



Children's Center Associated Students Inc. COVID 19 Safety Protocols

The safety protocols reflect guidelines from Associated Students Inc., The California Department of Public Health, Cal-OSHA, CDSS, and CDE

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COVID-19 UPDATE D:

ASI Children's Center Customer Facing Guidance for Families and Children

June 25, 2020

covid19.ca.gov



OVERVIEW

As stay-at-home orders are lifted for multiple industries to promote California's economic recovery and the needs of Sacramento State Students, Staff, and Faculty, the need for child care and other supports has increased. The ASI Children's Center developed this plan to minimize the spread of COVID-19 and to ensure the health and safety of children, families, and employees. As the Center begins to provide child care, all employees and families will be trained on the updated policies and procedures. All families and employees will sign acknowledgements and release of liabilities.

The ASI Children's Center is regulated by California Department of Social Services (CDSS) and California Department of Education (CDE) and both agencies provided consultation when developing this plan **(See Appendix 1 & 2)**. Both agencies continually send updates as regulations or guidance change in conjunction with Sacramento County Public Health and the Center for Disease Control (CDC) **(See Appendix 3 & 4)**. In addition to regulatory agencies, the ASI Children's Center maintains exceptionally high standards for quality care as the Center is accredited through the National Association for the Education of Young Children (NAEYC) and is rated for high quality child care through the Sacramento County Office of Education (SCOE) Raising Quality Together.

Regulatory agencies acknowledge social distancing with young children has challenges and provided detailed guidance. The recommendations set forth aim to keep children and providers safe and healthy, while ensuring children and families still receive high quality care and education. Families will receive initial training on the policies and procedures and ongoing communications about the policies and practices implemented. Initially, the Center will begin serving families with a soft opening where employees, families, and children are slowly transitioned back into child care with supports and time to in bed the new procedures that will ensure proper social distancing, hygiene, and health practices.

Prior to re-opening, the Center environment will be thoroughly cleaned and sanitized, marked for social distancing, and stocked with Personal Protection Equipment (PPE) for employees, EPA approved disinfectants/sanitizers, and hygiene supplies. Staff will be issued PPE and trained on proper procedures.

This COVID-19 plan is based on the most current data produced by California's public health system. The Center's goal is to exceed recommended practices to ensure every effort is made to ensure the health and safety of every person who enters the facility. As new data and practices emerge, policies and procedures will be updated.

The target date to resume on campus services is July 27, 2020.

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

Essential Protective Equipment and Supplies

Items	Child Care Workforce	Children
<p><u>Cloth Face Coverings*</u></p>	<p>YES ASI will provide PPE. Staff will wear face shields when working in the classrooms and kitchen. Office staff and administrators will wear face shields and/or masks. (Appendix 7F)</p>	<p style="text-align: center;">YES</p> <p>Never place face coverings on babies or children under 2 because of danger of suffocation.</p> <p>Children and adults 2 years of age and older will wear face coverings when entering and exiting the facility.</p> <p>Masks will be provided to children as needed.</p>
<p style="text-align: center;">Gloves</p>	<p>YES, for tasks such as serving food, handling trash, changing diapers, cleaning wounds, and/or using cleaning and disinfectant products</p>	<p style="text-align: center;">NO (unsafe for children)</p>
<p>Hand Sanitizer Should contain at least 60% ethyl alcohol (preferred) or at least 70% isopropyl alcohol (a neurotoxin and eye irritant).</p>	<p>YES Sanitization stations throughout the Center both indoors and outdoors.</p> <p>Frequent handwashing is more effective than the use of hand sanitizers</p>	<p style="text-align: center;">YES</p> <p>May be used with children 2 years of age and older under adult supervision only and must be kept out of children’s reach. Call Poison Control if consumed: 800-222-1222</p> <p>Frequent handwashing is more effective than use of hand sanitizers.</p>

<p>Disinfectant Cleaning Products</p>	<p>YES EPA approved products that are safe for young children. Provide training and required protective equipment per manufacturer’s recommendations. Must be kept out of children’s reach.</p>	<p>NO</p>
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*Masks or face shields will be worn. Current data shows that face shields provide more protection than masks and are readily available, therefore staff will use face shields when working with children.

The Healthy Schools Act requires that anyone using disinfectants at child care centers complete annual California Department of Pesticide Regulation-approved training. Online training can be found by going to <https://apps.cdpr.ca.gov/schoolipm/>. All staff have received this training.



Planning

- The Children's Center created health and safety protocols to help protect staff, children, and family members. Individuals who are at higher risk for severe illness will limit time in the facility in addition to following all health and safety precautions put in place.
- Due to COVID-19 the Center is not serving Sac State volunteers, service learning students, or observers. Entry to the facility is limited to families and personnel essential to the maintenance and running of the program. This includes:
 - Children enrolled in the program
 - Caregivers/family members picking up, dropping off, and/or otherwise involved in the care of the child
 - Non enrolled siblings who must remain under the supervision of their adult and may not interact with other children or play with materials
 - Program Staff
 - Government regulator officials
 - Maintenance workers
 - Intervention specialists
- Events such as festivals, holiday events and special performances will be postponed/cancelled. Campus field trips will be limited and will avoid highly populated areas of campus.
- COVID-19 specific resources including information about social distancing, COVID-19 symptoms, Multisystem Inflammatory Syndrome, and when to seek medical assistance will be provided to families. Families may request resources available in their preferred language.
- Signage promoting healthy practices including stopping the spread of germs and appropriate handwashing are posted throughout the facility. **(See Appendix 7A & 7E)**
- Classroom curriculum includes activities which promote health and model/educate children on handwashing, social distancing and health and safety.
- While waiting for entry into the facility (and when in shared interior spaces) families and staff will maintain social distancing using the floor markers. Visible A-frame signage will also support physical distancing. **(See Appendix 5 & 7A)**

- Families and staff will adhere to the maximum capacity posted for each room.
- Families and preschool aged children will receive information on :
 - Hygiene practices for adults and children
 - How to protect themselves and other-prevention- of-spread of COVID-19
 - Procedures for handwashing, coughing, and sneezing etiquette
 - Physical distancing guidelines
 - Use of face coverings and PPE
 - Screening practices for health and safety
 - COVID-19 specific exclusion criteria



Hygiene

Personal Hygiene

- Upon entry to the facility, every adult and child 2 years of age and older must wear face coverings. Individuals without face coverings will not be allowed in the facility. Enrolled children may remove their face covering while in the classroom and playgrounds with their designated peer group.
- Upon entry to the facility, families will sanitize their hands and wash their children's hands with soap and water.
- Hand sanitation stations are conveniently located throughout the program to allow for individuals to sanitize as needed after touching high-traffic services.
- Staff and children must follow recommended handwashing procedures. Wash hands for 20 seconds with soap, rubbing thoroughly after application, and use paper towels (or single use cloth towels) to dry hands thoroughly. Hand washing procedures are posted at all sinks. **(See Appendix 7A & 7E)**
- All personal items will be labeled and stored in their individual cubby to ensure personal items are self-contained. Personal toys will be sent home.
- Children's bedding (sheets and blankets, sleeping bags) will be stored in each child's cubbies, or bags. Cots and mats will be labeled for each child. Bedding will be sent home weekly to be laundered by the family.
- All personal toys will remain at home.

Educating Children on Hygiene

- Families and classroom staff will use bathroom time as an opportunity to reinforce healthy habits and monitor proper handwashing.
- Families and staff will teach children to avoid contact with one's eyes, nose and mouth, and use tissue to wipe their nose and to cough/sneeze inside their elbow.
- Families and staff will model and practice handwashing before and after eating, after coughing or sneezing, after playing outside, and after using the restroom.
- The Center will discontinue tooth brushing in the classroom.



Arrival Procedures

- Families are encouraged to wash their own and their child's hands before dropping off, prior to coming for pick up, and as soon as they get home.
- When waiting for entry to the facility and while passing through the office and other shared spaces, families will follow social distancing protocol adhering to floor markers. **(See Appendix 5)**
- All individuals over the age of two entering the facility must sanitize their hands using the sanitizing stations. Sanitizing stations are conveniently located in classroom entries and high-traffic areas and are out of the reach of children. Families and children must wash their hands in the classroom sinks upon arrival.
- Whenever possible caregivers/families and staff will meet at the designated classroom entry way to pick-up and drop-off children.
- Entry ways are clearly marked and visible designating where families should stop when entering the classroom.
- During high traffic arrival and departure time's office/admin and exterior gate will be used to help mitigate traffic flow and will be monitored by office/admin staff. In addition, doors will be propped open to reduce caregivers/families contact with door handles/knobs.
- Families and classroom staff must enter and exit through doorways one and a time to allow for social distancing. Individuals exiting a space will have the right-of-way.

- One family at a time will be allowed in each classroom entry way. Siblings must remain in close proximity/the entry way with their adult. They must maintain social distancing, avoid physical contact/ interaction with other children, and may not have contact with toys and materials.
- Families must provide their own pens when signing children in and out.
- When possible, the same parent should drop off and pick up the child every day. Those with authorizations should be informed of the Children's Center procedures for picking up and dropping off. Older or at risk-individuals/guardians are discouraged from picking up and dropping off children.



Health Screening

- The Center will exclude any child, adult, or staff showing symptoms of COVID-19.
- Families will complete a health check on themselves and their children prior to arrival at the facility and sign off on the health screen log when dropping the child off for care.
- Children and family members who are sick, exhibiting symptoms of COVID-19 or have been in close contact with someone who has tested positive or exhibits symptoms of COVID-19 will not be allowed in the facility.
- As recommended by DSS and CDC temperature screenings will take place for children entering the facility and documented on the classroom daily roster by a supervisor (*for privacy*). Temperatures will be taken using a no contact thermometer which will be disinfected between each use. Temperatures will be logged. Individuals with a temperature of 100.4 degrees Fahrenheit or over will not be admitted into the program. **(See Appendix 1B & 3)**
- Upon arrival in the classroom, teachers will complete a visual health screening and will ask families questions about the child's health and well-being including COVID-19 related symptoms within the last 24 hours.
- Children will be monitored throughout the day for signs of illness. Children who become ill while in program will be isolated using the designated special care room. Caregivers will be contacted for pick up and will be required to pick up or have a designated representative to pick up within 1 hour.
- If an individual becomes ill due to COVID-19, they may return only after being released by a medical professional, and under the following circumstances:

- At least 3 days (72 hours) have passed since the individual last had a fever without the use of fever-reducing medication
 - The individual no longer has respiratory symptoms (e.g. cough, shortness of breath) and
 - At least 10 days have passed since symptoms 1st appeared.
- The Children's Center will work cooperatively with ASI's Human Resource Department to document/track incidents of possible exposure and notify local health officials, staff, and families immediately of any possible case of COVID-19 while maintaining confidentiality as required by the Americans with Disabilities Act (ADA).

Coronavirus Symptoms

In addition to temperature screenings staff will provide health checks for children entering the program.

- Fever
- Cough
- Shortness of breath or difficulty breathing
- Chills
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell

Multisystem Inflammatory Syndrome (MIS-C)

The CDC identified the MIS-C which is associated with COVID-19. Families and staff will be trained to identify the following symptoms which will exclude the child from child care. All children may not have all the same symptoms.

- Fever
- Abdominal pain
- Vomiting
- Diarrhea
- Neck pain
- Rash
- Bloodshot eyes
- Feeling extra tired
- Trouble breathing
- Pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Bluish lips or face



Group Size and Staffing

- Classroom group size will be limited to 10 children per room. If the state increases group size or grants a waiver, provider may increase the size of their group accordingly. **(Appendix 1B)**
- Each classroom will be staffed with the same individuals to minimize exposure.



Classroom Space / Physical Distancing

- Classroom staff will implement developmentally appropriate activities for smaller group activities and rearrange furniture and play spaces to maintain 6 feet of separation, when possible.
- Children may not visit other classrooms. Teaching staff will remain in their assigned classrooms with their assigned children unless otherwise instructed.
- During nap time, cots and mats will be placed 6 feet apart with heads in opposite directions.
- Whenever possible, staff will reduce time spent indoors by bringing children outside, if weather permitting, while maintaining physical distancing.
- Staff will offer more opportunities for individual play and will plan activities that do not require close physical contact between multiple children.
- Indoor and outdoor play will be staggered and schedules adjusted to reduce the number of children in the same area. Classrooms will not merge and children in shared spaces will not co-mingle.
- Outdoor play equipment is cleaned routinely. Materials brought outside will be disinfected prior to being rotated back into the play space.
- Staff will support children with social distancing through use of visual cues with children and giving frequent verbal reminders when appropriate.



Meal Times

- Staff will utilize more tables to spread children out or use name cards to ensure adequate spacing of children.
- Staff and children will practice proper handwashing before and after eating.
- Children will only be allowed to touch their own food.
- Tables will be cleaned and disinfected immediately following meals.
- Meals are provided and will be individually plated by the teaching staff by staff wearing gloves. (Children may no longer serve themselves).
- Outdoor meal times if space and weather allow.



Resources

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



COVID - 19 Updated:

ASI Children's Center Workplace Safety Guidance for Employees

June 5, 2020

covid19.ca.gov



OVERVIEW

Below are guidelines for ASI Children's Center employees which includes administrators, teachers, kitchen, and office staff. The goal is a safe environment for workers and customers by ensuring social distancing, screenings for potential exposure to COVID 19, and implementing hygiene and sanitizing practices and procedures. Once employees have received training, they will sign documents where they acknowledge requirements to follow the updated procedures.

In order to resume campus operations the Children's Center and ASI:

1. Have performed a detailed risk assessment and implemented a site-specific protection plan
2. Will train employees on how to limit the spread of COVID-19, including how to [screen themselves for symptoms](#) and stay home if they have them
3. Will implement individual control measures and screenings
4. Will implement disinfecting protocols
5. Will implement physical distancing guidelines

As stay-at-home orders are modified, we will continue to take all possible steps be taken to ensure the safety of workers and the public.

Key prevention practices include:

- ✓ physical distancing to the maximum extent possible,
- ✓ use of face coverings by employees (where respiratory protection is not required) and customers/clients,
- ✓ frequent handwashing and regular cleaning and disinfection,
- ✓ training employees on these and other elements of the COVID-19 prevention plan.

In addition, we will follow appropriate processes to identify new cases of illness in workplaces and, when they are identified, to intervene quickly and work with public health authorities to halt the spread of the virus.



Worksite and Workspace Specific Plan Elements

- I. COVID-19 Return to Work Requirements and Office Workspace Protocol will be communicated to each employees through mandated trainings.
- II. COVID Workplace Coordinator –Samantha Criswell and Kim Madrona have been designated as work place coordinators and will report any suspected exposures of COVID 19 directly to ASI Human Resources.
- III. Contact information for the local health department.

Sacramento County Public Health COVID-19

Hotline: (916) 875-5881

211: Dial 2-1-1 OR 1-800-500-4931 OR (916) 498-1000

Email info@211sacramento.org

311: Dial 3-1-1 OR (916) 808-5011 OR (916) 264-5011

Email 311@cityofsacramento.org

ASI Human Resources – Maria Waterford (916) 278-5484

Email waterford@csus.edu

- IV. Training and communication for employees on the plan.
- V. ASI shall investigate any COVID-19 illness and determine if any work-related factors could have contributed to risk of infection. ASI shall update the plan as needed to prevent further cases.
 - Identify close contacts (within six feet for 10 minutes or more) of an infected employee and take steps to isolate COVID-19 positive employee(s) and close contacts.
- VI. Employees are expected to follow guidelines. Failure to do so could result in workplace illnesses that may cause operations to be temporarily closed, limited services, and/or may result in disciplinary action.



Topics for Employee Training

- COVID – 19 ASI Return to Work Requirements (**Appendix 6**)
- **How to Protect Yourself and Others** - prevention of spread of [COVID-19](#), including the use of face coverings.
- **Employee Self-screening at Home**, including temperature and/or symptom checks using [CDC guidelines](#), when to seek medical attention and when to get tested for COVID-19.
- Families First Coronavirus paid leave of absence for COVID-19 related absences.
- Guidance for Families and Children
- The Importance of Physical Distancing- both at work and off work time (See Physical Distancing section).
- Cleaning, Sanitizing and Disinfecting Procedures-including when to use each product and safety.
- Coughing and Sneezing Etiquette & Methods to Avoid Touching Eyes Nose and Mouth

- Procedures for Handwashing- including how and when to wash hands
- Meal Service and Food Handling Procedures
- Job Hazzard Analysis and Safety Measures
- Screening Practices- wellness checks, COVID-19 Symptoms in Children, Multisystem Inflammatory Syndrome (MIS-C), as well as exclusion policies.
- Third Party vendors will be informed that they must adhere to all current public health guidelines for preventing the spread of COVID-19 including cleaning and disinfecting, social distancing when providing services on site.

For more training information **See Appendix 7D**



Individual Control Measures and Screening

Screening

- Employees will complete a health check prior to arrival. Their temperature will be taken (but not recorded). They will sign off they have completed a self-screening, do not have symptoms, and did not have close contact with someone presenting or diagnosed with COVID-19 at the start of every shift.
- If a staff member becomes sick and/or has a temperature of 100.4 or higher will be released to go home.

Exclusion from Program

- The Center must exclude any staff, child, or adult showing symptoms of COVID-19. Staff will communicate with families regarding child's health history.
- Employees are required to stay home if they are sick or exhibiting symptoms of COVID-19. Employees shall notify their supervisors who will in turn notify ASI Human Resources. Employees must also report if they have a close family member or friend, or someone who lives in their household who has COVID-19.
- If an individual becomes ill due to COVID-19, they may return only after being released by a medical professional, and under the following circumstances:
 - At least 3 days (72 hours) have passed since the individual last had a fever without the use of fever-reducing medication
 - The individual no longer has respiratory symptoms (e.g. cough, shortness of breath) and
 - At least 10 days have passed since symptoms 1st appeared.

Control Measures

- Entry to the facility beyond the office will be limited to: staff, children enrolled in the program, caregivers/families picking up, dropping off or otherwise involved in the care of their child and non-enrolled sibling which must remain under the care givers supervisor. Regulatory Officials (Department of Social Services, Ca Department of ED, and NAEYC), maintenance workers, and intervention services will be allowed entry as needed. Observers, volunteers and field work students are not permitted at this time.
- Signage has been posted in strategic and highly-visible locations, to remind the public to practice physical distancing and wear face coverings. Staff must remind families and children to adhere to social distancing. **(See Appendix 5 and 7A)**
- If siblings enter a classroom the staff must ensure they maintain physical distancing, avoid interactions with other children and refrain from touch toys and materials to prevent the possible spread of germs.

Personal Health and Hygiene

- ASI will provide all employees PPE which includes a mask and/or face shield. Staff are required to wear a mask to enter the facility and sanitize their hands at the entrance. During the work day, staff will be provided clean ASI aprons, hand sanitizers, and gloves.
- Wall mount hand sanitation stations are located in the entry way of the building and in every classroom. Additional hand sanitation stations are available in outdoor spaces as well to provide the opportunity for individuals to disinfect hands at any time.
- Employees have been trained on and will adhere to hygiene practices including:
 - How to avoid touching eyes, nose, mouth and face while working
 - Covering any sneeze or cough into your elbow and disinfect hands and elbow after
 - Effective hand hygiene including washing/sanitizing hands for at least 20 seconds
- All employees are required to wash hands when:
 - Entering the center
 - When entering the classroom prior to engaging with children
 - Before and after servicing food
 - Changing diapers/clothing
 - Using the bathroom
 - Caring for someone who is sick with vomiting or diarrhea
 - Treating a cut/wound

- After blowing nose/sneezing/coughing, after touching animals/animal feed/animal waste & after touching garbage. **(See Appendix 6E)**
- ASI will provide and ensure employees use all required personal protective equipment including face coverings/shields/masks. ASI shall take reasonable measures to remind employees they should use provided personal protective equipment. Face covering will be issued and worn when at work, in offices, or in a vehicle during work-related travel with others. Face coverings and other PPE must not be shared.
- Classroom Staff are encouraged to bring a change of clothes to use in the event the clothing becomes contaminated. Staff working in the classrooms and/or food are all required to wear ¾ length Children Center aprons to help limit the risk of contamination.
- Employees are encouraged to wear hair up and away from their face as recommended by CDC.



Cleaning and Disinfecting Protocols

Cleaning Products

- The Children's Center uses cleaners approved for use against COVID-19 on the [Environmental Protection Agency \(EPA\)-approved list "N"](#) and follow product instructions. Products include asthma-safe ingredients (Hydrogen peroxide, citric acid or lactic acid). **(See Appendix 7C)**
- The Center uses disinfectants labeled to be effective against emerging viral pathogens, following label directions for appropriate dilution rates and contact times. Provide employees training on manufacturer's directions, on Cal/OSHA requirements for safe use and as required by the Healthy Schools Act training (for child care centers only).
- Workers using cleaners or disinfectants wear gloves and/or eye protection as required by the product instructions.
- **All products must be kept out of children's reach.**
- Cleaning and sanitation stations are available in each classroom, bathroom and shared office space. Stations are kept out of the reach of children. Signage instructing users how to clean and disinfect will be posted at each station.

- ASI will ensure that sanitary supplies are stocked at all times and provide additional soap, paper towels, and hand sanitizer when needed. Items will be located in the janitor's closet or front office.
- Soft surfaces will be laundered and disinfected using hot water and detergent in the onsite laundry facilities per CDC recommendations.
- Per CDC recommendations, outdoor equipment will be cleaned using soap and water as needed.

