children can impact child development.
- Proposed revisions align with current CDC guidance.
- Input from providers primarily indicated a desire for clear steps to follow, along with technical assistance from ELD in the event of a confirmed case.
- Providers wanted greater clarity about what symptoms were grounds for exclusion and when children who had been excluded because of symptoms could return to the program.
- Stakeholder input focused primarily on the need for a provision to allow those who test negative for COVID-19 to return to the facility.
- Providers and families expressed concern about access to COVID-19 testing, including when there is a presumed or confirmed case in the child care facility.
- Families have expressed concern about be excluded from care because of their children's health needs. Such exclusion are not allowed.
- Families have expressed concern about being excluded from care because higher risk of exposure to COVID-19 due to their occupation. Such exclusions are not allowed.
- The change in exclusion period following resolution of cough or fever from 72 to 24 hours reflects an update in the CDC guidance.

Requirements. During COVID-19, an early care and education program must:

- Make a plan for a confirmed case and the possibility that the facility may need to close.
- Follow existing child care rules to have a plan for a child with particular health needs. As is the case under current child care rules:
    - If an enrolled child has particular 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.
- A provider cannot refuse to enroll a child due to risk for COVID-19 or any other disease.
- A provider cannot refuse to enroll a child due to the employment of child's parent/guardian.
- A provider must exclude staff and children for COVID-19 symptoms or cases as follows:
    - The adult or child has had an illness with 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, they may return 24 hours after resolution of cough and fever without the use of fever-reducing medication.
    - The adult or child has been exposed to someone with a presumptive or positive case of COVID-19.
        - The exposed person must quarantine for at least 14 days starting with the last time they had contact with the person with the COVID-19 case during the time they were infectious.
        - The exposure to the presumptive or positive case of COVID-19 must have occurred in the 10 days after the person with the presumptive or positive case of COVID-19 started having symptoms
    - If a person develops these symptoms while at the facility or learns they have been exposed to a positive case while at the facility, send them home as soon as possible, and separate them until they can leave the facility.
- A person excluded from child care for COVID symptoms, like under existing rules for any child care excludable disease, can return to child care with a note from a medical professional saying the person has a diagnosis other than COVID and is not contagious (e.g. ear infection; teething).
- Anyone who comes into child care with 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.

Confirmed Case of COVID-19

- 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 the local public health authority and the Office of Child Care immediately via [OCC Intake Phone Number].
    - To locate your local public health authority, see **https://www.oregon.gov/oha/PH/ProviderPartnerResources/LocalHealthDepartmentResources/Pages/lhd.aspx**
- 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 or is a Preschool Promise or Oregon Pre-Kindergarten program.
- 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.
- Ensure, in the event of a confirmed case of COVID-19 in a facility, all children and staff in the stable cohort do not come to the program and are informed about the need to be quarantined at home for 14 days.
    - If cases occur in multiple classes or enough staff are quarantined that care would be compromised, the entire facility may need to close for 14 days. Decisions about closure will be made in conjunction with Early Learning Division staff and the local public health authority.

Recommendations. The following practices are suggested to enhance health and safety:

- Sign up for OHA's COVID-19 newsletter at **https://govstatus.egov.com/OR-OHA-COVID-19**

TRANSPORTATION

Transportation

Key Changes to Section:

- This is a new section of the guidance.

Rationale/Stakeholder Input:

- Proposed revisions have been informed by discussion with OHA, and the Oregon Child Development Coalition, which had been providing transportation to children participating in Migrant Head Start programs during COVID-19.
- There are risks of transmission of COVID-19 during transportation. These protocols mitigate these risks while recognizing that transportation is necessary for many children to participate in early care and education programs.
- These requirements add a financial burden to programs, but it is outweighed by the public health benefits of reducing risk of transmission of COVID-19.

Requirements. During COVID-19, a child care facility must:

- 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
        - PPE 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 during the school day
- Ensure children who become sick during the school day should be sent home immediately and should not be transported in the same vehicle used to transport children in the program.
- Require transportation only be provided to one stable group of children; this group may be different than the stable groups implemented within the facility.
- Require transportation staff to follow health protocols upon reporting to work using the Daily Health Check included in this guidance.
- Require transportation staff to adhere to exclusion rules.
- Ensure staff follow all Individual Education Plan (IEP) or Individual Family Service Plan (IFSP) guidance for the safe and appropriate transport of children.
- Require an adult to bring children to the vehicle; the adult must remain until after the daily health check.