Cleaning and Disinfecting Procedures

Staff will follow specified cleaning procedures for each area of the facility:

- Pre-Clean: Pre-clean with soap and water visibly soiled areas prior to disinfecting.
- Disinfect: Spray the approved disinfectant on the surface
- Wait: Allow surface to remain wet for the designated amount of time (1-5 Minutes)
- Dry: Dry surface as needed after the surface has remained wet for the designated period of time

(See Appendix 7C)

Routine Cleaning and Disinfecting

- Classroom staff will continue general preventative cleaning and sanitation throughout the day including but not limited to tables and chairs at meal service or after activities, changing tables, countertops, sinks and mouthed and contaminated toys. **(See Appendix 7B)**
- Mouthed toys will be removed from the environment to be cleaned and sanitized.
- The Center uses toys and materials which can be cleaned and sanitized. Multiple toys and materials are available to facilitate the rotation of materials for cleaning and sanitizing.
- Children's cots and nap mats will be disinfected daily after each use.
- Shelves, classroom equipment, and materials will be cleaned as needed throughout the day during activities and will also be disinfected at the end of each day.
- Schedules and rotations for cleaning and disinfecting shared spaces and high touch surfaces will be implemented. Cleaning check lists/schedules will be posted and staff will initial as cleaning is completed. **(See Appendix 7B)**
- Employees are required to clean and disinfect personal work areas often. ASI will supply the necessary cleaning products at the start and before ending their shifts.
- Time clocks – hand sanitizers and disinfectant will be available next to time clocks. Individuals using the time clock must sanitize their hands before clocking and must disinfect the time clock after use.

- When taking a payment the client will both insert their card and enter their PIN. The point of sales machinery will be disinfected between each use by the office staff.
- Sinks and toilet handles will be sanitized between uses in the classroom. Both child and adult bathrooms will be disinfected at scheduled intervals through the day
- Each classroom will have a designated container for toys that need to be cleaned, sanitized, or disinfected before being introduced back into the classroom environment
- The Center adjusted operating hours to provide adequate time for regular thorough cleaning and disinfection of office and classroom spaces. Specific cleaning and sanitation schedules will be implemented to ensure regular cleaning.
- Thermometers, supplies, and equipment used for health screenings are disinfected after each use.
- If COVID-19 is confirmed in a child or staff member, the following procedure will be followed:
 - Close off area used by the person who is sick
 - Open outside doors and windows to increase air circulation in the areas.
 - Wait up to 24 hours or as long as possible before you clean or disinfect
 - Clean and disinfect all areas used by the person who is sick, such as offices, bathrooms. Allow respiratory droplets to settle before cleaning and disinfecting and common areas
 - If more than 7 days have passed since the person who is sick visited or used the facility additional cleaning and disinfecting is not necessary. Continue routine cleaning and disinfecting.

Preventative Measures

- Windows will be opened before and after children arrive (and when feasible during the day) to allow for ventilation. Air filters will be changed out as needed during existing maintenance.
- Personal items for teaching staff will be stored in assigned staff lockers. Lockers may not be shared.
- Employees shall avoid sharing phones, other work supplies, or office equipment wherever possible. Sanitize supplies between uses.
- Employees will provide their own dishware for meals and are responsible to take them home at the end of each day.

- Shared equipment such as copiers, fax machines, printers, telephones, keyboards, staplers, surfaces in reception areas, shared work stations, etc. must be disinfected between shifts or uses, and whichever is more frequent, with a cleaner appropriate for the surface.
- To limit contact with door handles the office door leading to the interior of the building will be propped open during high traffic times when feasible.
- Employees must sanitize/wash their hands after touching areas high of traffic.



Physical Distancing Guidelines

The ASI Children's Center will follow the Social Distancing Protocol as required by the Sacramento Public Health Order and all applicable agencies.

- Staff are prohibited from handshaking and similar greetings that break physical distance when interacting with adults. Interactions and physical contact with the children in care is permitted.
- Staff will follow signage and floor markings indicating where to stand/wait and will help families and children with social distancing with reminders as needed.
- Individuals will enter/exit through doorways one at a time to allow for social distancing. The individual exiting will have the right of way when passing through halls and offices.
- Limitations on the number of workers in enclosed areas at any given time to ensure at least six feet of separation to limit transmission of the virus.
https://www.usfa.fema.gov/coronavirus/planning_response/occupancy_social_distancing.html . Number of allowed employees per room is as follows:
 - FRONT OFFICE: 614 sq. ft. → 5 maximum: Front Office Associate and Administrative Assistant at the front, separated by Plexiglas; 2 clients at most in the lobby (families must stay close together), separated from the counter by Plexiglas; 1 person to be able to pass through the office (to use the restroom, enter conference room/staff room, etc.)
 - DIRECTOR'S OFFICE: 157 sq. ft. → 2 maximum, if one person is by the desk and the other is on the couch; otherwise, 1 person allowed
 - ASSOCIATE DIRECTOR'S OFFICE: 132 sq. ft. → 2 maximum
 - OPERATIONS MANAGER'S OFFICE: 100 sq. ft. → 1 maximum

- CONFERENCE ROOM: 287 sq. ft. → 4 maximum, if each person is by each corner of the room; otherwise, 3 people allowed
- STAFF ROOM: 262 sq. ft. → 2 maximum
- KITCHEN: 475 sq. ft. → 2 maximum
- BELLA ROOM: 1255 sq. ft. → 11 maximum
- LOCKER HALLWAY: 267 sq. ft. → 2 maximum
- BAMBINI OFFICE SPACE: 75 sq. ft. → 1 maximum
- LA CASITA OFFICE SPACE: 80 sq. ft. → 1 maximum
- CASA OFFICE SPACE: 75 sq. ft. → 1 maximum

Classrooms

- Whenever possible families and staff will meet at the designated classroom entry way to pick-up and drop off children. Teachers will have the child's possessions and information readily available to ensure brief conversations.
- Entry ways will be clearly marked and visible designating where families should stop and wait when entering the classroom. One family at time will be allowed in the classroom. If a sibling is present they must stay with the caregiver, maintain social distancing and refrain from engaging with children and materials within the classroom.
- One family may wait at the designated entry way while one family exits through the back of the classroom during high traffic times.
- When in the classroom staff and families will keep interaction brief. Classroom staff and families are encouraged to communicate via phone and email when possible for extended conversations.
- During high traffic arrival and departure time's office/admin and exterior gate will be used to help mitigate traffic flow and will be monitored by office/admin staff. In addition, doors will be propped open to reduce contact with door handles/knobs.
- Classroom staff will remain in their assigned classroom with their assigned children unless otherwise instructed by administration, in a staff meeting, or on break. Staff may not visit other classrooms with the purpose of socially interacting.
- As much as possible staff will store additional materials and supplies in their classroom environments. Teachers may gather additional supplies from other classrooms when children and staff are not present or when all children are sleeping and they must adhere to social distancing.

Office and Shared Spaces

- The Children's Center retrofitted office spaces and meeting rooms to decrease the capacity to ensure the 6ft. social distance.

- Plexiglas barriers have been installed in the office. In general, families and children should remain on the customer side of the service counter. If using the restroom or accessing the computer families must adhere to floor markers. Children will remain in close proximity to families at all times. **(See Appendix 7A)**
- Where applicable, a staff member will direct guests to meeting rooms upon entry to office space rather than congregating in common areas.
- Staff wait for assistance from office staff will adhere to the floor marking designating 6 foot distancing. **(See Appendix 5 and 7A)**
- The copy machine will be limited to the office staff. Kitchen and classroom staff may email files, place files in the designated folder on the shared drive or leave hard copies in the designated drop off location for copying/printing. Completed printing will be placed in the teachers designated box for pick up.
- Staff will adhere to the limit of occupants posted for shared office as well as the staff room and conference room spaces. Employees shall stagger meal and rest breaks, within compliance with wage and hour regulations, to maintain physical distancing protocols. Use of the conference and staff room is limited to staff on a rest or meal break during their scheduled shift. These areas may not be used to congregate before or after shifts.
- Travel is discontinued until further notice, and will continue distance meetings via phone and internet.

Employers must comply with all [Cal/OSHA](#) standards and be prepared to adhere to its guidance as well as guidance from the [Centers for Disease Control and Prevention \(CDC\)](#) and the [California Department of Public Health \(CDPH\)](#). Additionally, employers must be prepared to alter their operations as those guidelines change.

Classroom Practices to Promote Health

- Per state licensing group size is currently limited to 10 children per room or space (if the state increases the permitted group size, or grants a waiver providers may increase the size of their group accordingly). Classrooms may not merge at any time and may not co-mingle when in outdoor spaces.
- Meals will no longer be served family style but will be plated for children in individual portions by classroom staff to avoid multiple children touching serving utensils. Food entering the classroom must remain covered to prevent contamination. Staff serving children will wear gloves as applicable. Multiple tables will be used to increase the distance between children. Tables will be cleaned and disinfected after each use.
- Toys and manipulatives used in the classroom will be accessible and easy to clean allowing for sanitation between uses/sessions.

- Classrooms will offer more opportunities for individual play and solo activities
- Planned activities will not require closed physical contact between multiple children.
- Classrooms will stagger indoor and outdoor play to maintain social distancing between groups of children.
- Staff will support social distancing through use of visual cues with children, giving frequent verbal reminders when age appropriate.
- Staff will continue to model and reinforce correct handwashing techniques with children. **(See Appendix 7E)**
- Classroom staff will continue to teach and reinforce coughing and sneezing etiquette when age appropriate.
- Classrooms will discontinue tooth brushing.
- Staff will utilize outdoor spaces whenever possible.
- Cots will be spaced 6 feet apart for nap time. Staff will arrange the head of each bed alternately, in opposite directions to lessen possible spread of illness from coughing or sneezing. Sheets and blankets that come in direct contact with children's skin will be sent home weekly to be cleaned.
- Events such as festivals, holiday events and special performances will be postponed/cancelled. Additionally, field trips will be limited and should avoid highly populated areas of campus.

Kitchen Practices to promote Health

- Kitchen Staff will continue to follow applicable local, state and federal guidelines for meal preparation and service including cleaning and sanitation practices.
- Kitchen Staff will follow CDC hand hygiene recommendations washing hands for 20 seconds. **(See Appendix 7E)**
- The kitchen will utilize EPA approved cleaners effective against COVID-19. Daily kitchen staff will check washing machines and quick draw machines being used to ensure the appropriate concentration is being dispensed. Kitchen staff will follow the product guidelines regarding use on kitchen and food prep surfaces.

- Kitchen staff will wear appropriate PPE in the Kitchen:
 - When a 6 ft. distance cannot be maintained between kitchen staff
 - While preparing and plating ready serve food
 - While washing dishes
 - When delivering food and meal service items to the classroom environments.
 - When receiving deliveries from outside vendors

- When delivering food to the classroom kitchen staff will wear masks or face shields, remain in the designated entry and or will coordinate food delivery when children are in outdoor spaces whenever possible.

- All materials including bus tubes, dishes and carts will be cleaned and disinfected between uses.



Appendix

1. California Department of Social Services:
 - a. PIN 20-11-CCP May 21, 2020
 - b. PIN 20-06-CCP April 7, 2020

2. California Department of Education
 - c. FAQ's

3. Center for Disease Control (CDC)
 - a. Guidance for Child Care Programs that Remain Open
 - b. CDC Decision Making Tree

4. Cal Osha Safety & Health Guidance (Child Care Programs)

5. Social Distancing Protocol

6. ASI Return to Work Policy

7. Children's Center Documents
 - a. Center signage
 - b. Center cleaning checklists and schedules
 - c. Sanitization
 - d. Center Training requirements
 - e. Handwashing handout
 - f. Job Hazzard Analysis



KIM JOHNSON
DIRECTOR

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DEPARTMENT OF SOCIAL SERVICES
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GAVIN NEWSOM
GOVERNOR

May 21, 2020

PIN 20-11-CCP
(Updated May 21, 2020)

TO: ALL CHILD CARE FACILITY LICENSEES AND PROVIDERS

FROM: **Original signed by Pamela Dickfoss**
PAMELA DICKFOSS
Deputy Director
Community Care Licensing Division

SUBJECT: **COVID-19 FREQUENTLY ASKED QUESTIONS (FAQ) FOR CHILD CARE LICENSEES AND PROVIDERS**

Provider Information Notice (PIN) Summary

PIN 20-11-CCP provides responses to the most frequently asked questions from child care providers concerning the COVID-19 health crisis, including resource information.

Novel Coronavirus (COVID-19) Frequently Asked Questions (FAQ) for Public Inquiries
This FAQ document will be updated as new information becomes available. However, due to the fluid nature of the health crisis and rapidly changing guidance, please check the [Governor's Office for COVID-19 Updates](#) and your [local county public health department](#) for the most current updates, guidance, and requirements. For guidance on Social and Physical Distancing in Child Care facilities, please refer to [PIN 20-06-CCP](#) issued April 7, 2020.

Resources for providers to use with staff, children & parents

Question	Guidance
How can we stay up to date on COVID-19?	<p>For further information, please see the California Department of Social Services (CDSS) webpage. You can find guidance provided by the California Department of Public Health (CDPH), the Centers for Disease Control (CDC) and the World Health Organization (WHO). CDSS and Community Care Licensing encourage you to visit these sites regularly as information and guidance may change frequently.</p> <p>Additionally, there are resources for schools and child care programs on the CDC webpage. The Department will also communicate new and updated information related to child care facilities to providers through Provider Information Notices (PINs). Please sign up to be notified of new PINs here and visit the Department's website for the latest PINs.</p>

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Page Two

Question	Guidance
<p>What resources does the California Department of Public Health have to share?</p>	<p>Visit CDPH News Releases for daily COVID-19 updates.</p> <ul style="list-style-type: none"> • Alerts • COVID-19 by the Numbers • Protect Yourself • What If I'm Sick • Getting Care • Protecting Others • Employment • Guidance and Information (833) 544-2374 • California's Pandemic Resilience Roadmap – Stage 2 (5/07/2020)
<p>What resources does Centers for Disease Control (CDC) and other health experts have available to share with staff, children, and the public?</p>	<p>From CDC - Childcare Programs</p> <p>Share resources with the child care facility's community to help them understand COVID-19 and steps they can take to protect themselves and others:</p> <ul style="list-style-type: none"> • CDC's health communication resources • CDC information on stigma and COVID-19 • CDC information on COVID-19 and children • CDC offers several free handwashing resources that include Health Promotion Materials, information on proper handwashing technique, and tips for families to help children develop good handwashing habits. • Other health and education professional organizations may also have helpful resources your facility can use or share, such as the American Academy of Pediatrics • CDC's information on helping children cope with emergencies • Stigma prevention and facts about COVID-19 • CDC guidance regarding groups at higher risk for severe illness from COVID-19. <p>From the Office of the Surgeon General of CA: California Surgeon General's Playbook: Stress Relief for Caregivers and Kids during COVID-19</p>
<p>How do we talk with children about COVID-19?</p>	<p>From the Office of the Surgeon General of CA: California Surgeon General's Playbook: Stress Relief for Caregivers and Kids during COVID-19</p> <p>NAVIGATING STRESS MANAGEMENT WITH KIDS This Stress-Busting Playbook can help you understand what to look out for and what you can do to protect your family's health.</p> <p>From CDC - Talking with children about Coronavirus</p>

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Page Three

Question	Guidance
	<p>The following reviews general principles for talking to children (from the above link):</p> <p>Remain calm and reassuring.</p> <ul style="list-style-type: none"> Remember, children will react to both what you say and how you say it. They will pick up cues from the conversations you have with them and with others. <p>Make yourself available to listen and talk.</p> <ul style="list-style-type: none"> Make time to talk. Be sure children know they can come to you when they have questions. <p>Avoid language that might blame others and lead to stigma.</p> <ul style="list-style-type: none"> Remember, viruses can make anyone sick, regardless of a person's race or ethnicity. Avoid making assumptions about who might have COVID-19. <p>Pay attention to what children see or hear on television, radio, or online.</p> <ul style="list-style-type: none"> Consider reducing the amount of screen time focused on COVID-19. Too much information on one topic can lead to anxiety. <p>Provide information that is honest and accurate.</p> <ul style="list-style-type: none"> Give children information that is truthful and appropriate for the age and developmental level of the child. Talk to children about stories related to COVID-19 on the internet and social media may be based on rumors and inaccurate information. <p>Teach children everyday practices to reduce the spread of germs.</p> <ul style="list-style-type: none"> Remind children to stay away from people who are coughing or sneezing or sick. Remind them to cough or sneeze into a tissue or their elbow, then throw the tissue into the trash. Discuss any new actions that may be taken at your facility to help protect children and staff. (e.g., increased handwashing, cancellation of events or activities) Get children into a handwashing habit. <ul style="list-style-type: none"> Teach them to wash their hands with soap and water for at least 20 seconds, especially after blowing their nose, coughing, or sneezing; going to the bathroom; and before eating or preparing food. If soap and water are not available, teach them to use hand sanitizer. Hand sanitizer should contain at least 60% alcohol. Supervise children when they use hand sanitizer to prevent swallowing alcohol.

Confirmed Outbreaks & Prevention Strategies

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Page Four

Question	Guidance
<p>What can we do to prevent the spread of COVID-19 in child care facilities?</p>	<p>From CDPH- School Guidance on Novel Coronavirus or COVID-19 CDPH and CDE have outlined four (4) scenarios that should be considered by each school and partner organization serving students in order to protect students, families, and staff.</p> <p>From CDC- Schools and Childcare Programs Encourage children and staff to take everyday preventive actions to prevent the spread of respiratory illnesses, such as:</p> <ul style="list-style-type: none"> • Staying home when sick. • Appropriately covering coughs and sneezes. • Cleaning and disinfecting frequently touched surfaces. • Washing hands often with soap and water.
<p>How can we protect ourselves from COVID?</p>	<p>From CDPH- How can people protect themselves?</p> <p>There is currently no vaccine to prevent COVID-19. The best way to prevent illness is to avoid being exposed to this virus. The virus is thought to spread mainly from person-to-person between people who are in close contact with one another (within about 6 feet). This occurs through respiratory droplets produced when an infected person coughs or sneezes. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.</p> <p>Older adults and people who have severe underlying chronic medical conditions like heart or lung disease or diabetes seem to be at higher risk for developing more serious complications from COVID-19 illness. Every person has a role to play.</p> <p>So much of protecting yourself and your family comes down to common sense:</p> <ul style="list-style-type: none"> • Wash hands with soap and water. • Clean and disinfect frequently touched surfaces daily. If surfaces are dirty, clean them using detergent or soap and water prior to disinfecting. • Avoid touching eyes, nose or mouth with unwashed hands. • Cover your cough or sneeze with a tissue or your elbow. • Avoid close contact with people who are sick. • Stay away from work, school or other people if you become sick with respiratory symptoms like fever and cough. • Follow guidance from local and state public health officials. In some places, face coverings and other measures may be required, so check with your local public health department <p>Please consult with your health care provider about additional steps you may be able to take to protect yourself from COVID.</p>

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Question	Guidance

Cleaning

Question	Guidance
<p>How should providers clean and disinfect surfaces to reduce the spread of COVID?</p>	<p>From California Department of Pesticide Regulation (DPR) Step-by-Step-Cleaning for Child Care Programs</p> <p>From the Centers for Disease Control (CDC) - Environmental Cleaning and Disinfecting Recommendations</p> <p>Surfaces</p> <ul style="list-style-type: none"> • If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfecting. • For disinfecting, you may use diluted household bleach solutions or alcohol solutions with at least 70% alcohol. Most common Environmental Protection Agency (EPA) approved household disinfectants should also be effective. (Cleaning product examples can be found here) <ul style="list-style-type: none"> ○ Products with EPA-approved emerging viral pathogens are expected to be effective against COVID-19 based on data for harder to kill viruses. Follow the manufacturer's instructions for all cleaning and disinfecting products (e.g., concentration, application method and contact time, etc.). ○ Diluted household bleach solutions can be used if appropriate for the surface. Follow manufacturer's instructions for application and proper ventilation. Check to ensure the product is not past its expiration date. ○ Never mix household bleach with ammonia or any other cleanser because the combination can create a gas that can be fatal. ○ Unexpired household bleach will be effective against coronaviruses when properly diluted. ○ Never exceed the recommended amount of bleach because it can be extremely hazardous.
<p>How do providers clean and disinfect items that go in the laundry?</p>	<p>From CDC- Environmental Cleaning and Disinfection Recommendations</p> <p>Regarding linens, clothing, and other Items that go in the Laundry</p> <ul style="list-style-type: none"> • Do not shake dirty laundry; this minimizes the possibility of dispersing the virus through the air. • Wash items as appropriate in accordance with the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely.

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Question	Guidance
	<p>Dirty laundry in contact with an ill person can be washed with other people's items.</p> <ul style="list-style-type: none"> • Clean and disinfect hampers or other carts for transporting laundry according to guidance above for hard or soft surfaces.
<p>What is the difference between cleaning and disinfecting?</p>	<p>From CDC- General Recommendations for Routine Cleaning and Disinfecting Households</p> <ul style="list-style-type: none"> • Cleaning refers to the removal of germs, dirt, and impurities from surfaces. Cleaning does not kill germs, but by removing them, it lowers their numbers and the risk of spreading infection. • Disinfecting refers to using chemicals to kill germs on surfaces. This process does not necessarily clean dirty surfaces or remove germs, but by killing germs on a surface <i>after</i> cleaning, it can further lower the risk of spreading infection. <p>From the California Department of Pesticide Regulation (DPR) Disinfectant Reminder resource to post at facilities</p>
<p>What can we use to disinfect our facilities?</p>	<p>From the California Department of Pesticide Regulation (DPR) Disinfectant Reminder resource to post at facilities</p> <p>From the Environmental Protection Agency (EPA)- Disinfectants for Use Against SARS-CoV-2</p> <p>For disinfection, most common EPA-registered household disinfectants should be effective.</p> <ul style="list-style-type: none"> • A list of products that are EPA-approved for use against the virus that causes COVID-19 is available (Disinfectants for Use Against SARS-CoV-2) Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.). • Additionally, diluted household bleach solutions can be used if appropriate for the surface. Follow manufacturer's instructions for application and proper ventilation. Check to ensure the product is not past its expiration date. <ul style="list-style-type: none"> ○ Never mix household bleach with ammonia or any other cleanser because the combination can create a gas that can be fatal. ○ Unexpired household bleach will be effective against coronaviruses when properly diluted.
<p>What are frequently touched surfaces that</p>	<p>From CDC-Cleaning & Disinfecting</p>

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Question	Guidance
should be cleaned and disinfected?	Clean and disinfect high-touch surfaces daily in common areas (e.g. tables, hard-backed chairs, doorknobs, light switches, remotes, handles, desks, toilets, sinks)
What should we do if a person is suspected to have COVID-19 and we need to clean our facility?	<p>If a facility has been impacted by an individual who has been exposed or tested positive for COVID-19, please adhere to CDPH's guidelines and contact your local county public health department, report the incident to your local regional office, and communicate with your families about it.</p> <p>From CDC-Interim Guidance for Administrators of U.S. K-12 Schools and Childcare Programs</p> <ul style="list-style-type: none"> • Close off areas used by the individual suspected to be infected with COVID-19 and wait as long as practical before beginning cleaning and disinfecting to minimize potential for exposure. If possible, wait up to 24 hours before beginning cleaning and disinfecting. • Before cleaning and disinfecting, open outside doors and windows to increase air circulation in the area. • Cleaning staff should clean and disinfect all areas (e.g., offices, bathrooms, and common areas) used by the ill person(s), focusing especially on frequently touched surfaces. • If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfecting. <p>Additional information on cleaning and disinfecting of community facilities, including schools, can be found on CDC's website Clean and disinfect thoroughly.</p>
What should I do to keep my child care facility clean?	From CDC: Schools and Childcare Programs Perform routine environmental cleaning. Routinely clean frequently touched surfaces (e.g., doorknobs, light switches, countertops) with cleaners that you typically use. Use all cleaning products according to the directions on the label. Provide disposable wipes so that commonly used surfaces (e.g., keyboards, desks, remote controls) can be wiped down by students and staff before each use.

Closures

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Page Eight

Question	Guidance
If we close our facility, what should happen next?	If you must close your facility, please contact your local regional office to inform them of the closure and submit an Unusual Incident Report documenting your planned closure and your anticipated re-opening date. The regional office will advise you on the steps to take and the appropriate procedures to follow. You can also fax or email the report.
Should child care providers close a child care facility?	<p>The decision as to whether to temporarily close due to the coronavirus is at the discretion of the licensee unless ordered to close by local, state, or federal authorities with emergency jurisdiction to do so.</p> <p>If a facility has been impacted by an individual who has been exposed or tested positive for COVID-19, please adhere to CDPH's guidelines and contact your local county public health department, report the incident to your local regional office, and communicate with your families about it.</p> <p>Please adhere to PIN 20-04-CCP when evaluating whether to close your child care facility or remain open. It sets forth four scenarios based upon progressively more severe situations involving COVID-19. (The PIN also contains information on emergency waivers due to Coronavirus Disease 2019.)</p> <p>From CDC: Child Care -Decision-Tree.</p>
Can we continue to charge tuition if a parent chooses to not send their child to preschool or child care?	<p>Each provider sets up their business individually, and we do not advise as to how you collect/receive/refund payments for care.</p> <p>If you are contracted with a subsidy program, we recommend that you contact the program directly in order to be updated with their guidance for payment during this time.</p>
If the local county public health department recommends closing our facility, how long should we stay closed?	<p>Any decision about re-opening a child care facility that was ordered to close due to COVID-19 should be made in coordination with your local county public health department.</p> <p>From the CDC: Reopening Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools, and Homes.</p>
Who will tell us if we must close?	The Child Care Program leaves the decision as to whether a child day care facility should close or remain open to the discretion of the

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Question	Guidance
	licensee, unless ordered by local, state, or federal authorities with emergency jurisdiction to do so.

Hand Sanitizer and Handwashing and Protective Facial Coverings

Question	Guidance
Can we use hand sanitizer?	From CDC- When and How to Wash Your Hands Washing hands with soap and water is the best way to get rid of germs in most situations. If soap and water are not readily available, you can use an alcohol-based hand sanitizer that contains at least 60% alcohol. You can tell if the sanitizer contains at least 60% alcohol by looking at the product's active ingredient label.
How do we use hand sanitizer?	From CDC- When and How to Wash Your Hands How to use hand sanitizer <ul style="list-style-type: none"> • Apply the gel product to the palm of one hand (read the label to learn the correct amount). • Rub your hands together. • Rub the gel over all the surfaces of your hands and fingers until your hands are dry. This should take around 20 seconds.
Where should we store hand sanitizer?	From Title 22 § 101238(g). Buildings and Grounds: Disinfectants, cleaning solutions, poisons, and other items that could pose a danger if readily available to children shall be stored where inaccessible to children and § 102417(g)(4). Operation of a Family Child Care Home: Poisons, detergents, cleaning compounds, medicines, firearms and other items which could pose a danger if readily available to children, shall be stored where they are inaccessible to children. From CDC— When and How to Wash Your Hands Closely supervise young children when using hand sanitizer to prevent them from swallowing hand sanitizer because it can cause alcohol poisoning. Why? Ethyl alcohol (ethanol)-based hand sanitizers are safe when used as directed, but they can cause alcohol poisoning if swallowed. Children may be particularly likely to swallow hand sanitizers that are scented, brightly colored, or attractively packaged. Hand sanitizers

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Question	Guidance
	<p>should be stored out of the reach of children and should only be used with adult supervision.</p> <p>Be aware that children might purposefully swallow hand sanitizers due to the high alcohol content. For more information please refer to the California Poison Control Organization.</p>
<p>What is the correct way to wash hands?</p>	<p>See CDC—When and How to Wash Your Hands</p> <p>Follow these five steps every time.</p> <ol style="list-style-type: none"> 1. Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap. 2. Lather your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails. 3. Scrub your hands for at least 20 seconds. Need a timer? Hum the “Happy Birthday” song from beginning to end twice. 4. Rinse your hands well under clean, running water. 5. Dry your hands using a single use clean towel, paper towel, or air dry them.
<p>How often should we wash hands?</p>	<p>From CDC—When and How to Wash Your Hands</p> <p>Wash Your Hands Often to Stay Healthy</p> <p>You can help yourself and your loved ones stay healthy by washing your hands often, especially during these key times when you are likely to get and spread germs:</p> <ul style="list-style-type: none"> • Before, during, and after preparing food • Before eating food • Before and after caring for someone who is sick with vomiting or diarrhea • Before and after treating a cut or wound • After using the toilet • After changing diapers or cleaning up a child who has used the toilet • After blowing your nose, coughing, or sneezing • After touching an animal, animal feed, or animal waste • After handling pet food or pet treats • After touching garbage • Always wash hands with soap and water even if hands are not visibly dirty and dry with a paper towel or single use towel. Towels should not be reused. • Hand sanitizers may be used after washing for extra protection.
<p>What is a face covering?</p>	<p>From CDPH regarding Face Coverings Guidance</p>

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Question	Guidance
	<p>A cloth face covering is a material that covers the nose and mouth. It can be secured to the head with ties or straps or simply wrapped around the lower face. It can be made of a variety of materials, such as cotton, silk, or linen. A cloth face covering may be factory-made or sewn by hand, or can be improvised from household items such as scarfs, T-shirts, sweatshirts, or towels.</p>
<p>What is the current guidance for wearing face coverings?</p>	<p>Facial covering should never be used on children under the age of two. For the most current guidance regarding wearing face coverings, please refer to your local county public health department.</p> <p>For additional information please see CDPH - Face Coverings Guidance.</p>
<p>Do we still need to practice social and physical distancing if we are wearing face coverings?</p>	<p>Yes. Even when wearing masks or face coverings, CDC recommends that you stay at least 6 feet away from other people (social and physical distancing), frequent hand cleaning, and other everyday preventive actions.</p>

Shelter in Place Orders & Essential Workers

Question	Guidance
<p>What are considered essential businesses?</p>	<p>The State Public Health officers have provided a list of Essential Critical infrastructure workers for guidance on what is considered an essential business. Please also see the California Coronavirus (COVID-19) Response Essential Workforce List.</p> <p>Please note that the state has allowed other businesses to open as part of the economic recovery. Child care services may also be provided to these workers, and other eligible families.</p>
<p>How can we teach children about social and physical distancing?</p>	<p>From PIN 20-06-CCP How to Talk to Young Children about Social and Physical Distancing</p> <ul style="list-style-type: none"> • Implement strategies to model and reinforce social and physical distancing and movement. <ul style="list-style-type: none"> ○ Model social and physical distancing when interacting with children, families, and staff.

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Question	Guidance
	<ul style="list-style-type: none"> ○ Role play what social and physical distancing looks like by demonstrating the recommended distance of 6 feet. ○ Give lots of verbal reminders to children. ○ Create and develop a scripted story around social and physical distancing, as well as handwashing, proper etiquette for sneezes, coughs, etc. ○ Use carpet squares, mats, or other visuals for spacing. ○ Send home a tip sheet for parents to also learn about social and physical distancing. <p>How to practice Healthy Hygiene Practices</p> <ul style="list-style-type: none"> ● Teach, model, and reinforce healthy habits and social skills. <ul style="list-style-type: none"> ○ Explain to children why it's not healthy to share drinks or food particularly when sick. ○ Practice frequent handwashing by teaching a popular child friendly song or counting to 20 seconds. ○ Teach children to use tissue to wipe their nose and to cough inside their elbow. ○ Model and practice handwashing before and after eating, after coughing or sneezing, after playing outside, and using the restroom.

Waivers

Question	Guidance
<p>What is a temporary employer-sponsored child care center waiver?</p>	<p>From PIN 20-04-CCP page 6 An employer that needs to immediately provide temporary child care as a result of the spread of COVID-19 may do so using a statewide waiver of Health and Safety Code section 1596.771 regarding a “temporary employer-sponsored child care center,” provided all terms and conditions are met, as outlined in PIN 20-04-CCP. Temporary employer-sponsored child care centers must first contact the local regional office for approval.</p>
<p>What is “Pop-up” child care?</p>	<p>The term “Pop-up” refers to emergency temporary child care created to provide short term solutions for provision of care. There are several types of Pop-up care. Some of the most common Pop-up models include but are not limited to: temporary employer-sponsored, license-exempt, and licensed facilities expanding care to meet essential worker needs.</p>

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Question	Guidance
<p>Can temporary employer-sponsored child care providers serve children who are not "completely enrolled", i.e. missing proof of vaccines, who are transferring due to closure of other facilities?</p>	<p>Yes, these providers may serve children who are missing some enrollment documentation. However, the provider is advised to get a written statement that vaccinations are current, and a deadline for when the parent or guardian is expected to submit the proper documentation.</p> <p>Refer to PIN 20-04-CCP for guidance and waivers for temporary employer-sponsored child care centers.</p>
<p>What do the statewide waivers for licensed or TrustLine caregivers cover?</p>	<p>From PIN 20-04-CCP starting at page 9</p> <p>Pursuant to the Governor's Proclamation, the Department is announcing a statewide waiver for Child Care facility and TrustLine provider licensing requirements. Facilities or providers do not need prior approval from CDSS to implement the following waivers. Use of these waivers is subject to the Waiver Terms and Conditions set forth in this PIN including important stipulations for the following:</p> <ul style="list-style-type: none"> • Staff to Child Ratio Waiver • Capacity Waiver • Criminal Record Background Clearance Waiver • Personnel Requirements Waivers: A licensed child care facility may waive the following personnel requirements to enable new staff to start caregiving immediately: <ul style="list-style-type: none"> ○ Tuberculosis (TB) testing: staff without a TB clearance must make arrangements for a clearance. ○ Staff Training: must include first aid and CPR training, and other requirements. ○ TrustLine application fees: will be waived
<p>What does the staff to child ratio waiver mean?</p>	<p>From PIN 20-04-CCP page 9</p> <p>Staff to Child Ratio Waiver A family child care home (FCCH), day care center, school-age child care center or infant care center may waive adult-to-child, teacher-child, or staff-infant ratios as necessary for prevention, containment, and mitigation measures, as long as the health and safety of children is not compromised. The ratio of child to staff in a family child care home shall be no greater than 10:1. This waiver shall not apply to staffing for water activities.</p> <p>FEDERAL SAFE SLEEP BEST PRACTICES FOR INFANTS UNDER 12 MONTHS</p>

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Question	Guidance
	<p>Caring For Our Children (CFOC) Standard 1.1.1.2 notes the recommended ratios for a large FCCH.</p>
<p>What does a statewide capacity waiver cover?</p>	<p>See PIN 20-06-CCP on Social and Physical Distancing for current guidance on capacity and group sizes.</p> <p>From PIN 20-04-CCP page 9 regarding Capacity Waivers</p> <p>A child care facility, not including a large family child care home, may waive capacity requirements if there is an immediate need for child care in the facility's area due to school closures as a result COVID-19, as long as staffing remains sufficient to meet the health and safety needs of children in care. Capacity for small family child care homes shall not exceed 14 children.</p> <p>A TrustLine provider may care for the children of more than one family at a time as long as the provider is able to meet the needs of children in care and capacity does not exceed a ratio of child to provider of 10:1. A "Trustline provider" is defined in Health and Safety Code section 1596.60.</p>
<p>What does a criminal record background clearance waiver cover?</p>	<p>From PIN 20-04-CCP page 10</p> <p>Criminal Record Background Clearance Waiver</p> <p>a. New staff at a licensed facility, or a new TrustLine provider, may start caring for children immediately upon submission of a request to transfer a current CDSS criminal record clearance or exemption and child abuse clearance.</p> <p>b. New staff at a licensed facility shall be permitted to start caring for children upon submission of proof of both a criminal record clearance and child abuse clearance from a school district, state, or local government agency, so long as the other agency conducted both child abuse background checks and criminal record background checks of the individual. Within 5 business days of starting work the new staff shall LiveScan to associate to the child care facility.</p>
<p>What is the waiver for TB testing?</p>	<p>From PIN 20-04-CCP page 10</p> <p>Tuberculosis (TB) testing: New staff may start working immediately if they submit proof of a TB clearance, including a certificate of TB clearance or physician's report, within the last year.</p>

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Question	Guidance
<p>What is the waiver for staff training?</p>	<p>From PIN 20-04-CCP page 10 Staff Training: New staff may start work as soon as they provide proof of completion of first aid training, which may be completed online. The new staff shall be trained on the specific tasks they will be performing, prior to performing those tasks, and shall not be left unsupervised while children are present in the facility. Initial training requirements shall be met within 30 days of starting employment. At least one staff on site shall have a current CPR certification.</p>
<p>What if I want a general waiver for something that is not listed in the statewide waiver (PIN 20-04-CCP)?</p>	<p>For General Waivers not meeting the criteria in PIN 20-04-CCP the Licensee or organization's request should be submitted in writing to the Regional Office (RO) including the reason for the request and a proposed plan in place to address alternatives to ensure the health and safety of children in care.</p> <p>Child care licensees and TrustLine providers may continue to request individual waivers for standards not included in the statewide waiver in accordance with PIN 20-04-CCLD. For more information providers should contact their local regional office.</p>
<p>What do I post at my child care site if I have a statewide waiver?</p>	<p>From PIN 20-04-CCP page 11 The child care licensee or TrustLine care provider shall immediately notify their local regional office in writing when implementing a waiver pursuant to A statewide waiver, and a child care licensee shall post PIN 20-04-CCP indicating the waiver in effect at a public location within the facility.</p>



KIM JOHNSON
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
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GAVIN NEWSOM
GOVERNOR

APRIL 7, 2020

PIN 20-06-CCP

TO: ALL CHILD CARE FACILITY LICENSEES AND PROVIDERS

FROM: **Original signed by Pamela Dickfoss**
PAMELA DICKFOSS
Deputy Director
Community Care Licensing Division

SUBJECT: **SOCIAL AND PHYSICAL DISTANCING GUIDANCE AND HEALTHY PRACTICES FOR CHILD CARE FACILITIES IN RESPONSE TO THE GLOBAL CORONAVIRUS (COVID-19) PANDEMIC WRITTEN IN COLLABORATION WITH THE CALIFORNIA DEPARTMENT OF EDUCATION**

Provider Information Notice (PIN) Summary

PIN #20-06-CCP provides joint guidance and practices regarding social and physical distancing for providers to prevent exposure to COVID-19 while providing care for children.

The California Department of Social Services (CDSS) worked in collaboration with the California Department of Education (CDE) to develop this PIN regarding social and physical distancing for child care providers. We are committed to supporting our child care providers who continue to provide quality care for the children of families working on the frontlines against the coronavirus (COVID-19) pandemic. Essential workers include health care workers, emergency personnel, and first responders battling against this health crisis and those providing the vital services that we depend on daily, such as utilities. They also include employees from a wide range of businesses, such as grocery stores, gas stations, and hardware stores.

Child care providers deliver care and supervision for our essential workforce and play a key role in helping to stop the spread of COVID-19 within our communities. This PIN provides guidance informed by public health guidance regarding social and physical distancing and healthy practices to prevent exposure to the virus. This guidance should be followed until June 30, 2020, or an earlier date upon written notice from the Department, after which time previous licensing rules and guidance shall apply. Child care providers must comply with more rigorous requirements if ordered by federal, state

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or local authorities. Additionally, licensed child care providers looking for guidance on how to prioritize enrollment for children of essential critical infrastructure workers can reference future guidance jointly developed by the CDSS and the CDE, which will be posted on the CDE Early Learning and Care Division COVID-19 resources website at: <https://www.cde.ca.gov/sp/cd/re/elcdcovid19.asp>.

Social and Physical Distancing

Social and physical distancing is a practice recommended by public health officials to slow down the spread of disease. It requires the intentional creation of physical space between individuals who may spread contagious and infectious diseases. It additionally requires canceling or postponing the number of gatherings and group activities, reducing all group sizes, and maintaining six feet of distance between every individual, as much as possible.

Specific to child care it is important to adhere to the following distancing guidelines:

- Children should remain in groups as small as possible not to exceed ratio and capacity requirements in the charts below. *It is important to keep the same children and teacher or staff with each group and include children from the same family in the same group, to the greatest extent possible.*
- Extend the indoor environment to outdoors, and bring the class outside, weather permitting.
- Open windows to ventilate facilities before and after children arrive.
- Arrange developmentally appropriate activities for smaller group activities and rearrange furniture and play spaces to maintain 6-foot separation, when possible.
- Find creative ways to use yarn, masking tape, or other materials for children to create their own space.

Teacher to Child Ratio & Group Size Guidance

Child Care Centers

All child care centers should adhere to the following teacher: child ratios and group size outlined below for prevention, containment, and mitigation measures.

Follow the group sizes in the chart below, unless more restrictive group sizes are required by federal, state or local authorities. Note that the group sizes below do not include the teacher. When mixed ages are present and include an infant under 18 months, adherence to the 1:6 ratio must be followed to allow for responsive caregiving. If all children being cared for are infants, adherence to the 1:4 ratio must be followed within a group size, with no group no larger than 10.

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Age	Staff: Child Ratio	Group Size
0-18 months (infant)	1:4	10
18-36 months (toddler)	1:6	10
3 years - kindergarten entry (preschool) & kindergarten entry + (school age)	1:10	10
0 to school age (mixed age groups)	1:6	10

Family Child Care Homes (FCCH)

Small and large family child care homes may serve a total capacity of no more than 14, and group size may not exceed 10 children, unless more restrictive group sizes are required by state, federal or local authorities. (Over ten children will require an additional staff or assistant to maintain group sizes of ten or fewer children.)

In other words, if there are more than 10 children in care, then the children need to be divided into two small groups and kept separate from the other group of children each day, to the greatest extent possible. *It is important to keep the same children and teacher or staff with each group and include children from the same family within the same group, whenever possible.*

The following are required ratios for infants in a FCCH:

Infants 0-18 months	Provider: Infant Ratio	Group Size
Infants only	1:4 Infant	4
No more than two infants when 6 children are present	1:6 (2 Infant +4 children)	6

Exclude from your facility any child, parent, caregiver, or staff showing symptoms of COVID-19.

- Child Care Providers must implement screening procedures for all staff, residing family members in a FCCH, and children. This includes asking all individuals about any [symptoms](#) (primarily fever, cough, difficulty breathing or other signs of illness within the last 24 hours) – that they, or someone in their homes, might have. Providers should also ask individuals if they have had any exposure to another individual with suspected or confirmed COVID-19 cases. As a daily best practice, it is recommended to document and track all known incidents of possible exposure to COVID-19.

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Child care facilities should:

- Follow procedures daily for self-screening for all staff, residing family members in a FCCH, and children. This should include taking temperatures before arriving to work or beginning care.
- Train staff about the new screening procedures and notify caregivers. Ask caregivers to screen themselves and children daily, prior to coming to your facility. Caregiver must also notify you if children have taken any fever reducing medications in the prior 24 hours.
- If anyone has a temperature of 100.4°F/38°C or higher they must be excluded from the facility.
- It is recommended as a best practice to take children's temperature each morning **only if the facility uses a no-touch thermometer. The no touch thermometer needs to be wiped with an alcohol wipe after each use.**
- If the facility uses a thermometer requiring a touch-method (under the tongue or arm, forehead, etc.), it should only be used when a fever is suspected.
- Thermometers must be properly cleaned and disinfected after each use. (Information regarding best practices for thermometers can be found within the CDC document at [this link.](#))
- Monitor staff and children throughout the day for any signs of possible illness.
- If staff or a child exhibit signs of illness, follow the facility procedures for isolation from the general room population and notify the caregiver immediately to pick up the child.
- Implement and enforce strict handwashing guidelines for all staff and children.
- Post signs in restrooms and near sinks that convey proper handwashing techniques.

Review and share with staff and caregivers important guidance related to prevention and social and physical distancing:

[OSHA Safety and Health Guidance](#)

[Practice Social & Physical Distancing](#)

How to Talk to Young Children about Social Distancing

- Implement strategies to model and reinforce social and physical distancing and movement.
 - Use carpet squares, mats, or other visuals for spacing.
 - Model social distancing when interacting with children, families, and staff.
 - Role-play what social distancing looks like by demonstrating the recommended distance.
 - Give frequent verbal reminders to children.
 - Create and develop a scripted story around social distancing, as well as handwashing, proper etiquette for sneezes, coughs, etc.