- Conduct a daily health check prior to the child getting on the bus. Verification of the daily health check must be recorded.
- Develop and implement procedures to require physical distancing between staff and adult dropping off child.
- Assign children to the same location and car seat each day. A seating chart must be developed and clearly displayed for all transportation staff.
- To reduce person-to-person transmission, transportation staff must ensure children are at least three feet apart during transport.
- 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).
- 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.
- Immediately following each transportation session, staff must 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 should be EPA-Registered Products for Use Against Novel Coronavirus SARS-SoV-2 (the cause of COVID-19).

Recommendations. The following practices are suggested to enhance health and safety:

- Programs providing transportation may want to build classroom enrollment based off transportation needs to minimize crossover interactions between children.
- The adult dropping off children for transportation should be a household member.
- 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

Professional Development

Key Changes to Section:

- This is a new section of the guidance.

Rationale/Stakeholder Input:

- This section was added to underscore the importance of professional development. Children rely on the adults caring for them to be knowledgeable about their learning and development. Ongoing professional development is a need to ensure educators and other staff are up-to-date on appropriate and best practice to support young children.
- This section was also added to clarify that programs must ensure that everyone operating the program is knowledgeable about COVID-19 specific guidelines.
- Stakeholder feedback included requests for continuing to allow online training to meet the CPR requirement in licensing.
- COVID-19 is a highly communicable disease, which means the more that educators, staff, and administrators interact with others, the greater risk to the children and families they work with every day.
- Equity Consideration: Not all providers or staff may have access to the materials needed to complete online or other distance trainings. These requirements put the onus on programs to support staff in accessing.

Requirements. During COVID-19, a child care facility must:

- Ensure all necessary staff have first aid and CPR training. Online-only training will be accepted through July 2021 for recertification.
- Provide access to professional development that contributes to staff's professional learning goals and to meet child care licensing or program requirements.
- Ensure staff have resources necessary to access and guidance on online or remote training.
- If attending in-person training, ensure that the in-person professional development has been approved by the Early Learning Division in order to be considered for meeting professional development requirements.
- Prior approval is not required if all participants work at the same child care or early care and education facility or are within the same household and do not work at additional facilities and:
    - Happens within the facility where staff work;
    - Does not disrupt stable groupings 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; and
    - Face coverings are worn by participants.
- All staff must receive training on updated requirements of operation during COVID-19: within 30 days of any updates to the guidance by the state; within one week of any individual program policy changes; or within 30 days of hire.

Recommendations. The following practices are suggested to enhance health and safety:

- Provide digital literacy training for staff to support online learning for themselves, children, or families.
- Provide access to professional development around mental health and supporting resilience for oneself, families, and children that is culturally relevant to staff and families.
- Support any trainers, coaches, or other professional development-focused staff on adapting supports to support educators and other staff through distance methods.

COVID-19 HEALTH AND SAFETY PLAN

COVID-19 Health and Safety Plan
Key Changes to Section: • This is a new section of the guidance.

Rationale/Stakeholder Input:
• This section was added to:
  o Assist providers in preparedness to operate during the COVID-19 pandemic;
  o To create transparent plans for COVID-19 operations that are easily shared with families and staff; and,
  o To support staff in being fully prepared to operate during this time.
• Racial, linguistic and ethnic diversity of Oregon's families and staff requires particular attention to communication, including communication in families' and staff's home languages.

Requirements. During COVID-19, a child care facility must: • Create a COVID-19 Health and Safety Plan for each facility. • Ensure any information related to the facility's COVID-19 Health and Safety Plan is provided in the languages that staff and families can read or understand. • ELD will provide an optional template for use of the creation of the COVID-19 Health and Safety Plan. The template will not need to be used, but elements of the template will be required for the Health and Safety Plan. • The Health and Safety Plan shall include a focus on training and communication with personnel 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 a conspicuous area. • Each child care facility should continue to monitor its COVID-19 Health and Safety Plan throughout the year and update as needed. All revisions should be shared with all families and staff and posted in a conspicuous area. • The Health and Safety Plan must be completed within 45 days of ELD's issuance of the template for the Health and Safety Plan.