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- Send home a tip sheet for parents and caregivers to also learn about social distancing.

Practice Healthy Hygiene

- Teach, model, and reinforce healthy habits and social skills.
 - Explain to children why it's not healthy to share drinks or food, particularly when sick.
 - Practice frequent handwashing by teaching a popular child-friendly song or counting to 20 (handwashing should last 20 seconds).
 - Teach children to use tissue to wipe their nose and to cough inside their elbow.
 - Model and practice handwashing before and after eating, after coughing or sneezing, after playing outside, and after using the restroom.

During Drop Off and Pick Up

- Conduct visual wellness checks of all children upon arrival and ask health questions when concerned.
 - Ask caregivers and parents to meet at the facility entryway for pick-up and drop-off of children whenever possible.
 - Explain to parents and caregivers that all visits should be as brief as possible.
 - Ask parents or caregivers to enter and exit the room one person at a time to allow for social and physical distancing.
 - Ask parents and caregivers to wash their own hands and assist in washing the hands of their children before drop off, prior to coming for pick up, and when they get home.
 - Ask parents and caregivers to bring their own pens when signing children in and out.
 - Install hand sanitizers, out of the reach of children, near all entry doors and other high traffic areas.

Examine your Environment

- Implement procedures to frequently clean all touched surfaces.
 - Have multiple toys and manipulatives accessible that are easy to clean and sanitize throughout the day.
 - Limit the amount of sharing.
 - Offer more opportunities for individual play and solo activities, such as fine motor activities (i.e., drawing, coloring, cutting, puzzles, and other manipulatives).
 - Plan activities that do not require close physical contact between multiple children.
 - Stagger indoor and outdoor play and adjust schedules to reduce the number of children in the same area.
 - Designate a tub for toys that need to be cleaned and wiped after use.

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Meal Times

- Utilize more tables to spread children out or use name cards to ensure adequate spacing of children.
 - Practice proper handwashing before and after eating.
 - Use paper goods and disposable plastic utensils when possible, following CDC and CDPH COVID-19 food handling guidelines.
 - Immediately clean and disinfect trays and tables after meals.
 - Avoid family- or cafeteria-style meals, ask staff to handle utensils, and keep food covered to avoid contamination.

Toothbrushing

- Stop toothbrushing during class. Encourage parents and caregivers to regularly brush teeth at home.

Bathroom

- Use this time as an opportunity to reinforce healthy habits and monitor proper handwashing.
 - Sanitize the sink and toilet handles before and after each child's use.
 - Teach children to use a tissue when using the handle to flush the toilet.
 - Wash hands for 20 seconds and use paper towels (or single use cloth towels) to dry hands thoroughly.

Personal Items

- All personal items should be labeled and kept in a separate bag to ensure personal items are separate from others. During this time, personal toys should be kept at home until further notice.

Napping

- Space cots 6 feet apart from each other. Arrange the head of each bed alternately, in opposite directions, to lessen the possible spread of illness between children from coughing or sneezing.

Note: The COVID-19 pandemic is a challenging and fluid situation. Federal, state and local orders and guidance may change frequently. Please refer to the [Child Care Licensing Webpage](#) for up-to-date information and resources. The licensee should adhere to the local public health department's orders and guidelines for providing a healthy and safe child care environment. The licensee should also incorporate policies and procedures provided by CDSS, California Department Public Health, California Department of Education, health care providers, and other essential government authorities. Please also check [Governor's Office COVID-19 Updates](#) and your [local county public health department](#) for the most current updates and requirements.



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FAQs for Early Learning and Care Programs

Frequently Asked Questions for Early Learning and Care Providers.

Please note that the CDE responses to the FAQs and Management Bulletins released by the California Department of Education (CDE) do NOT apply to all child care programs statewide, but rather pertain solely to CDE contractors currently holding contracts to provide access to care using state subsidies.

Parents who would like to access Emergency Childcare should visit the [Resource and Referral County Listing web page](#). The local Resource and Referral Agency within your county is there to help connect parents with finding childcare providers. If you would like to access subsidized care you will need to inform the Resource and Referral Agency, who will be able to walk you through the process of enrolling in subsidized childcare.

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[Emergency Closure](#)

[Additional Funds and Resources](#)

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Payments to Providers

1. Which providers does the 30-day limit apply to? (Updated 6/16/20)

The 30-day limit applies to center, family child care home, and license-exempt providers paid through a subsidy voucher/certificate from an Alternative Payment (AP) program (Migrant Alternative Payment Program; CalWORKs Stage 2; CalWORKs Stage 3; California Alternative Payment Program).

2. If a provider paid through a subsidy voucher/certificate from an AP program is closed beyond 30 days, will the provider continue to be reimbursed after that time?

No, the AP contractors must only authorize reimbursement for 30 calendar days to providers that

are paid through a subsidy voucher.

3. According to Management Bulletin (MB) 20-04, AP contractors may reimburse providers for 30 days after closure. When does the 30 days start?

The 30 days begins on the first day the provider closed and stopped providing childcare.

4. Do AP contractors need to provide written notice to providers 14 days before payment to the provider ends? (Updated 6/16/20)

No, however, the CDE requires that AP contractors make reasonable efforts to contact all providers impacted by this policy to notify them of the reimbursement policies set forth in MB 20-04A.

5. We have providers that have had to close intermittently due to a lack of supplies. Are providers that have closed intermittently eligible to receive reimbursement for 30 calendar days when they have to close intermittently? (Updated 6/16/20)

In accordance with MB 20-04A, providers receiving reimbursement through a voucher/certificate may choose to close for 30 consecutive calendar days or may close intermittently for up to the number of operating days it would have been open during the 30 day period, during the COVID-19 state of emergency. AP providers who have already closed for 30 consecutive calendar days cannot be reimbursed for additional operating days of closure during the COVID-19 state of emergency.

When using closure days intermittently, providers shall clearly indicate these dates of closure on the attendance record/invoice. AP contractors will reimburse providers based on the directive in MB 20-04.

6. If an AP provider, including family childcare home, center, or license exempt, closes due to the declared State of Emergency and a family must find another childcare provider, can an AP contractor reimburse an alternate provider to provide care? (Updated 6/16/20)

Yes, families who still need services, but whose usual provider is closed, can select an alternate provider that will be paid.

Essential worker families can select an alternate provider if their usual provider is closed. AP contractors should reimburse an alternate provider when the regular provider is not open to provide services.

7. Will AP providers who choose to close be reimbursed starting from the date of closure or the date the shelter in place (SIP) order became effective? (Posted 6/16/20)

The AP providers who choose to close during the COVID-19 State of Emergency, in accordance with local or state public health department guidelines, will be reimbursed for 30 consecutive

calendar days of closure in accordance with MB 20-04A. The 30 consecutive calendar day period will begin the first day of closure as reported by the provider.

- 8. If an AP provider closes and is unable to return the attendance record/invoice to the AP contractor, should they be reimbursed for the whole month using maximum authorized of care or when shelter in place became effective? (Posted 6/16/20)**

In accordance with MB 20-04A, providers that cannot return the attendance record/invoice because of closure should communicate with the contractor to report the dates of closure. Providers will be reimbursed for 30 consecutive calendar days from the first day of closure.

- 9. Alternative Payment program contractors do not know which providers are opened or closed. We are having difficulties contacting providers. How should the provider submit the attendance record? (Posted 6/16/20)**

When using closure days, providers must clearly indicate these dates of closure on the attendance record and/or invoice, or communicate with the contractor to report dates of closure. The AP contractors should work with providers to determine the best way to receive attendance and/or invoice records while ensuring state and local public health department guidelines are being met. This may include, but is not limited to, submitting electronic records, including digital signatures, or access to a drop box outside of the building.

- 10. How will the AP contractor reimburse providers who do not submit attendance records? (Posted 6/16/20)**

Providers that remain open must continue to submit attendance records and/or invoices in accordance with current reporting policies. An attendance record and/or invoice may be submitted without the parent signature if the parent is unavailable to sign due to the COVID-19 pandemic. The AP contractors must work with providers to determine the best way to receive attendance and/or invoice records while ensuring state and local public health department guidelines are being met. This may include, but is not limited to, submitting electronic records, including digital signatures, or access to a drop box outside of the building. Providers who are closed, and are unable to submit an attendance record/invoice, must communicate closure dates to the AP agency.

Reimbursement to providers that remain open must be made based on the families certified need. For families with variable schedules or licensed exempt providers serving families with part-time need, reimbursement will be based on the maximum authorized hours of care. Reimbursement to providers that close is treated the same as reimbursement to providers that remain open with the exception that reimbursement is limited to 30 closure days as set forth in MB 20-04A.

If there is a provider neither submitting an attendance record/invoice nor communicating with the contractor to report days of closure, the AP contractor may withhold reimbursement, until they

receive one or the other.

- 11. Do we need to use the most recent monthly attendance record and/or invoice if we are required to pay the maximum authorized hours of care? (Posted 6/16/20)**

Providers that remain open must continue to submit attendance records and/or invoices in accordance with current reporting policies and will be reimbursed based upon the families' certified need (or maximum authorized hours of care if a part-time license-exempt provider or family is on a variable schedule) as directed in MB 20-04A. Providers that are closed, and are unable to submit an attendance record/invoice must communicate their days of closure and will be similarly reimbursed based on families' certified need (or maximum authorized hours of care if a part-time license-exempt provider or family is on a variable schedule) in accordance with MB 20-04A.

- 12. For an AP provider who returns the attendance record empty starting on March 25, and advises the AP contractor that they are closed beginning April 1 through April 30, with plans to reopen on May 1, how should that provider be reimbursed? Will provider be reimbursed for March? How about April? (Posted 6/16/20)**

Assuming the provider was open during the period of March 25-31, regardless of attendance, they should be reimbursed based upon the families' certified need (or maximum authorized hours of care if a part-time license-exempt provider or family is on a variable schedule) as directed in MB 20-04A. Provider will be reimbursed for 30 consecutive calendar days of closure beginning April 1.

- 13. What is the directive after June 30, 2020 if the COVID-19 State of Emergency is extended? (Posted 6/16/20)**

These are not permanent changes to statute or regulations. All provisions in MB 20-04A are effective only through June 30, 2020 unless rescinded sooner. The CDE will issue additional guidance if statute is enacted and/or Executive Orders are extended.

- 14. How would an AP agency reimburse a licensed exempt provider who provides full-time services if the provider was closed? (Posted 6/16/20)**

License-exempt providers will be reimbursed based on the families full-day certified need. If the certified need is for a variable schedule, reimbursement will be based on the maximum authorized hours of care.

For license-exempt providers serving families with part-time certified need, reimbursement will be based on the maximum authorized hours of care.

- 15. How would providers (including license-exempt) that are serving families certified for variable schedule be reimbursed if they choose to close intermittently? (Posted 6/16/20)**

Providers, regardless of whether they are licensed or not, that are serving families certified for a variable schedule must be reimbursed for closure dates the family would have attended up to the maximum authorized hours of care.

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Attendance Reporting

- 1. How should a center-based contractor attendance reporting be completed if a program shut down in mid-March? How should dates be reported for the first half of March if those were not processed prior to closure?**

For center-based contractors that closed mid-March, the CDNFS report should include all days of enrollment and days of operation as if the contractor remained physically open through the end March, but only reflect the actual days of attendance. ELCD is preparing a management bulletin for COVID-19 pandemic emergency closures that will provide further guidance on how a contractor can be reimbursed for the days of attendance lost during the time of closure.

- 2. Are authorized staff allowed to sign off on children's sign in/out sheets and provide the reason for the absence? (Updated 6/16/20)**

Yes, for center-based contractors. In accordance with 5CCR Section 18066, an authorized staff may sign the sign-in/sign-out sheet and note the reason for the absence when parent is not available.

- 3. Are attendance reports needed only to increase apportionment amounts?**

Contractors, who are able, are encouraged to submit a February and/or March attendance and fiscal report before May 20, 2020 if the report data benefits the contractor. This may include instances when a contractor has increased enrollment since their last reporting period, thus increasing the calculated apportionment amount due. For example, if the most recent report you submitted is a December 2019 report, and if you increased enrollment in the months January through March, it will be to your benefit to submit a report prior to May 20th to ensure your apportionment payment captures the increased enrollment.

- 4. I already submitted my attendance records and one parent did not sign because of COVID-19; I did not state that on my record at the time. What should I do? (Updated 6/16/20)**

AP providers that are paid through family subsidy vouchers may submit an invoice or attendance record without the parent signature if the parent is unavailable to sign due to COVID-19.

- 5. If a CSPP is offering an online program and children are attending, can they be marked as attending?**

Yes, you can sign a parent in on the daily roster which shows the child as attending subject to

conditions: 1) The parent is participating in one of your CSPP online classes and 2) the parent communicates to you that COVID-19 pandemic prevents him/her from signing in and out.

- 6. Our agency's sites have been forced to close due to COVID-19 but we are still providing distance learning services per the directive outlined in Management Bulletin 20-09. Do we still need to report the families receiving the distance learning services on the CDD-801A Monthly Child Care Population Report? (Posted 5/21/2020)**

Yes, if your agency is providing distance learning services that have been approved by your assigned Program Quality Implementation consultant, please report those families receiving services on the CDD-801A Monthly Child Care Population Report.

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Family Fees

- 1. Do contractors issue refunds to parents who have full day co-pays for shutdown days?**

Co-pays are an agreement between the provider and parent for the amount in excess of the maximum reimbursable rate. This fee is not covered under the MB to temporarily waive family fees and therefore no adjustments to this fee will be made.

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Telework

- 1. Can I issue NOA's and Certificates electronically?**

Yes. Contractors can use digital signatures, maintain records electronically, or convert records from a paper format to an electronic format. Please refer to [Management Bulletin 16-02](#) for additional guidance.

- 2. Can families be enrolled electronically?**

Families can be enrolled electronically. Please refer to MB 17-13 for additional information.

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Reporting

- 1. Our agency is closed at this time and does not have staff to submit reports required by our contract. Will extensions be granted during this time to ensure that we are not out of compliance?**

Pursuant to MB 20-04, the deadline to submit the February 2020 monthly report or March 2020 quarterly report has been extended to May 20, 2020. The following list identifies the specific reports that have been granted the extension:

- **CDNFS 1400** – Child Care for Children with Severe Disabilities (CHAN) Fiscal and Attendance Report
- **CDNFS 8501, CDNFS 8501MHCS, CDNFS 8501SC, CDNFS 8501MHCSSC, CDNFS 8501SF, CDNFS 8501MHCSSF** - California State Preschool (CSPP) Fiscal and Attendance Reports
- **CDNFS 9500, CDNFS 9500MCHS** - General Child Care (CCTR) and Migrant (CMIG) Fiscal and Attendance Reports
- **CDNFS 9500-A** - Migrant Special Services (CMSS) Fiscal Report
- **Fiscal Reports submitted online** for CalWORKs Stage 2 and Stage 3 (C2AP and C3AP), Alternative Payment (CAPP), Family Child Care (CFCC), Migrant Alternative Payment (CMAP)
- **CalWORKs Caseload Report**
- **CDNFS 2507** - Resource and Referral (CRRP) Fiscal Report
- **CDNFS 9529 CCIP** - Revenue and Expenditure Report for CCIP Contracts
- **CDNFS 9259** - Revenue and Expenditure Report for Support Contracts

During this time, any contractors who were not previously subject to withholding of apportionments prior to the COVID-19 emergency will continue to receive monthly apportionment payments.

The CDE will continue to monitor the state declared State of Emergency related to COVID-19 and will issue further guidance on reporting requirements where necessary.

2. What is the deadline for submitting reports (801A, 801B, self-review etc.)?

Due to the state-declared State of Emergency related to COVID-19, the deadline to submit the CDD-801A Monthly Child Care Population Report (CDD-801A) and CDD-801B Monthly Sample Report (CDD-801B) to the Child Development Management Information System (CDMIS) has been extended. Please see the tables below that identify the updated deadlines:

CDD-801A:

Report Month	Due Date
February 2020	May 20, 2020
March 2020	May 20, 2020
April 2020	May 20, 2020

CDD-801B:

Report Month	Due Date
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January 2020

May 20, 2020

If you have any questions or concerns, please reach out to the CDMIS Support Office by email at CDMIS@cde.ca.gov.

- 3. Can current reporting practices for providers requiring paper attendance records or invoices be modified to allow for email/electronic submission?**

Yes.

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Fiscal

- 1. Does the CDE have a plan to ensure contractor's apportionments keep coming if they are impacted with severe staffing shortages?**

Pursuant to MB 20-04 any contractors who were not previously subject to withholding of apportionments prior to the COVID-19 pandemic emergency will continue to receive monthly apportionment payments.

The CDNFS Unit will use the most current attendance and fiscal report to project earnings. These projections will be the basis for determining the monthly apportionment payments.

- 2. Will AP contractors be allowed flexibility in timelines for making provider payments?**

No. The *Code of Federal Regulations*, Title 45, requires reimbursement to providers within 21 days of receipt of invoice. All ELCD contractors should have a plan for reimbursing providers timely in the event of an emergency.

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Child and Adult Care Food Program

- 1. Can visits cease for the Child and Adult Care Food Program (CACFP)?**

For the most updated and current information regarding the CACFP, please visit the [Nutrition Services Division "Nutrition What's New" web page](#).

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Emergency Childcare


- 1. If we closed some classrooms but not all, how do we properly transfer students whose families are essential workers into open classrooms? (Posted 4/30/20)**




Programs should move students into classrooms per the group sizes and ratios listed in MB 20-

06 and in the California Department of Social Services (CDSS) Provider Information Notice (PIN) #20-06-CCP.


2. What resources are available to ensure health and safety guidelines and protection of caregivers who are providing services to essential workers? (Posted 4/30/20)

The CDSS PIN #20-06-CCP includes guidance on health and safety practices and protection for caregivers and children. In addition, the CDE offers the following considerations for cleaning early learning and care classrooms and supplies:

- Consider removing materials from the classroom that are harder to clean (e.g., soft toys).
- Follow regular cleaning protocols and use an EPA-registered disinfectant that is active against Coronavirus, a list of which can be found on the [EPA's Disinfectants for Use Against SARS-CoV-2 web page](#) .
- Clean and disinfect frequently touched surfaces throughout the day and at night, including but not limited to:
 - ◆ Door handles, crash bars, and doorknobs
 - ◆ Entry windows
 - ◆ Office counters and surfaces
 - ◆ Handrails
 - ◆ Sinks and drinking fountains
 - ◆ Dispensers
 - ◆ Desks and tables
 - ◆ Bathrooms
 - ◆ Anything else that is handled frequently by multiple children and staff
- Clean and sanitize all toys at the end of the day.
- Clean any machine washable items on the hottest setting.
- Keep a designated bin for separating toys that have been in children's mouths. When a child is done with a mouthed toy, place it in a bin that is inaccessible to other children and wash hands. Clean and sanitize toys prior to returning them to the children's area.
- Increase the early childhood program's cleaning and disinfection routine to multiple times per day, while being careful with children in the near vicinity.

The California Department of Industrial Relations Division of Occupational Safety and Health released [COVID-19 Infection Prevention in Childcare Programs Guidance](#)  (PDF), which offers additional guidance. The California Childcare Health Program offers a Health and Safety Manual and Checklist associated with the Caring for Our Children national health and safety performance standards and guidelines for early care and education programs, which includes guidance on cleaning, sanitizing, and disinfecting, this can be found on the [National Resource Center for Health and Safety Caring for Our Children Cleaning, Sanitizing, and Disinfecting web page](#) , and prevention of exposure to bodily fluids that can be found on the [National Resource Center for Health and Safety Caring for Our Children Hygiene web page](#) .

The Center for Disease Control (CDC) offers a page of guidance [For Child Care Programs That Remain Open and Interim Guidance for Administrators of US K-12 Schools and Child Care](#)

Programs. The CDC also has a guide on how to clean and disinfect schools which has information relevant to early learning and care providers that can be found in the [Center for Disease Control School Guide for How to Clean and Disinfect Schools](#)  (PDF).

3. Are slots temporary for children that enroll in Emergency Childcare? (Posted 4/30/20)

Yes, at this time Emergency Childcare for essential workers, at-risk populations, and children with an IEP or IFSP that require ELC services, will only be provided through June 30, 2020 or until the State of Emergency has been lifted, whichever occurs first.

4. Will currently enrolled children have a place in care when the shelter-in-place order is lifted? (Posted 4/30/20)

Yes, providers will resume serving currently enrolled children, beginning July 1, 2020, unless MB 20-06 is extended, rescinded sooner, or the State of Emergency has ended. Currently enrolled children cannot be disenrolled during this time, and must have their spot available when the shelter-in-place order is lifted. This change does not affect any family's 12-month eligibility for care.

5. What should a program do if a child that was previously enrolled, but has not been attending, returns to care once slots have been allocated to children of essential workers? (Posted 4/30/20)

All currently-enrolled families have the option to stay in care, or return to care, before any new essential worker or at-risk families are enrolled for emergency care. Providers should make a good faith effort to confirm each enrolled child's plans for care before enrolling new families. In the instances where a new family was enrolled, and a currently enrolled family wishes to return to care, but the provider would be over group size requirements, the provider should resume care for the currently enrolled child and submit a group size capacity waiver to their CDE regional consultant.

6. Is there a deadline for currently enrolled children to return to care? Is there a deadline for when programs that reopen must begin enrolling children of essential workers? (Posted 4/30/20)

No there is no deadline for currently enrolled children to return to care. The CDE encourages contractors who plan to provide emergency care to reach out to families quickly because all currently enrolled families must have the option to return to care before new families are enrolled. Once the contractor has given currently enrolled families the option to return, they can begin new enrollments for at-risk populations, essential workers, and children with an IEP or IFSP that require ELC services.

7. Can a contractor with unused California State Preschool Program (CSPP) funding use that funding for General Child Care (CCTR) to serve essential worker families? (Posted 4/30/20)

Non-LEA contractors may request an intra-agency funding transfer between their own CSPP and CCTR contracts in order to utilize contract funding to serve essential workers or at-risk populations. Intra-agency transfers are only available to non-LEAs, as non-LEA agreements are not funded by prop 98 funds.

Non-LEA contractors may submit a transfer request between May 1 and May 15, 2020. Approved transfer requests will only be for the current fiscal year.

If a non-LEA contractor believes that their transfer request needs to be processed prior to these dates due to cash flow issues caused by COVID-19, they may submit a request to their fiscal analyst for consideration prior to May 1st.

8. Are currently enrolled children whose parents are not essential workers allowed to return to care? (Posted 4/30/20)

Contractors who remain open, or reopen, during the State of Emergency should communicate with their current families that they expect them to remain at home during the shelter-in-place order unless they are an essential worker family. Families who choose to remain in care during this period, or return to care, will be presumed to be essential workers or part of an at-risk population.

9. Can a contractor request additional funding through a Voluntary Temporary Transfer (VTT) to serve essential worker families? (Posted 4/30/20)

LEA and Non-LEAs can participate in a VTT of funds. The process requires participation from an underearning contractor who voluntarily relinquishes part of their contract to provide funding to an over earning contractor.

The VTT period is between May 1 and May 15. Approved transfer requests are temporary and will only apply to the current fiscal year. The CDE strongly encourages contractors who are underearning allow their funds to be part of the support for Emergency Childcare by either opening up and serving them or by participating in a VTT of funds.

More information regarding the VTT process can be found on the [California Department of Education Local Child Care and Development Planning Councils web page](#).

10. Are license-exempt providers eligible for the emergency enrollments? (Posted 4/30/20)

Alternative Payment (AP) contractors may allow new enrollments of children for Emergency Childcare provided their contract funds support the additional enrollment. Families that receive vouchers from an AP agency may choose the provider who will provide care for their child.

11. What documentation is needed in order to certify a family for Emergency Childcare? (Posted 4/30/20)

New families that need childcare must apply for Emergency Childcare by completing the COVID-19 2020 Confidential Application for Emergency Childcare Services, and complete the COVID-19 Self-Certification document. This will be the only documentation required in order to certify the family for Emergency Childcare services.

12. Are newly enrolled at-risk families eligible through June 30, 2020 or do they get 12-month eligibility? (Posted 4/30/20)

Newly enrolled at-risk families that enroll in Emergency Childcare with the minimal documentation as listed in MB 20-06 will not have 12-month eligibility. If the family would typically be eligible for services, they may enroll in the program once the State of Emergency is lifted following the requirements in Title 5 and the 12-Month Eligibility Implementation Guidance in MB 17-14 to receive 12-month eligibility.

13. How should direct service contractors address physician reports and immunization records? (Posted 4/30/20)

All center-based contractors, including those that provide services through a Family Child Care Home Education Network, shall maintain a family data file which shall contain all child health and current emergency information required by the California Code of Regulations, Title 22, sections 101220.1 and 101221.

14. Can programs use existing classrooms to serve children of essential workers and at-risk populations? For example, some agencies have empty classrooms that do not serve subsidized children, can these classrooms be used to expand services on a temporary basis? (Posted 4/30/20)

Yes, contractors can use other classrooms to serve currently enrolled subsidized children or enroll new children if they have the funds available to enroll emergency workers. As always, contractors can accept private pay families if there are not funds available in the contract. Contractors must follow any directives from Community Care Licensing for any spaces that have not previously been licensed for the age group being served.

15. Our program wants to re-open licensed sites to provide Emergency Childcare, but some of their current childcare staff cannot return to work (due to health or other reasons). Is there any flexibility with regards to staff permits? (Posted 4/30/20)

Yes, during the state of emergency, contractors may utilize staff that meet the requirements of a "fully qualified teacher" in Title 22, in place of a "teacher". For more specific information on the requirements of a "fully qualified teacher" see the *California Code of Regulations*, Title 22, Section 101216.1(c).

To be a "fully qualified teacher", child care staff must meet one of the following requirements:

1. Twelve postsecondary semester or equivalent quarter units in early childhood education or child development completed, with passing grades, at an accredited or approved college or university; and at least six months of work experience in a licensed child care center or comparable group child care program, or
2. A current and valid Child Development Associate (CDA) credential with the appropriate age-level endorsement issued by the CDA National Credentialing Program of the Council for Early Childhood Professional Recognition; and at least six months of on-the-job training and/or work experience in a licensed child care center or comparable group child care program or
3. One of the following Child Development Permits issued by the California Commission on Teacher Credentialing
 - Child Development Associate Teacher Permit; or
 - Child Development Teacher Permit; or
 - Child Development Master Teacher Permit.

16. Are contractors required to send out a Notice of Action to the family once they are certified for Emergency Care? (Posted 4/30/20)

Families must be given written notice that they are certified for Emergency Childcare as set forth in MB 20-06; this can be through the use of a Notice of Action (NOA). Contractors should state on any notice or NOA that the family is only certified for services until June 30, 2020 or until the State of Emergency has ended, whichever occurs first. Contractors may send the notice or NOA electronically to the family.

17. Do currently enrolled families have to sign a self-certification that they are an essential worker? (Posted 4/30/20)

No, currently enrolled families are not required to self-certify that they are essential workers. Any currently enrolled family that does not shelter-in-place is presumed to be an essential worker.

18. How can parents access Emergency Childcare? (Posted 4/30/20)

Parents who would like to access Emergency Childcare should visit the [Resource and Referral County Listing web page](#), or [My Childcare Search web page](#). The local Resource and Referral Agencies within each county are there to help connect parents with finding childcare providers. Parents that would like to access subsidized care should inform the Resource and Referral Agency, who will walk them through the process of enrolling in subsidized childcare.

19. Is there a list of contractors/providers who are offering emergency child care services for essential workers? (Posted 4/30/20)

Contractors should work closely with their local Resource and Referral Agencies (R&Rs) to inform them of vacancies they may have so the R&Rs can support and inform the general public of available Emergency Childcare options and assist families with finding emergency care.

20. Which contract types are able to enroll families for Emergency Childcare with the modified enrollment documentation and enrollment priorities? (Posted 4/30/20)

MB 20-06 only applies to Alternative Payment Program (CAPP), California State Preschool Program (CSPP), General Child Care (CCTR), and Family Child Care Home Education Networks (CFCC) contracts.

21. Do contractors need to prioritize new enrollments of essential workers by income ranking order and the essential worker priorities? (Posted 4/30/20)

Families that are income eligible will be prioritized over families that exceed the income eligibility threshold, however, families will not be further ranked by income. Families who are enrolled as essential workers must be prioritized based on the essential worker sector the family works in as listed in MB 20-06.

22. Are emergency child care group sizes set in stone and if so, how long will this be required? (Posted 4/30/20)

Group size requirements are in effect through June 30, 2020 or until the State of Emergency is lifted, whichever occurs first. MB 20-06 provides guidance regarding the approval process for increased group size waivers. Group size waivers are only available for contractors who did not close their programs, and only if currently enrolled children who are still attending care exceed the group size requirements. Groups size waivers will not be granted for contractors that enroll new families that exceed the group size maximum of 10 children.

23. When certifying essential worker families for services do all parents included in the family size have to work outside of the home to qualify for Emergency Childcare services? (Posted 4/30/20)

All parents included in the family size must be essential workers that work outside of the home in order to qualify for Emergency Childcare. The only exception to this is when one parent is an essential worker that works outside of the home and the other parent is incapacitated.

24. Can part-day CSPP programs request permission from CDE to operate CSPP full-day services to essential workers? (Posted 4/30/20)

Contractors may serve families of essential workers and at-risk populations for full-day care to the extent that current contract funds support the contractor to provide full-day services.

25. Do teachers from the CDE funded programs who are providing distance learning to children qualify for Emergency Childcare services as essential workers? (Posted 4/30/20)

Early learning and care teachers are considered essential workers; however, they only qualify for Emergency Childcare if they cannot work remotely and if they meet the other requirements listed

in MB 20-06 to receive Emergency Childcare.

- 26. What are the eligibility priorities and certification criteria for alternative payment (AP) program contractors? How should AP providers prioritize families when they open to provide emergency childcare to essential workers? (Posted 4/30/20)**

Alternative Payment (CAPP) contractors must follow the prioritization and eligibility criteria listed in Management Bulletin 20-06 when certifying new families. Private providers that open to provide Emergency Childcare for families with AP vouchers are not required to enroll children into their programs with the priorities listed in MB 20-06, however, they may look to the guidance in MB 20-06 for best practices in regards to serving families during COVID-19.

- 27. After serving all currently enrolled families whose parents are essential workers, can a contractor recruit eligible families from the community for services i.e. hospitals, first responders, etc.? (Posted 4/30/20)**

If a contractor has exhausted their list of currently enrolled families who need emergency child care services and the program still has vacancies, contractors should work with their local Resource and Referral agency to fill vacancies with new families in the priority order described in MB 20-06. Contractors can also conduct outreach to local hospitals and other businesses with employees who are essential workers. As always, contractors have the ability to enroll private pay families if there is space available.

- 28. Will contractors be "held-harmless" when implementing management bulletins/ CDE directives during the state of emergency? (Posted 4/30/20)**

Management Bulletin 20-06 informs early learning and care contractors who enroll essential workers with a signed COVID-19 Self-Certification form that they are not responsible for determining if a parent or guardian's work is "essential" under State Executive Order N-33-20 or if a family is part of the "at-risk population" when accepting a child for emergency childcare during the COVID-19 pandemic. Contractors shall not be subject to a penalty for accepting a child whose parent or guardian is later determined not to meet those definitions.

- 29. Are one-time funds available to support additional costs incurred by contractors who provide emergency services to essential workers? (Posted 4/30/20)**

California's Governor and Legislature identified \$50 million to support Emergency Childcare for essential workers and at-risk populations during the State of Emergency. The CDE has allocated the available funds to CAPP contractors throughout the state.

- 30. When an essential worker's CSPP or CCTR site is closed does this family have the option of enrolling in another CDE funded program that has opened to provide emergency child care services? If yes, what guidelines should be followed by the parent and providers once the shelter in place directive has lifted? (Posted 4/30/20)**

When a currently enrolled family is in need of care, they are able to temporarily enroll in another CDE funded program if their current program is closed. If the family receives Emergency Childcare from another direct service contractor or obtains an Emergency Childcare voucher, they will only be allowed to receive those services until June 30, 2020 or until the State of Emergency is lifted, whichever occurs first. All families will be expected to return to their regular contractor or providers once the State of Emergency is lifted or once the contractor or provider has reopened.

31. What are the criteria for contractors operating Emergency Childcare programs for essential workers? (Posted 4/30/20)

Contractors should follow all directives as outlined in Management Bulletin 20-06 which provides guidance regarding Emergency Childcare for essential workers and at-risk populations during the COVID-19 State of Emergency.

Additionally, other recently released Management Bulletins on a variety of other topics can be found on the [ELCD COVID-19 Resources webpage](#).

32. Are school districts expected to provide Emergency Childcare services to essential workers and at-risk populations during the state of emergency? (Posted 4/30/20)

The CDE is encouraging all programs that can safely remain open or reopen to do so in order to serve essential worker families and at-risk populations during this State of Emergency.

33. What resources are available for parents who are essential workers and unable to afford child care services? (Posted 4/30/20)

Families that are in need of subsidized Emergency Childcare during this time should contact their local R&R to be connected with CDE contractors who can certify families for Emergency Childcare. Families are now able to apply for Emergency Childcare in a state subsidized program if they are one of the following; an essential worker family, an at-risk population, or a family with a child who has a disability or special health care need whose IEP or IFSP includes early learning and care services.

34. Does management bulletin 20-06 apply only to CDE funded programs? (Posted 4/30/20)

Yes, Management Bulletin 20-06 provides guidance to state-subsidized early learning and care (ELC) programs that will continue to provide services to currently-enrolled families or begin to provide Emergency Childcare for essential workers and at-risk populations. However, private providers may look to the guidance in MB 20-06 for best practices in regards to serving families during COVID-19.

35. How should contractors prioritize children of Essential Workers already enrolled if there is not sufficient staff to fully re-open? (Posted 4/30/20)

Currently enrolled families should be prioritized to return to care in the same order as new families as described in more detail in MB 20-06.

Priority 1: CPS or at-risk families

Priority 2: Families experiencing homelessness

Priority 3: Essential workers (in the order listed in MB 20-06)

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Emergency Closure

- 1. Is there a limit on the number of days a contractor can claim for an emergency closure? (Posted 5/5/20)**

No, an emergency closure can be claimed during the entire period of the COVID-19 State of Emergency, up to and including June 30. Contractors that submit emergency closure requests must meet the requirements provided in Management Bulletin (MB) 20-11 regarding emergency closures, MB 20-09 regarding program quality, and, as applicable, MB 20-10 regarding family child care home education networks.

- 2. Does the contractor have to submit a Board Resolution for a COVID-19 related emergency closure? (Posted 5/5/20)**

No. Contractors must submit an Emergency Closure Request online in accordance with Management Bulletin (MB) 20-11.

- 3. Who is an "authorized representative" for the contract(s)? (Posted 5/5/20)**

For the purposes of submitting emergency closures requests, the authorized representative is the person who has the authority to sign and engage in a contractual relationship with the California Department of Education (CDE).

- 4. Does a program have to report attendance during an emergency closure due to COVID-19? (Posted 5/5/20)**

Actual days of attendance must be reported for the month of March. Management Bulletin (MB) 20-11 states that contractors that are closed due to the COVID-19 pandemic do not have to report attendance during the period of closure for the months of April, May and June 2020. Contractors do need to submit fiscal and attendance reports for January, February, March 2020. The data from these reports will be used to determine an appropriate attendance and enrollment credit for the months of March, April, May and June 2020. Once the contractor receives the approval letter, the contractor can report the approved credit as their days of attendance.

- 5. Will the emergency closure credit be based on our attendance the week before the closure started? (Posted 5/5/20)**

No. Contractors are required to submit a January, February and March 2020 Report to Child Development and Nutrition Fiscal Services (CDNFS). CDNFS will use prior reported data to determine an appropriate attendance and enrollment credit for the period of closure. Specifically, the enrollment and attendance data, as well as the days of closure, will be the basis for determining the approved credits during closure.

6. If only some of a contractor's sites are closed and other sites remain open, how should I report attendance during an emergency closure? (Posted 5/5/20)

The CDE understands that some center-based contractors may not have closed all sites. With the exception of emergency childcare services for children of essential workers and special populations, contractors will not need to submit attendance and enrollment data related to any site for the period of closure. Instead, CDNFS will calculate a credit for the number of days of enrollment and attendance based on the third quarter report. Once the contractor receives the approval letter, the contractor can report the approved credit as their days of attendance. If a contractor believes it is administratively more efficient to report absences for all closed sites as excused absences, they can choose to do so. In this case, the contractor would not submit an emergency closure request, but would continue to submit monthly or quarterly report forms to CDNFS with enrollments and attendance as normal.

7. Will a contractor get reimbursed for continuing to pay teachers and staff through the emergency period? (Posted 5/5/20)

MB 20-04 allows contractors to continue to receive their apportionments during an emergency closure due to COVID-19. This funding is to continue to pay program costs including but not limited to teacher and staff salaries. Contractors should refer to the limits of reimbursement defined in California Code of Regulations, Title 5 Section 18054 and the annual Funding Terms and Conditions (FT&Cs) for more information on how reimbursement is determined by contract type.

8. Does a CCTR contractor operating a Family Child Care Home Network have to pay providers during a closure? (Posted 5/5/20)

Yes. Direct service contract programs (CCTR, CSPP, CHAN, or CMIG) and CFCC contractors serving families in a family child care home education network (FCCHEN) may submit an emergency closure request for any licensed family child care home that is closed due to COVID-19. These providers must be part of a FCCHEN and serving families in a direct service contract program. As specified in MB 20-11, contractors must continue to incur operating expenses in order to receive reimbursement. Per MB 20-10, these contractors and family child care home providers receiving reimbursement must continue to meet program quality contractual requirements during an emergency closure.

9. Can an Alternate Payment program submit an emergency closure request? (Posted 5/5/20)

No. Alternative Payment (AP) programs provide essential services, such as assisting families

with provider changes, processing provider reimbursements, enrolling children of essential worker families, and must continue to provide essential program services during the COVID-19 State of Emergency. AP programs must continue to provide these services and continue to pay providers that are open to provide early learning and care to children and families. Because the CDE cannot reimburse AP providers that are closed, beyond the 30 days provided in MB 20-04, an AP program cannot submit an emergency closure request.

10. If a program was in full operation during the COVID-19 State of Emergency, do they need to submit an emergency closure request? (Posted 5/5/20)

No. Contractors that continue full operation must submit the normal enrollment and attendance reports and will receive apportionments based on submitted fiscal reports. However, if attendance has been substantially affected by the COVID-19 State of Emergency, the contractor may find that it benefits them to submit an emergency closure request. Submitting an emergency closure request may reduce the administrative burden for the contractor, CDNFS will calculate a credit for the number of days of attendance based on the third quarter report. Once the contractor receives the approval letter, the contractor can report the approved credit as their days of attendance.

Contractors with questions about emergency closure requests should consult with their regional consultant or their fiscal analyst. Please see the [directory of regional consultants](#) and [directory of fiscal analysts](#).

11. If a program was in full operation during the COVID-19 emergency, but many families did not attend the program, does the contractor need to submit an emergency closure? (Posted 5/5/20)

A contractor may report absences due to COVID-19 as excused due to family emergency on fiscal and attendance reports. Alternatively, if attendance has been substantially affected by COVID-19, the contractor may find that it benefits them to submit an emergency closure request while continuing to remain open. Submitting an emergency closure request may reduce the administrative burden for the contractor. Approved attendance credits will be based on the prior month's attendance reports.

12. Can a contractor report attendance for closure days if they have not yet received approval for the closure from the regional consultant? (Posted 5/5/20)

No. Contractors who submit a COVID-19 Emergency Closure Request must not report attendance until the CDE issues an approval letter indicating the days of attendance and days of operation to report.

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Additional Funds and Resources

1. I heard that federal CARES Act funding is available for child care. Can you tell me how to apply for this funding?

The federal CARES Act funding was recently awarded to states for early learning and care activities; however, the funds need to be appropriated through the state legislative process before they can be used. The CDE is working with the Legislature and the Governor's Administration to determine how these funds will be used. As soon as these funds are appropriated by the Legislature, the CDE will provide direction to the public on what activities these funds will support.

2. Are the Cleaning and Supplies for Childcare Providers funds taxable? Do Resource and Referral programs need to issue Internal Revenue Service forms 1099 to providers that receive these funds? (Posted 5/28/20)

Cleaning and Supplies for Childcare Providers in response to the COVID-19 pandemic are qualified disaster relief payments under IRS 139 and employers need not report any such payments on 1099s or W-2s.

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Program Quality

Compliance Reviews of Contractors or Contract Monitoring Reviews

1. Are Compliance Reviews of Contractors also known as "CMRs" still happening this year? (Posted 5/13/20)

During the COVID-19 State of Emergency, the California Department of Education (CDE) will be conducting modified monitoring of contracts and will suspend all on-site visits, unless needed. In addition to desk monitoring, the CDE will continue to support contractors by providing technical assistance, training, and updated information remotely.

Program Self Evaluation

1. Are we still required to complete the Program Self Evaluation (PSE), due June 1, 2020, this year? (Posted 5/13/20)

The requirement to submit the Program Self Evaluation (PSE) on June 1, 2020, has been suspended. The CDE will assess the need for the PSE, in light of the developments of the COVID-19 State of Emergency and will provide additional guidance regarding the submission of the PSE at a later date if necessary.

2. My agency has completed all/most of the requirements for the PSE. Can I still submit my PSE? (Posted 5/13/20)

No, the requirement to submit the PSE on June 1, 2020, has been suspended. Contractors should maintain the documentation completed to this point onsite for audit purposes.

Parent Conferences

1. **Is there a mandate for contractors to provide parent conferences during a closure?**
(Posted 5/13/20)

No, however, contractors are required to maintain contact with each family a minimum of twice a week for updates on the child and family. Additional information on these requirements can be found in MB 20-09.

Parent Involvement

1. **Is there a mandate for contractors to provide parent involvement/ engagement activities?**
(Posted 5/13/20)

Yes, contractors must contact each family a minimum of twice a week to keep updated on the child and family by sharing information between staff and parents. To the greatest extent possible, outreach efforts should be conducted in the family's home language or preferred language and can be done electronically, via web conferencing, telephone, email, or other electronic means. Outreach should consist of a mix of individual and group activities to maintain relationships and supports for families and children with each other and with program staff.

2. **What are the types of parent involvement/engagement activities should we be providing?**
(Posted 5/13/20)

The Contractor should communicate with families about their progress and needs with distance learning and the family's overall well-being; providing resources and referrals to support services, social services, and health services as needed. The Contractor should contact the local Resource and Referral agencies to identify additional resources to meet the needs of children and families.

3. **Is there a specific template or form for documenting outreach efforts?** (Posted 5/13/20)

There is not a template or form. Contractors can choose the format they wish to utilize to document their outreach efforts. Documentation should be kept on site for audit purposes.

Education Programs

1. **Is there a mandate for contractors to provide distance learning opportunities during a closure?** (Posted 5/13/20)

Yes, Contractors (full day and part day) will provide all enrolled families with developmentally appropriate activities that can be done at home. Activities provided to families must: (1) be developmentally, linguistically, and culturally appropriate; (2) be inclusive of children with special needs; (3) encourage respect for the feeling and rights of others; (4) support child's social and emotional development; (5) develop children's cognitive and language skills; (6) promote children's physical development; and (7) Contractors must provide these required services through distance learning opportunities such as online programs, video conferencing, email, drop

off or pick up activity guides or materials, etc. To the greatest extent possible, activities should be provided in the family's home or preferred language.

2. Is there a specific template or form for documenting educational activities? (Posted 5/13/20)

There is not a template or form. Contractors can choose the format they wish to utilize to document and track the educational activities to ensure, to the best of their ability, that each currently enrolled child maintains their developmental progress and child outcomes. Documentation should be maintained on site for audit purposes.

3. What is an activity plan and what should it consist of? (Posted 5/13/20)

MB 20-09 has additional guidance on the requirements for education programs contractors must provide. There is no template or form for the activity plan. Contractors can choose the format they wish to utilize to create activity plans. The purpose of the activity plan is to assist in maintaining the developmental progress of currently enrolled children.

It is recommended that contractors continue, to the best of their ability, to document activities in a way that is similar to the way activities were documented in the physical location services are normally provided. For example, teachers who previously utilized weekly lesson plans to create group and individualized activities to maintain the developmental progress of the children in the classroom could make slight modifications to the lesson plan to meet the need of children and families during this situation and send to the families. Contractors could then use the family check in to see if any additional modifications are needed to make the activities slightly easier or slightly more difficult or using a different way depending on the skills of the individual child to encourage developmental progress.

It is the contractor's responsibility to determine the process and documentation necessary to meet the individual needs of the children and families during this time. Please note, in addition, these activities should be conducted for children with special needs in the same fashion while including individualization for Individualized Family Services Plan (IFSP) and/or Individualized Education Plan (IEP) goals.

4. Is there any guidance coming from CDE regarding providing educational resources to our families? (Posted 5/13/20)

Yes, the CDE has found many resources that are being offered for free across the nation. Contractors can also find a [listing of CDE resources](#) that is available. The CDE recommends utilizing resources currently available to contractors through their chosen curriculum networks for recommendations.

5. Some of our families do not have computers or internet access. How will we provide online learning opportunities for them? (Posted 5/13/20)

Contractors are required to offer virtual learning opportunities daily through various methods. If contractors have families who do not have access to computers or internet, contractors are required to provide alternative methods of learning opportunities, including but not limited to, activity packets the families can take home.

Staff Development

1. **Is there a mandate for contractors to provide staff development opportunities during a closure? (Posted 5/13/20)**

Yes, contractors will provide all staff members Staff Development opportunities. Staff Development must include, but not be limited to: (1) identification of training needs; (2) a written performance evaluation or development plan; (3) staff development opportunities that include topics related to the functions specified in the staff members job description, and include priority topics including health and safety and child development. Contractors must provide professional development through distance learning platforms and/or connect their staff to other free training resources and document the opportunities provided and completed.

2. **Is there a specific number of hours of professional growth - per week? per month? (Posted 5/13/20)**

The CDE does not require a specific number of hours for Professional Development. Contractors should follow the guidance in MB 20-09, and the program quality requirements for Staff Development in the Funding Terms and Conditions and program requirements for the contract types held as well as requirements related to the Child Development Permit.

3. **Is there any guidance coming from ELCD regarding providing Staff Development opportunities to our staff members? (Posted 5/13/20)**

Yes, the CDE has found many resources that are being offered for free across the nation. Contractors can also find a [listing of CDE resources](#) that is available. The CDE recommends utilizing [resources currently available to contractors supported by CDE program quality efforts](#) can be found on CDE's website.

4. **Do we have to do all eight comprehensive Health and Safety Modules by June 30th? (Posted 5/13/20)**

The CDE highly recommends that Professional Development includes health and safety training, and child development in order to support California's compliance with the federal Child Care and Development Block Grant (CCDBG). The CDE is not requiring agencies to complete the eight (8) comprehensive health and safety modules but is recommending it for those who don't currently meet the CCDBG requirements. This resource was provided for contractors to utilize for staff development and to create additional access to health and safety content required by CCDBG. Contractors may engage staff in Professional Development that is relevant and meaningful for staff but should first ensure that all staff working with children meet the CCDBG minimum

requirements.

5. How do we show proof of Professional Development? Can we simply document the Professional Development the staff is attending? (Posted 5/13/20)

Contractors shall document Staff Development. This can be documented by keeping a written record of training title, dates, and times, as well as collecting certificates of completion from trainings that have been completed. It is highly recommended that during this time contractors ask staff to utilize, to the best of their ability, the [Early Care & Education Workforce Registry](#) to document Professional Development hours.

Developmental Profile

1. Are Desired Results Developmental Profiles (DRDPs) suspended for Spring 2020? (Posted 5/13/20)

Yes, Desired Results Developmental Profiles (DRDPs) are suspended after March 17, 2020. Observations, data collection, and data submissions have been canceled for rating periods occurring after March 17, 2020. Contractors should maintain the documentation completed to that point onsite for audit purposes. All DRDP data collection from the fall and winter must be submitted, however, do not submit partially completed DRDP ratings.

2. Will the DRDP reporting deadlines be waived? Or should teachers rate children with the documentation that they have? (Posted 5/13/20)

Yes, any DRDP reporting deadlines for the spring rating periods have been canceled. Fall and winter rating periods have not been waived. If teachers have collected all necessary observations and documentation to complete the previous reporting periods ratings, please upload that data as usual, using the DRDP app, the upload function, or by working with existing vendors. If teachers have not collected all necessary observations do not upload partial data into DRDP Online.

3. Will there be any extensions for the submission of DRDP data into DRDP Online? (Posted 5/13/20)

No, there will not be any extensions. Please upload only complete DRDP ratings, do not upload incomplete DRDP ratings.

4. Are teachers able to complete rating records with virtual observations as well as parent input? (Posted 5/13/20)

Contractors who choose to utilize this method as part of the agency's Program Quality Emergency Plan are asked not to include this type of data into DRDP online. It is recommended that contractors document the reasons for incomplete data for the spring observation cycle on site for audit purposes for these children. Spring DRDP rating periods are suspended for all

contractors for the Fiscal Year 2019-20. Contractors will not be held at fault for not submitting Spring 2020 ratings.

Parent Survey

1. Are we required to complete our Parent Surveys? (Posted 5/13/20)

No, this requirement has been suspended for the remainder of the Fiscal Year 2019-20. Contractors are required to communicate with families about their progress and needs with distance learning and the family's overall well-being. Contractors should provide families with resource and referral support services, social services, and health services during this time.

Environment Rating Scales

1. Do we need to complete our Early Childhood Environmental Rating Scale (ECERS) and /or Infant/Toddler Environmental Rating Scale (ITERS)? (Posted 5/13/20)

No, this requirement has been suspended for the remainder of the Fiscal Year 2019-20. Contractor should maintain the documentation completed to this point onsite for audit purposes.

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Parent Appeals

1. Are agencies required to recertify families during this period of time? Many centers are closed, only open intermittently, and many are short staffed making recertifications difficult. (Posted 6/16/20)

The CDE understands it may be difficult at this time for a parent and/or agency to perform a recertification due to COVID-19. The contractor should not recertify the family until July 1, 2020, unless it is in the best interest of the family to do so sooner. Starting July 1, 2020, recertifications should resume, including those recertifications not performed earlier due to COVID 19. Appropriate precautions should be taken by agency staff as recommended by state and local public health agencies if the recertification takes place in person.

2. Should families be disenrolled for delinquent family fees during this time? (Posted 6/16/20)

Per MB 20-05, families shall not be terminated for the remainder of this fiscal year due to outstanding fees owed or while repayment plans are on hold. Invoices for delinquent family fee plans, including outstanding fees for March, and family fees will resume in July 2020.

3. Should agencies disenroll families for failing to recertify due to COVID-19? (Posted 6/16/20)

Families should not be disenrolled for failing to recertify at this time. Contractors should not recertify families until July 1, 2020, unless it is in the best interest of the family to recertify prior to

that time.

4. Should agencies be disenrolling currently enrolled families that report being over income? (Posted 6/16/20)

If a currently enrolled family is no longer income eligible but the family still requires care to perform their essential work, then the agency should have the family self-certify as an essential worker and continue to serve the family in accordance with MB 20-06 or any subsequent guidance released by the CDE. On or after July 1, the agency may reevaluate the total family income, and continue with the disenrollment process if the family is determined to be over income or otherwise ineligible for services.

5. What happens to parent appeals pending before CDE when agencies cannot obtain documentation pertinent to the parent appeals as a result of closures due to COVID-19? (Posted 6/16/20)

If the agency does not have access to the documentation needed to complete the appeal, then the appeal will be put on hold until July 1, 2020, or until the physical reopening of the agency, whichever occurs first.

6. Will parent appeals at CDE continue to be heard during COVID-19? (Posted 6/16/20)

Yes, if the local hearing process was completed and all required documentation is available for the CDE review, parent appeals will be processed. In cases where appeals brought by parents result in an agency action being overturned, decisions will be issued by ELCD and early learning and care services will continue as they were, prior to the agency action. In cases where parent appeals are upheld by the CDE and the parent is, for example, determined to no longer be eligible for services, the decision will be issued by CDE but its effect temporarily stayed, allowing early learning and care services to continue only through June 30, 2020.

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If you have specific questions about your program, please send questions to the ELCD emergency email box, at ELCDEmergency@cde.ca.gov.

Questions: Early Learning & Care Division | ELCDEmergency@cde.ca.gov

Last Reviewed: Tuesday, June 16, 2020



Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

Coronavirus Disease 2019 (COVID-19)

Guidance for Child Care Programs that Remain Open

Supplemental Guidance

Updated April 21, 2020

Summary of recent changes:

- Includes additional options for screening children upon arrival to ensure that children who have a fever or other signs of illness are not admitted to the facility.
- The additional options may be useful when personal protective equipment (PPE) is in short supply.

These additional considerations are intended to provide guidance for a range of child care programs, including:

- Family child care programs, also known as home-based child care
- Pre-K (Pre-kindergarten) programs at private and public schools
- Head Start and Early Head Start programs
- Private child care centers
- Temporary child care centers operated by municipalities for the children of essential service providers, such as first responders, healthcare workers, transit workers, and other industries where a parent cannot stay home
- Child care centers that partner with healthcare facilities to support healthcare workers who need child care

This information is intended for **child care programs that remain open** and should be used in conjunction with CDC's guidance for administrators of child care programs and K-12 schools. This guidance does not supersede applicable federal, state, and local laws and policies for child care programs.

General Preparedness and Planning

As you think about how your facility will deal with the impact of coronavirus disease 2019 (COVID-19), it is important to work with your local health officials, school districts, child care licensing boards/bodies, child care accreditation bodies, health consultants, and other community partners to determine the most appropriate plan and action. This document is meant to help administrators create emergency operations plans and tailor them to your community's level of transmission.

No matter the level of transmission in a community, every child care program should have a plan in place to protect staff, children, and their families from the spread of COVID-19.

See CDC's guidance for more details.

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare...> 6/18/2020

Prevent the Spread of COVID-19

Plan ahead to ensure adequate supplies to support hand hygiene behaviors and routine cleaning of objects and surfaces. If you have difficulty in obtaining these supplies, please contact your local Child Care Resource and Referral (CCR&R) Agency to learn more about service organizations in your community who may have additional resources. Your local CCR&R Agency can be found under "Resources [☑](#)" at Child Care Aware of America.

Encourage staff to take everyday preventive actions to prevent the spread of respiratory illness.

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

Require sick children and staff to stay home.

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

Have a plan if someone is or becomes sick.

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

Monitor and Plan for Absenteeism Among Your Staff

- Develop plans to cover classes in the event of increased staff absences. Coordinate with other local child care programs and reach out to substitutes to determine their anticipated availability if regular staff members need to stay home if they or their family members are sick.
- Recommend that individuals at higher risk for severe illness from COVID-19 (older adults and people of any age who have serious underlying medical conditions) consult with their medical provider to assess their risk and to determine if they should stay home if there is an outbreak in their community.

Review plans for implementing social distancing strategies

- Social distancing focuses on remaining out of congregate settings, avoiding mass gatherings, and maintaining distance from others when possible. Detailed guidance for implementing social distancing strategies in child care centers and schools is found [here](#).

Assess Group Gatherings and Events

- Follow current guidance about gatherings and events.
- Plan to limit nonessential visitors and postpone or cancel use of classroom volunteers.

If Your Child Care Program Remains Open

Child care programs that remain open during the COVID-19 pandemic should address these additional considerations:

- **Implement** social distancing strategies
- **Intensify** cleaning and disinfection efforts
- **Modify** drop off and pick up procedures
- **Implement** screening procedures up arrival
- **Maintain** an adequate ratio of staff to children to ensure safety.
 - Plan ahead and recruit those with child care experience to ensure you have a roster of substitute caregivers who can fill in if your staff members are sick or stay home to care for sick family members.
- **When feasible, staff members and older children should wear face coverings within the facility.** Cloth face coverings should NOT be put on babies and children under age two because of the danger of suffocation.

Some schools, child care programs, and service organizations are supporting their communities by providing temporary or emergency child care services for the children of essential service providers such as first responders, healthcare workers, transit or food retail workers, and persons who do not have paid leave, cannot work from home, or do not have a family caregiver at home.

- If you re-purpose your school or service facility as an emergency or temporary child care center, please follow CDC guidance for administrators of child care programs and K-12 schools.
- Be sure to follow state and local child care licensing policies and regulations [\[1\]](#). Specifically, all facilities should continue to adhere to their state and local licensing policies unless otherwise notified by their local health department.
- Guidance may also be provided by the department of education and/or health department in your state, city, or locality.

Social Distancing Strategies

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

- If possible, child care classes should include the same group each day, and the same child care providers should remain with the same group each day. If your child care program remains open, consider creating a separate classroom or group for the children of healthcare workers and other first responders. If your program is unable to create a separate classroom, consider serving only the children of healthcare workers and first responders.
- Cancel or postpone special events such as festivals, holiday events, and special performances.
- Consider whether to alter or halt daily group activities that may promote transmission.
 - Keep each group of children in a separate room.
 - Limit the mixing of children, such as staggering playground times and keeping groups separate for special activities such as art, music, and exercising.
 - If possible, at nap time, ensure that children's naptime mats (or cribs) are spaced out as much as possible, ideally 6 feet apart. Consider placing children head to toe in order to further reduce the potential for viral spread.
- Consider staggering arrival and drop off times and/or have child care providers come outside the facility to pick up the children as they arrive. Your plan for curb side drop off and pick up should limit direct contact between parents and staff members and adhere to social distancing recommendations.
- If possible, arrange for administrative staff to telework from their homes.

Parent Drop-Off and Pick-Up

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

Screen Children Upon Arrival (if possible)

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

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

Examples of Screening Methods

Reliance on Social Distancing (example 1)

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

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

Reliance on Barrier/Partition Controls (example 2)

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

Reliance on Personal Protective Equipment (example 3)

If social distancing or barrier/partition controls cannot be implemented during screening, personal protective equipment (PPE) can be used when within 6 feet of a child. However, **reliance on PPE alone is a less effective control and more difficult to implement, given PPE shortages and training requirements.**

- Upon arrival, wash your hands and put on a facemask, eye protection (goggles or disposable face shield that fully covers the front and sides of the face), and a single pair of disposable gloves. A gown could be considered if extensive contact with a child is anticipated.
- Make a visual inspection of the child for signs of illness, which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness, and confirm that the child is not experiencing coughing or shortness of breath.
- Take the child's temperature.
 - If performing a **temperature check on multiple individuals**, ensure that you use a **clean pair of gloves for each child** and that the **thermometer has been thoroughly cleaned** in between each check.

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare...> 6/18/2020

- If you use disposable or non-contact (temporal) thermometers and did not have physical contact with an individual, you do not need to change gloves before the next check.
- If you use non-contact thermometers, clean them with an alcohol wipe (or isopropyl alcohol on a cotton swab) between each client. You can reuse the same wipe as long as it remains wet.
- After each screening, remove and discard PPE, and wash hands.
- Use an alcohol-based hand sanitizer that contains at least 60% alcohol or wash hands with soap and water for at least 20 seconds.
- If hands are visibly soiled, soap and water should be used before using alcohol-based hand sanitizer.
- If your staff does not have experience in using PPE:
 - Check to see if your facility has guidance on how to don and doff PPE. The procedure to don and doff should be tailored to the specific type of PPE that you have available at your facility.
 - If your facility does not have specific guidance, the CDC has recommended sequences for donning and doffing PPE [📄](#) .

Clean and Disinfect

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

Intensify cleaning and disinfection efforts:

- Facilities should develop a schedule for cleaning and disinfecting. An example can be found here [📄](#) [🔗](#) .
- Routinely clean, sanitize, and disinfect surfaces and objects that are frequently touched, especially toys and games. This may also include cleaning objects/surfaces not ordinarily cleaned daily such as doorknobs, light switches, classroom sink handles, countertops, nap pads, toilet training potties, desks, chairs, cubbies, and playground structures. Use the cleaners typically used at your facility. Guidance is available for the selection of appropriate sanitizers or disinfectants [📄](#) [🔗](#) for child care settings.
- Use all cleaning products according to the directions on the label. For disinfection, most common EPA-registered, fragrance-free household disinfectants should be effective. A list of products that are EPA-approved for use against the virus that causes COVID-19 is available here [🔗](#) . If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection. Follow the manufacturer's instructions for concentration, application method, and contact time for all cleaning and disinfection products.
- If possible, provide EPA-registered disposable wipes to child care providers and other staff members so that commonly used surfaces such as keyboards, desks, and remote controls can be wiped down before use. If wipes are not available, please refer to CDC's guidance on disinfection for community settings.
- All cleaning materials should be kept secure and out of reach of children.
- Cleaning products should not be used near children, and staff should ensure that there is adequate ventilation when using these products to prevent children from inhaling toxic fumes.

Clean and Sanitize Toys

- Toys that cannot be cleaned and sanitized should not be used.
- Toys that children have placed in their mouths or that are otherwise contaminated by body secretions or excretions should be set aside until they are cleaned by hand by a person wearing gloves. Clean with water and detergent, rinse, sanitize with an EPA-registered disinfectant, rinse again, and air-dry. You may also clean in a mechanical dishwasher. Be mindful of items more likely to be placed in a child's mouth, like play food, dishes, and utensils.

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare...> 6/18/2020

- Machine washable cloth toys should be used by one individual at a time or should not be used at all. These toys should be laundered before being used by another child.
- Do not share toys with other groups of infants or toddlers, unless they are washed and sanitized before being moved from one group to the other.
- Set aside toys that need to be cleaned. Place in a dish pan with soapy water or put in a separate container marked for “soiled toys.” Keep dish pan and water out of reach from children to prevent risk of drowning. Washing with soapy water is the ideal method for cleaning. Try to have enough toys so that the toys can be rotated through cleanings.
- Children’s books, like other paper-based materials such as mail or envelopes, are not considered a high risk for transmission and do not need additional cleaning or disinfection procedures.

Clean and Disinfect Bedding

- Use bedding (sheets, pillows, blankets, sleeping bags) that can be washed. Keep each child’s bedding separate, and consider storing in individually labeled bins, cubbies, or bags. Cots and mats should be labeled for each child. Bedding that touches a child’s skin should be cleaned weekly or before use by another child.

Caring for Infants and Toddlers

Diapering

When diapering a child, wash your hands and wash the child’s hands before you begin, and wear gloves. Follow safe diaper changing procedures. Procedures should be posted in all diaper changing areas. Steps include:

- Prepare (includes putting on gloves)
- Clean the child
- Remove trash (soiled diaper and wipes)
- Replace diaper
- Wash child’s hands
- Clean up diapering station
- Wash hands

After diapering, wash your hands (even if you were wearing gloves) and disinfect the diapering area with a fragrance-free bleach that is EPA-registered as a sanitizing or disinfecting solution. If other products are used for sanitizing or disinfecting, they should also be fragrance-free and EPA-registered. If the surface is dirty, it should be cleaned with detergent or soap and water prior to disinfection.

If reusable cloth diapers are used, they should not be rinsed or cleaned in the facility. The soiled cloth diaper and its contents (without emptying or rinsing) should be placed in a plastic bag or into a plastic-lined, hands-free covered diaper pail to give to parents/guardians or laundry service.

Download posters with diaper changing procedures.

Washing, Feeding, or Holding a Child

It is important to comfort crying, sad, and/or anxious infants and toddlers, and they often need to be held. To the extent possible, when washing, feeding, or holding very young children: Child care providers can protect themselves by wearing an over-large button-down, long sleeved shirt and by wearing long hair up off the collar in a ponytail or other updo.

- Child care providers should wash their hands, neck, and anywhere touched by a child's secretions.
- Child care providers should change the child's clothes if secretions are on the child's clothes. They should change the button-down shirt, if there are secretions on it, and wash their hands again.
- Contaminated clothes should be placed in a plastic bag or washed in a washing machine.
- Infants, toddlers, and their providers should have multiple changes of clothes on hand in the child care center or home-based child care.
- Child care providers should wash their hands before and after handling infant bottles prepared at home or prepared in the facility. Bottles, bottle caps, nipples, and other equipment used for bottle-feeding should be thoroughly cleaned after each use by washing in a dishwasher or by washing with a bottlebrush, soap, and water.

School nurses in schools that have been re-purposed as emergency or temporary child care centers should use Standard and Transmission-Based Precautions when caring for patients with confirmed or possible COVID-19. See: What Healthcare Personnel Should Know about Caring for Patients with Confirmed or Possible COVID-19 Infection.

Healthy Hand Hygiene Behavior

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

Food Preparation and Meal Service

- If a cafeteria or group dining room is typically used, serve meals in classrooms instead. If meals are typically served family-style, plate each child's meal to serve it so that multiple children are not using the same serving utensils.
- Food preparation should not be done by the same staff who diaper children.

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare...> 6/18/2020

- Sinks used for food preparation should not be used for any other purposes.
- Caregivers should ensure children wash hands prior to and immediately after eating.
- Caregivers should wash their hands before preparing food and after helping children to eat.

Facilities should follow all other applicable federal, state, and local regulations and guidance [☑](#) related to safe preparation of food.

Vulnerable/High Risk Groups

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

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

Other Resources

CDC's website contains a variety of resources for child care programs and K-12 schools, including detailed guidance, considerations for closures, and frequently asked questions for administrators, teachers, and parents. Together, these resources provide additional information on:

- What to do if a child or staff member at your facility becomes sick.
- Closures of child care programs.

The resources emphasize that any decision about temporary closures of child care programs or cancellation of related events should be made in coordination with your federal, state, and local educational officials as well as state and local health officials. Child care programs are not expected to make decisions about closures on their own. The resources also address steps to ensure continuity of meal programs and other essential services if your facility is closed; additional government resources related to meals and snacks can be found here: <https://www.fns.usda.gov/cacfp> [☑](#)

Guidance is also available on these topics:

- Children and COVID-19
- Talking with children about Coronavirus Disease 2019
- Information about COVID-19 and:
 - Pregnancy and breastfeeding
 - Stress and coping

Page last reviewed: April 12, 2020

Content source: National Center for Immunization and Respiratory Diseases (NCIRD), Division of Viral Diseases

CHILD CARE PROGRAMS DURING THE COVID-19 PANDEMIC



The purpose of this tool is to assist directors and administrators in making (re)opening decisions regarding child care programs during the COVID-19 pandemic. It is important to check with state and local health officials and other partners to determine the most appropriate actions while adjusting to meet the unique needs and circumstances of the local community.

Should you consider opening?

- ✓ Will reopening be consistent with applicable state and local orders?
- ✓ Are you ready to protect children and employees at higher risk for severe illness?
- ✓ Are you able to screen children and employees upon arrival for symptoms and history of exposure?

ANY
NO

DO NOT
OPEN

ALL
YES

Are recommended health and safety actions in place?

- ✓ Promote healthy hygiene practices such as hand washing and employees wearing a cloth face covering, as feasible
- ✓ Intensify cleaning, sanitization, disinfection, and ventilation
- ✓ Encourage social distancing through increased spacing, small groups and limited mixing between groups, if feasible. For family child care, monitor distance between children not playing together and maintain distance between children during nap time
- ✓ Adjust activities and procedures to limit sharing of items such as toys, belongings, supplies, and equipment
- ✓ Train all employees on health and safety protocols

ANY
NO

MEET
SAFEGUARDS
FIRST

ALL
YES

Is ongoing monitoring in place?

- ✓ Develop and implement procedures to check for signs and symptoms of children and employees daily upon arrival, as feasible
- ✓ If feasible, implement enhanced screening for children and employees who have recently been present in areas of high transmission, including temperature checks and symptom monitoring
- ✓ Encourage anyone who is sick to stay home
- ✓ Plan for if children or employees get sick
- ✓ Regularly communicate and monitor developments with local authorities, employees, and families regarding cases, exposures, and updates to policies and procedures.
- ✓ Monitor child and employee absences and have a pool of trained substitutes and flexible leave policies and practices. For family child care, if feasible, have a plan for a substitute caregiver if provider or a family member in the home gets sick
- ✓ Be ready to consult with the local health authorities if there are cases in the facility or an increase in cases in the local area

ANY
NO

MEET
SAFEGUARDS
FIRST

ALL
YES

**OPEN
AND
MONITOR**



cdc.gov/coronavirus

SAFETY & HEALTH GUIDANCE

COVID-19 Infection Prevention in Child Care Programs

May 5, 2020

California employers are required to establish and implement an Injury and Illness Prevention Program (IIPP) to protect employees from all worksite hazards, including infectious diseases. This guidance contains information for child care programs on ways to update their IIPPs to include information on employee training and preventing the spread of COVID-19 in the workplace.

Employee Training on COVID-19

Child care program administrators should train employees on the following:

- Information related to COVID-19 from the Centers for Disease Control and Prevention (CDC), including how the illness is spread, how to prevent its spread, symptoms, and when to seek medical assistance for sick children or employees:
 - **How COVID-19 is spread.**
 - **Preventing the spread of COVID-19 if you are sick.**
 - **Symptoms of COVID-19 and when to seek medical attention.**

NOTE: Hand sanitizers are less effective than handwashing in preventing the spread of COVID-19

- The importance of frequent handwashing with soap and water (or using hand sanitizer where soap and water are not available), including:
 - When employees arrive at the facility and before they leave the facility.
 - Before and after handling food, feeding a child, or eating.
 - Before and after using the toilet, changing a diaper, or helping a child use the bathroom (also wash the child's hands after helping the child use the bathroom or changing their diaper).
 - After helping a child wipe their nose or mouth or tending to a cut or sore.



- After working in sandboxes and similar children's play areas.
- Before and after giving medicine to a child.
- After handling wastebaskets or garbage.
- Methods to avoid touching eyes, nose, and mouth.
- Limiting close contact with others as much as possible and maintaining more than six feet of separation.
- Coughing and sneezing etiquette.
- Safely using cleaners and disinfectants on surfaces and objects, which includes:
 - The hazards of the cleaners and disinfectants available for use at the worksite.
 - Wearing personal protective equipment (such as gloves).
 - Ensuring cleaners and disinfectants are used in a manner that does not endanger employees or children at the facility.
- The importance of not coming to work if they have a frequent cough, sneezing, fever, difficulty breathing, chills, muscle pain, headache, sore throat, or recent loss of taste or smell, or if they or someone they live with has been diagnosed with COVID-19.
- To seek medical attention if the symptoms become severe including persistent pain or pressure in the chest, confusion, or bluish lips or

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face. Updates and further details are available on [CDC's webpage](#).

- The employer's plan and procedures to follow when children become sick at the facility.
- The employer's plan and procedures to protect employees from COVID-19 illness.

Procedures to Help Prevent the Spread of COVID-19 at the Worksite

IIPP child care program administrators should establish and implement the following procedures to help prevent the spread of COVID-19:

- Establish a plan for sharing information and guidelines with parents and guardians that includes:
 - Establishing a system to check with parents and guardians daily on the status of their children when children are dropped off at the facility.
 - Ensuring information and communication can be provided in the primary languages spoken by the parents and guardians.
 - Obtaining email addresses and home, work, and mobile phone numbers from parents and guardians of children at the facility so the facility can reach them at all times.
 - Creating and testing communication systems with parents and guardians, children at the facility, employees, facility management, and emergency medical services.
 - Providing parents and guardians with information from the CDC on COVID-19 symptoms, transmission, prevention, and when to seek medical attention. Encouraging parents and guardians to share the information with their children as appropriate.
 - Communicating with parents and guardians that children should stay at home if they are sick, have been in contact with someone who has tested positive for coronavirus, or if someone in the household has symptoms (cough, fever, shortness of breath).
 - Establishing voluntary methods for parents and guardians to help screen their children for flu-like symptoms. Communicating such methods with parents and guardians. (For example, ask parents and guardians to take their children's temperatures every day before coming to child care and to keep their children at home if their temperature is over 100.4°F.) Asking the local health officer for assistance with these methods.
- Establish procedures to notify local health officials upon learning that someone who has been at the child care facility has a COVID-19 infection. These officials will help administrators determine a course of action.
- Establish a curriculum and educational methods to inform children on how they can help prevent the spread of COVID-19, including:
 - Frequent hand washing.
 - Avoiding close and direct contact with other children and facility staff.
 - Telling their teacher as soon as possible if they feel sick.
 - Coughing and sneezing etiquette (cover coughs and sneezes with a tissue or sleeve; not hands).
 - Discouraging children from sharing food, drinking cups, eating utensils, towels, toothbrushes, etc.
- Establish a plan for children who become sick at the facility. The plan should include:
 - Procedures for contacting parents and guardians immediately and criteria for seeking medical assistance.
 - Designated areas where sick children can be isolated and attended to by a limited number of trained staff.
 - Masks for sick older children to use if they agree, since masks worn by sick persons help prevent the spread of germs to others (but do not effectively protect the wearer from getting COVID-19 so people who are not sick should not wear them).
- Establish procedures to routinely clean and disinfect frequently touched surfaces and objects (e.g., doorknobs, light switches, classroom sink handles, countertops, shared toys). These procedures should include:
 - Using products that are [EPA-approved](#) for use against the virus that causes COVID-19.
 - Providing EPA-registered disposable wipes for employees to wipe down commonly used surfaces (e.g., keyboards, desks, remote controls) before use.
 - Following the manufacturer's instructions for all cleaning and disinfection products (e.g., safety requirements, protective equipment, concentration, contact time).
 - Ensuring there are adequate supplies to support cleaning and disinfection practices.

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Additional COVID-19 Resources for Child Care Programs

Child Care Programs and Schools

- California Department of Public Health. **School Guidance on Novel Coronavirus or COVID-19:** www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/School%20Guidance_ADA%20Compliant_FINAL.pdf
- Centers for Disease Control and Prevention. **Coronavirus Disease (COVID-19): Interim Guidance for Administrators of US K-12 Schools and Child care Programs:** [www.cdc.gov/coronavirus/2019-ncov/community/schools-child care/guidance-for-schools.html](http://www.cdc.gov/coronavirus/2019-ncov/community/schools-child-care/guidance-for-schools.html)
- U.S. Department of Education. **COVID-19 (“Coronavirus”) Information and Resources for Schools and School Personnel:** www.ed.gov/coronavirus

General Information

- American Academy of Pediatrics. **2019 Novel Coronavirus (COVID-19):** www.healthychildren.org/English/health-issues/conditions/chest-lungs/Pages/2019-Novel-Coronavirus.aspx
- California Division of Occupational Safety and Health. **Cal/OSHA Interim Guidelines for General Industry on 2019 Novel Coronavirus Disease (COVID-19):** www.dir.ca.gov/dosh/coronavirus/General-Industry.html
- California Labor and Workforce Development Agency. **Coronavirus 2019 (COVID-19) Resources for Employers and Workers:** www.labor.ca.gov/coronavirus2019/
- Centers for Disease Control and Prevention. **Coronavirus Disease (COVID-19): Interim Guidance for Businesses and Employers:** www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html
- Centers for Disease Control and Prevention. **Coronavirus Disease (COVID-19): Symptoms:** www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html
- Centers for Disease Control and Prevention. **Coronavirus Disease (COVID-19): How It Spreads:** www.cdc.gov/coronavirus/2019-ncov/prepare/transmission.html
- Centers for Disease Control and Prevention. **Coronavirus Disease (COVID-19): Steps to help prevent the spread of COVID-19 if you are sick:** www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html
- U.S. Environmental Protection Agency. **Disinfectants for Use Against SARS-CoV-2** (the virus that causes COVID-19): www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2



For assistance regarding this subject matter, employers may contact
Cal/OSHA Consultation Services at: 1-800-963-9424 or InfoCons@dir.ca.gov
www.dir.ca.gov/dosh/consultation.html

Social Distancing Protocol June 19, 2020

Business name: Associates Students Children's Center

Facility Address: 6000 J Street Sacramento CA 95819

Approximate gross square footage of space open to the public: 13, 704 GSF

Businesses must implement all applicable measures listed below, and be prepared to explain why any measure that is not implemented is inapplicable to the business.

Signage:

X Signage at each public entrance of the facility to inform all employees and customers that they should: avoid entering the facility if they have a cough or fever; maintain a minimum six-foot distance from one another; sneeze and cough into a cloth or tissue or, if not available, into one's elbow; and not shake hands or engage in any unnecessary physical contact.

X Signage posting a copy of the Social Distancing Protocol at each public entrance to the facility.

Measures To Protect Employee Health (check all that apply to the facility):

Everyone who can carry out their work duties from home has been directed to do so.

X All employees have been told not to come to work if sick.

X Symptom checks are being conducted before employees may enter the work space.

X All desks or individual work stations are separated by at least six feet.

X provide face coverings for employees when six feet distance is not possible.

X Break rooms, bathrooms, and other common areas are being disinfected frequently, on the following schedule:

Break rooms:

Bathrooms:

X Other See Children's Center Cleaning and Sanitation Schedules for more information

Disinfectant and related supplies are available to all employees at the following location(s): Cleaning and Sanitation Stations located throughout the program, Janitors Office, Classrooms, Office Spaces, Kitchen

Hand sanitizer effective against COVID-19 is available to all employees at the following location(s): Entry of the facility and at the entrance of each classroom and throughout the center indoors and outdoors.

Soap and water are available to all employees at the following location(s): Adult bathrooms, classrooms, select teacher offices, special care room, diaper changing stations and the staff room.

Copies of this Protocol have been distributed to all employees.

Optional—Describe other measures: [Click or tap here to enter text.](#)

Measures To Prevent Crowds From Gathering (check all that apply to the facility):

Limit the number of customers in the facility based on capacity and guidance which allows for customers and employees to easily maintain at least six-foot distance from one another at all practicable times.

Post an employee at the door to ensure that the maximum number of customers in the facility set forth above is not exceeded.

Placing per-person limits on goods that are selling out quickly to reduce crowds and lines. Explain: [Click or tap here to enter text.](#)

Optional—Describe other measures: Special events/family events have been canceled.

Measures To Keep People At Least Six Feet Apart (check all that apply to the facility)

Placing signs outside the store reminding people to be at least six feet apart, including when in line.

Placing tape or other markings at least six feet apart in customer line areas inside the store and on sidewalks at public entrances with signs directing customers to use the markings to maintain distance.

Separate order areas from delivery areas to prevent customers from gathering.

All employees have been instructed to maintain at least six feet distance from customers and from each other, except employees may momentarily come closer when necessary to accept payment, deliver goods or services, or as otherwise necessary and to assist families and children.

Optional—Describe other measures: [Click or tap here to enter text.](#)

Measures To Prevent Unnecessary Contact (check all that apply to the facility):

Preventing people from self-serving any items that are food-related.

Lids for cups and food-bar type items are provided by staff; not to customers to grab.

Bulk-item food bins are not available for customer self-service use.

Not permitting customers to bring their own bags, mugs, or other reusable items from home.

Providing for contactless payment systems or, if not feasible, sanitizing payment systems regularly. Describe: [Sanitize payment systems between uses](#)

Optional—Describe other measures (e.g. providing senior-only hours): [Click or tap here to enter text.](#)

Measures To Increase Sanitization (check all that apply to the facility):

At the front office and in staff and conference room disinfecting wipes that are effective against COVID-19 are available.

Employee(s) assigned to disinfect carts and baskets regularly.

Hand sanitizer, soap and water, or effective disinfectant is available to the public at or near the entrance of the facility, at checkout counters, and anywhere else inside the store or immediately outside where people have direct interactions.

X Disinfecting all payment portals, pens, and styluses after each use.

X Disinfecting all high-contact surfaces frequently.

X Optional—Describe other measures: See Center Cleaning and Sanitation Schedules

* Any additional measures not included here should be listed on separate pages, which the business should attach to this document.

You may contact the following person with any questions or comments about this protocol:

Name: Sherry Velte & Samantha Criswell

Phone number: (916)278-5120 (916)278-5123



COVID-19 Policy with Return to Work Requirements

Effective Date: June 10, 2020

I. OVERVIEW

The coronavirus disease 2019 (“COVID-19”) is a respiratory disease that is spread from person to person, and can cause mild to severe illness. It is the goal of Associated Student Inc. Sacramento State (ASI) to take steps to reduce the spread of COVID-19 in the workplace and protect the wellness of our employees, especially our most vulnerable employee population. ASI is committed to having all employees return to work in an efficient and safe manner following the closure of our workplace(s) due to COVID-19. Further, ASI is committed to treating all employees, applicants, contractors, visitors, and other third parties openly and honestly.

With this in mind, as employees return to the workplace following COVID-19 related closures, they will notice changes in the way the workplace looks as well as new protocols and requirements for all employees. We understand that these changes may create questions and be challenging, but ASI’s goal is to ensure the safety and security of our workplace and our employees as we navigate this new normal following the COVID-19 pandemic.

This policy represents ASI’s intention to inform all individuals of the risk of exposure to COVID-19, and sets forth the protocols and requirements ASI will enforce to protect employees and reduce the risk of spreading COVID-19 in the workplace.

Any questions regarding the information contained in this policy should be addressed with Human Resources.

II. INDIVIDUALS COVERED BY THIS POLICY

This policy applies to all employees, volunteers, applicants, contractors, visitors, and other third parties in connection with ASI’s workplace.

III. EMPLOYEE RESPONSIBILITIES

Each employee has a responsibility to prevent the spread of COVID-19. This includes adhering to the recommendations issued by the CDC for reducing the spread of COVID-19. Additionally, this policy requires the following actions be taken to reduce the spread of COVID-19 in the workplace:

- Individuals are required to stay home if they have or suspect they have COVID-19.
- If an individual becomes ill due to COVID-19, they must immediately notify ASI (section IV below) and should return to ASI’s workplace only after being released by a medical professional, and under the following circumstances:
 - As least 3 days (72 hours) have passed since the individual last had a fever without the use of fever-reducing medication;
 - The individual no longer has respiratory symptoms (e.g., cough, shortness of breath); and

- At least 10 days have passed since symptoms first appeared.
- Individuals must immediately notify ASI, even if they are well, if they have a close family member or friend, or someone who lives in their household, who has COVID-19. ASI may take action to limit the individual's potential for spreading COVID-19 depending on the relevant circumstances. Employees should monitor their health on a daily basis to ensure they remain free of COVID-19.
- Employees are required to practice proper hygiene in the workplace to engage in good hygiene practices while at work, including regular hand washing with soap and water or, if water is not available, using alcohol-based disposable hand wipes or sanitizers, by covering their mouth and nose when coughing or sneezing, immediately washing or sanitizing hands, and avoiding touching their eyes, nose, or mouth.
- Employees should practice social distancing, and stay at least 6 feet apart from each other, when moving through the workplace.
- Employees should call, e-mail, message, or video conference as much as possible rather than meet face-to-face.
- Employees should avoid close contact with sick people encountered in the workplace, when possible. If unavoidable due to job responsibilities, proper personal protective equipment should be worn or other proactive actions should be taken as necessary.

Further, employees must adhere to ASI's return to work requirements as described further below.

IV. EMPLOYER NOTIFICATION AND DOCUMENTATION

If an employee becomes ill due to COVID-19, has been exposed to someone with COVID-19, suspects that they are or could be asymptomatic of COVID-19, is subject to mandatory or suggested quarantine, has a sick family member at home with COVID-19, has symptoms of COVID-19 (e.g., fever, cough, or shortness of breath), or receives a report of COVID-19 from a health care provider, they are required to notify their immediate supervisor and Human Resources immediately, or as soon as reasonably practicable. This is critical to protect other employees who may have come into contact with an employee at risk of spreading COVID-19 and will allow ASI to take appropriate next steps like increased cleaning or even limited office closures (section V below).

Individuals are required to obtain a medical certification providing that they no longer present a threat to other individuals in the workplace prior to being permitted to return to work.

V. EMPLOYER NOTIFICATION AND DOCUMENTATION

After receiving relevant information, ASI will take prompt and appropriate action(s) to reduce the spread of COVID-19 in the workplace. ASI reserves the right to exclude any person with a known or suspected exposure to COVID-19 if a determination is made that the restriction is in the best interests of the organization. ASI also reserves the right to require employees to work from home depending on the particular circumstances.

In addition, where ASI receives information about an employee who is positive for COVID-19, ASI will take appropriate action to trace that employee's contact with other

employees, including requesting information from the employee about recent contacts. ASI may notify other employees who had contact with the COVID-19 positive employee, but will not disclose the identity of the infected employee as part of this contact tracing process.

ASI's decisions regarding excluding individuals who have COVID-19 from the workplace will be based on current and well-informed judgments in reliance on the latest federal, state and local guidance, the risks of transmitting COVID-19 to others, the symptoms and special circumstances of each individual who has COVID-19, whether required by law to exclude individuals with COVID-19, and a careful weighing of the identified risks and the available alternatives for responding to an employee with COVID-19.

Additionally, ASI will take actions to attempt to maintain a healthy work environment. Such actions include, but are not limited to, routinely cleaning and disinfecting all frequently touched surfaces in the workplace; discouraging employees from using other employee's phones, desks, offices, or other tools and equipment when possible; and encouraging social distancing practices in the workplace. See respective department office workspace protocols.

VI. COMPENSATION

An employee who has COVID-19 may elect to utilize sick leave or paid time off in accordance with normal ASI policies and any Federal, State or Local law that may apply, including ASI's Families First Coronavirus Response Act leaves of absence, if applicable. Additionally, an employee may be subject to the requirements of our Family and Medical Leave Act policy. An employee who has a confirmed case of COVID-19 that poses a threat to other employees may be required to utilize additional sick leave, paid time off, family and medical leave, and/or leave without benefits until the threat is removed.

ASI will treat time employees spend being screened/tested before returning to work following a COVID-19-related closure as compensable time. This will include all on-site screenings or tests related to COVID-19. It will not include time spent testing or at doctor visits that are not required by ASI or made at the direct request of ASI. Exempt employees will be paid as normal, and non-exempt employees will be paid at their normal hourly rate for all time spent being screened or tested prior to returning to the workplace.

VII. GROUP HEALTH INSURANCE DURING LEAVE

If an employee participates in ASI's group health plan, benefits may be maintained in accordance with any protections offered under ASI's FMLA policy, equivalent state leave parallel policy, paid time off policy, sick leave policy and/or Families First Coronavirus Response Act leaves of absence, if applicable. Unless otherwise specified in the relevant policy, whenever an employee is receiving pay from ASI during a qualifying leave of absence where health insurance benefits are maintained, the employee's portion of the group health plan premium will be deducted from the employee's paycheck.

Employees should contact Human Resources with any questions regarding continuing benefits during any leave.

VIII. RETURN TO WORK REQUIREMENTS

It is ASI's desire for all employees to return to work following a workplace closure due to COVID-19. However, ASI also desires to protect the health and safety of our employees and others in the workplace. Further, ASI complies with the Americans with Disabilities Act (ADA), as amended by the ADA Amendments Act, and all applicable state and local fair employment practices laws, and is committed to providing a work environment that is inclusive and provides equal employment opportunities to all qualified individuals, including those with limiting conditions or disabilities.

With these principles in mind, ASI is setting forth the following return to work requirements for COVID-19-related purposes:

- Upon the re-opening of the workplace following a COVID-19-related closure, all employees will be subject to some form of screening before being permitted to return to the workplace. These screening procedures will be in place as long as deemed necessary by ASI.
- Screening may include any/all of the following:
 - Asking screening questions before entering the workplace, which may include a variety of topics such as: questions regarding COVID-19-related symptoms (e.g., cough, sore throat, fever, chills, shortness of breath, etc.); potential exposure to COVID-19 through a friend, family members, or others living in an employee's home; or other topics to determine whether the employee may pose a direct threat to health in the workplace.

ASI will provide reasonable accommodations for the known physical or mental limitations of an otherwise qualified individual with a disability, who is scheduled to return to work following a COVID-19-related closure, unless undue hardship and/or a significant risk to the health and/or safety of the individual or fellow employees/others would result. All requests for reasonable accommodation(s) should be made in accordance with ASI's ADA and ASI's Policy 003 Reasonable Accommodations policy.

Employees with medical, faith-based, or other objections to a screening should contact Human Resources to discuss return to work alternatives.

Any employees who have questions regarding these return to work requirements, or regarding potential accommodations, should contact Human Resources.

IX. DISCRIMINATION AND RETALIATION PROHIBITED

ASI strictly prohibits and will not tolerate any retaliation or discrimination against any individual based on the individual having COVID-19 or reporting potential exposure to COVID-19. However, ASI reserves the right to exclude a person with COVID-19 from the workplace if ASI finds that, based on relevant factors, such a restriction is necessary for the welfare of the individual with COVID-19 and/or the welfare of others within the workplace.

Any individual who believes that he or she has been wrongfully retaliated against or discriminated against for having COVID-19, reporting a potential exposure to COVID-19, exercising any rights under this policy, or for any other reason must immediately notify Human Resources.

X. CONFIDENTIALITY

COVID-19-related diagnosis information, responses to questions about potential symptoms before returning to work, information regarding an employee's body temperature, or other medical information reported to ASI is treated as confidential information. ASI is committed to complying with all applicable federal, state, and local laws that protect the privacy of persons who have undergone screening for, have been diagnosed with, or have been exposed to COVID-19. Every effort will be made to ensure procedurally sufficient safeguards are in place to maintain the privacy of individuals who have or have been exposed to COVID-19.

XI. COORDINATION OF LEAVE

To the extent possible, leave taken under this policy will be coordinated with ASI's FMLA, equivalent state leave parallel policy, paid time off policy, sick leave policy and/or Families First Coronavirus Response Act leaves of absence. To the extent possible, where multiple policies apply the leave may run concurrently under some or all of the relevant policies.

XII. QUESTIONS

Employees who have any questions or concerns, or who need additional information regarding this policy should contact Human Resources.

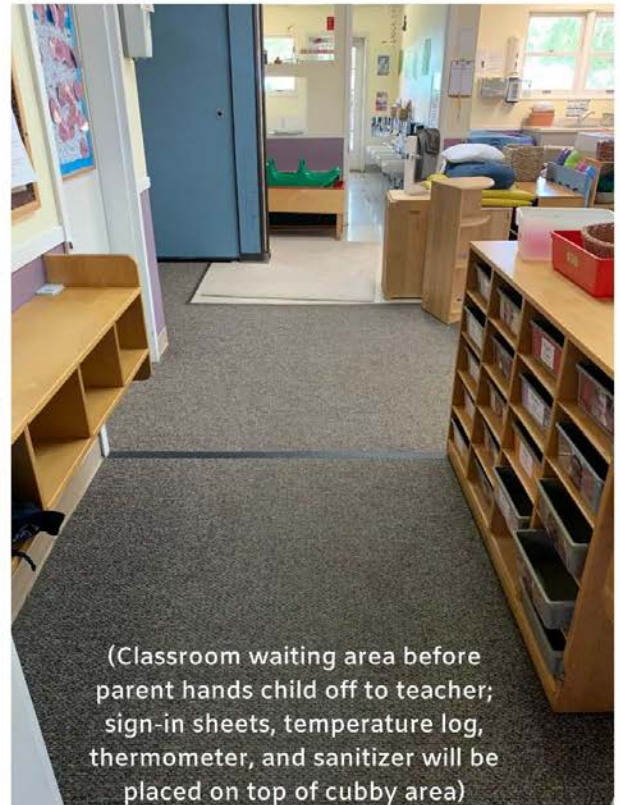
Children's Center Signage

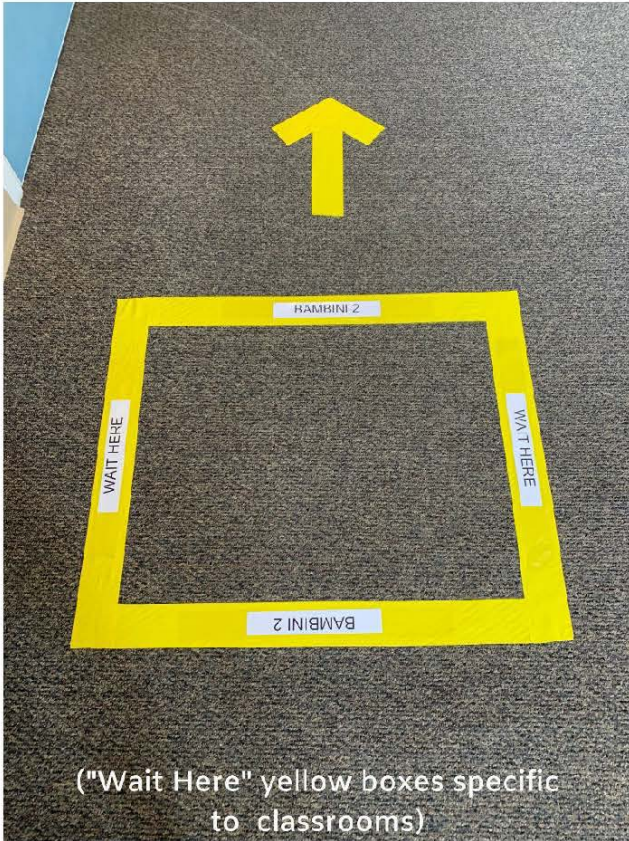




Children's Center Social Distancing Protocols and Installations







Children's Center PPE and Sanitation Protocols



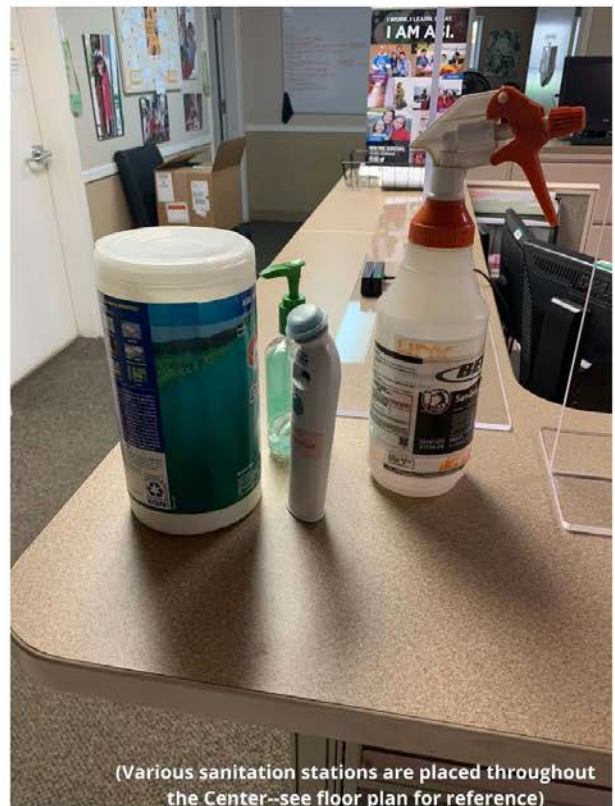
(Provided to all staff members)



(Center will have extra disposable masks for staff and families)

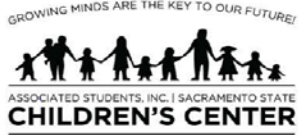


(Families required to take child's temperature and sanitize when signing-in)



(Various sanitation stations are placed throughout the Center--see floor plan for reference)





Classroom Opening Checklist

	Monday	Tuesday	Wednesday	Thursday	Friday
	Time/Initials	Time/Initials	Time/Initials	Time/Initials	Time/Initials
Open all windows for ventilation					
Disinfect all door handles (inside and outside), refrigerators handles, closet handles, and fans.					
Clear off, clean and sanitize tables and set up chairs.					
Clear off clean and disinfect counter tops and sinks.					
Disinfect restrooms, spray toilets and sinks.					
Put away any toys from the night before and clean anything left in the dirty toy bins					
Check all soapy water and sanitizer bottles sure they are full for the day.					






Classroom Closing Check-list





	Monday	Tuesday	Wednesday	Thursday	Friday
	Time/Initials	Time/Initials	Time/Initials	Time/Initials	Time/Initials
Open all windows for ventilation, and sanitize window lock area					
Spray sanitizer on all light switches in classroom.					
Disinfect all door handles (inside and outside), refrigerators handles, closet handles, and fans).					
Spray sanitizer on all light switches in classroom.					
Clear off, clean and sanitize tables and stack up chairs on the side.					
Clear off clean and disinfect counter tops and sinks.					
Disinfect restrooms, spray toilets and toilet handle and sinks.					
Put away any toys from the day before and clean anything left in the dirty toy bins					
Check all soapy water and sanitizer bottles sure they are full for the day.					
Restock all supplies, check all soapy water and sanitizer bottles, hand sanitizer, aprons, Kleenex, gloves and paper towels.					


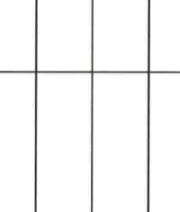
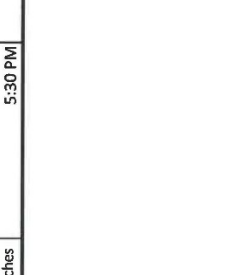


Classroom High Touch Surfaces




		Monday	Tuesday	Wednesday	Thursday	Friday
	Time	Initials	Initials	Initials	Initials	Initials
Disinfect all door handles (inside and outside), refrigerators handles, closet handles, drawer handles.	7:45					
	9:45					
	10:45					
	12					
	1:45					
	2:45					
	3:45					
	4:45					
Spray sanitizer on all light switches in classroom (try to do this whenever you switch lights on and off).	AM					
	Before Nap					
	After					
	PM					
Sinks, drinking fountains, and faucets.	7:45					
	9:45					
	10:45					
	12					
	1:45					
	2:45					
	3:45					
	4:45					
6pm						
Children's cubbies	9am					
	12pm					
	2pm					
	6pm					

 Children's Center Cleaning Schedule						
OFFICE CLEANING SCHEDULE	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	
LOBBY 	7:45 AM					
	10:30 AM					
	12:30 PM					
	2:30 PM					
	4:30 PM					
	5:30 PM					
counter, light switches, card reader, credit card machine, door handles						
OFFICE SPACE 	7:45 AM					
	10:30 AM					
	12:30 PM					
	2:30 PM					
	4:30 PM					
	5:30 PM					
computers, desk areas/counters, shared office equipment, island, printer/copier area, phones, light switches, back counter, timeclock						

Children's Center Cleaning Schedule						
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	
 <p>ADULT BATHROOMS</p>  <p>handles, toilet, sink, toilet paper dispenser, table, paper towel dispenser, light switch</p>	7:45 AM					
	10:30 AM					
	12:30 PM					
	2:30 PM					
	4:30 PM					
	5:30 PM					
CLEANING SCHEDULES						
<p>CONFERENCE ROOM AND STAFF ROOM</p>  <p>door/cabinet/drawer handles, counters, tables, chairs, computer desk area, phone, timeclock/light switch</p>	7:45 AM					
	10:30 AM					
	12:30 PM					
	2:30 PM					
	4:30 PM					
	5:30 PM					
<p>STAFF ROOM</p>  <p>door/drawer handles, counters, couches, tables, chairs, sink area, appliances, computer area, timeclock, light switches</p>	7:45 AM					
	10:30 AM					
	12:30 PM					
	2:30 PM					
	4:30 PM					
	5:30 PM					

						
Children's Center Cleaning Schedule						
BELLA ROOM AND ISOLATION/SPECIAL CARE ROOM CLEANING SCHEDULES	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	
BELLA ROOM  door/drawer handles, counters, lockers, light switches, podiums, temperature check stations	7:45 AM					
	10:30 AM					
	12:30 PM					
	2:30 PM					
	4:30 PM					
ISOLATION/SPECIAL CARE ROOM  door/drawer handles, counters, sink area, chair, light switches	5:30 PM					
	7:45 AM					
	10:30 AM					
	12:30 PM					
	2:30 PM					
	4:30 PM					
	5:30 PM					

1
2
3

 <h3 style="text-align: center;">Children's Center Cleaning Schedule</h3>						
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	
KITCHEN CLEANING SCHEDULE 	7:45 AM					
	10:30 AM					
	12:30 PM					
	2:30 PM					
	4:30 PM					
<p>counters, sink area, appliance surfaces and handles (washer/dryer, microwave, fridge), computer desk area, phone, utensils, door/cabinet/appliance handles, carts, pantry, island, back door handle</p>						

SANITATION STATIONS

(key: s/w solution = soap and water solution)

Already in place:

WALL-MOUNT HAND SANITIZERS

- Center entrance: 1 wall-mount hand sanitizer
- Each classroom entrance: 1 wall-mount hand sanitizer per classroom
- Office adult bathrooms: 1 large disinfectant per adult bathroom

Need to order:

SANITATION STATIONS (no shelf):

- Main office: 1 large disinfectant and disinfectant wipes
- Conference room: 1 large disinfectant (to be used for staff room as well)
- Next to all time clocks: 1 hand sanitizer and 1 small s/w solution each
- Classroom bathrooms: 1 hand sanitizer and 1 large disinfectant per bathroom
- Classroom sinks: 1 large s/w solution each sink
- Teacher offices: disinfectant wipes for each office
- Mother's room: 1 hand sanitizer and 1 large disinfectant (disinfectant in Mother's Room to be used for Bella room as well)

SANITATION STATIONS (with shelf):

- Outside Mother's Room, next to the hallway: 1 hand sanitizer
- Outside B1 back door: 1 hand sanitizer and 1 s/w solution
- Outside B2 and B3 back bathroom door: 1 hand sanitizer and 1 s/w solution
- Between C1 and C2 back doors: 1 hand sanitizer and 1 s/w solution
- Corner outside of C2 leading to C3: 1 hand sanitizer and 1 s/w solution
- Outside LC2 door: 1 hand sanitizer and 1 s/w solution

****Placed soap and water solution for the outdoor sanitation stations so we don't waste the disinfectant. Can be modified, if needed.**

****Sanitation stations with shelves may be converted to wall-mount sanitizers; however, we would still need a shelf of some sort if we want to place a disinfectant or soap/water solution near it.**

****No-rinse disinfectant can be put in place instead for some/all locations.**


Notes:

Please add Sanitation Station (Soap and Water / Disinfectant) –Sam, 6/2

Count up 2 per classroom 1 per outdoor space and one per share space (Bella Room, conference room, staffroom, office, adult bathrooms, special care room) ** disinfectant wipes for teachers office?) –Sam, 6/2**

GE Fight Bac™ RTU

One-Step, No-Rinse Disinfectant



EPA List N* Disinfectant

Reduce the Risk of Illness

COVID-19 is caused by SARS-CoV-2, GE Fight Bac RTU kills similar viruses and therefore can be used against SARS-CoV-2 when used in accordance with the directions for use against Feline Calicivirus on hard porous and non porous surfaces. Refer to the CDC website at www.cdc.gov for additional information.

*All products on this list meet EPA's criteria for use against SARS-CoV-2, the virus that causes COVID-19.

GE Fight Bac™ RTU

One-Step, No-Rinse Disinfectant

Disinfectant with the environment in mind.

GE Fight Bac RTU kills over 99.9% of bacteria and viruses in 3- to 5-minute contact time. Formulated with a botanical active ingredient, citric acid, and free from harsh chemicals, this product provides superior disinfection and meets the EPA's Design for the Environment standards.



Industry-best product performance - Green Earth® products must meet or exceed traditional products. This performance is verified by third-party lab testing or testing designed and performed in Betco® laboratories.

THE BENEFITS OF A CITRIC ACID ACTIVE INGREDIENT:

PERFORMANCE: Cleans without streaks or residue while achieving hospital-grade efficacy with low contact times, including TB.

ENVIRONMENTALLY FRIENDLY: Effective, plant-powered formula is certified by the EPA's Design for the Environment program.

SAFETY: Citric Acid-based solution is non-irritating and no harsh fumes for the user. Also gentle on equipment making it an excellent choice as a cleaner.

VERSATILITY: GE Fight Bac RTU can also be used as a food contact sanitizer with no rinsing or wiping required.

WHERE TO USE:

- Desk and computer surfaces
- Kitchen surfaces, including stainless steel
- Restroom disinfection
- High-touch surfaces, including smart phones
- And most other hard non-porous surfaces

AVAILABLE IN:

- 39012 12 x 32 oz. Bottles
- 39004 4 x 1 Gal. Bottles
- 39005 5 Gal. Pail
- 39055 55 Gal. Drum
- 39027 275 Gal. Tote

DISINFECTION

BACTERICIDAL: 5 MINUTES
Pseudomonas aeruginosa
Salmonella enterica
Staphylococcus aureus
Staphylococcus aureus - MRSA
Staphylococcus epidermis - MRSE
Enterococcus faecalis Vancomycin Resistant
Escherichia coli O157:H7
VIRUCIDAL ACTIVITY: 3 MINUTES
Hepatitis B
Hepatitis C
Rhinovirus
VIRUCIDAL ACTIVITY: 5 MINUTES
Rotavirus
Aids Virus
Influenza A virus
Feline Calicivirus-Surrogate for Norovirus
TUBERCULOCIDAL ACTIVITY: 5 MINUTES
Mycobacterium bovis

SANITIZATION

FOOD CONTACT SURFACES: 60 SECONDS
Staphylococcus aureus
Escherichia coli



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5/2020



Powerful Germ Kill, PURELL Peace of Mind.

Trust the PURELL™
brand to disinfect the
surfaces you touch.

KILLS 22 GERMS IN 30 SECONDS. NO RINSE REQUIRED.

PURELL Professional Surface Disinfectant provides:



FORMULATED FOR FOOD CONTACT SURFACES

No rinse required on food contact surfaces



RAPID KILL TIME

Eliminates 99.99% of germs including Norovirus and the Cold & Flu virus



POWERFUL PEACE OF MIND

Lowest allowable EPA toxicity rating



MULTI-SURFACE PERFORMANCE

Proven across most hard and soft surfaces



EPA DESIGN FOR ENVIRONMENT (DfE) CERTIFIED:

Delivers faster overall disinfection of bacteria and viruses than any other DfE product



No competitor can match the PURELL™ brand's high standards for performance, people, and the planet.*



* As of 7/22/2016

PURELL Professional Surface Disinfectant is a one-step disinfectant and cleaner that dissipates quickly with no streaks or sticky residue. The multi-surface formulation disinfects and cleans hard surfaces and sanitizes soft surfaces. And, the light, citrus scent gives you the peace of mind to use around others.



PURELL TOUCHABLE™ Technology means:

- No rinse required on food contact surfaces
- No handwashing, gloves or safety glasses required
- No harsh fumes

PURELL Professional Surface Disinfectant Order Information

Waxie Part #/SKU	Description	Recommended Sales Unit
170046	6 - 32 fl. oz. bottles capped & sealed with triggers	Full Case
170055	4 - 1 gallon Refills	Full Case
LBI-4342-6CTSHEET	1 sheet of 6 refillable container labels	Eaches



To Learn More About PURELL Professional Surface Disinfectant, visit www.PURELLsurface.com

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#19347 • PUR-PROF-SS (09/2016)

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ASSOCIATED STUDENTS, INC. | SACRAMENTO STATE
CHILDREN'S CENTER

Children’s Center

Return to Work/Covid-19 Training

Training Delivered By	Topics	Staff	Date for completion
HR Administered	Employee Self Screening at home	All Staff	Prior to first day on sight To be completed prior to the first day onsite. Acknowledgments of complete training to be completed in Day force
	How to Protect yourself and others	All Staff	
	Return to Work Policies	All Staff	
	Navigating COVID 19 in the workplace	Supervisors including Head Teachers, SAIV and Admin	
Children’s Center Website/via Email	PPE Personal hand Sanitizer, Face shields	All Staff	To be completed prior to the first day onsite. Acknowledgments of complete training to be completed in Day force
	Clothing in and out and temperature screening	All Staff	
	Sneezing and coughing etiquette Handwashing procedures	All Staff	
	Cleaning and Disinfecting Procedures	All Staff	
	Completing Wellness Checks i.e. Health Screenings	All Staff	
	Meal Service and food handling procedures	Classroom and Kitchen Staff	
Procedures to read and initial			
	Customer Facing-	ALL Staff	Read and initial

Stop Germs! Wash Your Hands.

When?

- After using the bathroom
- Before, during, and after preparing food
- Before eating food
- Before and after caring for someone at home who is sick with vomiting or diarrhea
- After changing diapers or cleaning up a child who has used the toilet
- After blowing your nose, coughing, or sneezing
- After touching an animal, animal feed, or animal waste
- After handling pet food or pet treats
- After touching garbage



How?



Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap.



Lather your hands by rubbing them together with the soap. Be sure to lather the backs of your hands, between your fingers, and under your nails.



Scrub your hands for at least 20 seconds. Need a timer? Hum the "Happy Birthday" song from beginning to end twice.



Rinse hands well under clean, running water.



Dry hands using a clean towel or air dry them.

Keeping hands clean is one of the most important things we can do to stop the spread of germs and stay healthy.

LIFE IS BETTER WITH

CLEAN HANDS



www.cdc.gov/handwashing

This material was developed by CDC. The Life is Better with Clean Hands Campaign is made possible by a partnership between the CDC Foundation, GOJO, and Staples. HHS/CDC does not endorse commercial products, services, or companies.



CS910027-A



Handwashing: Clean Hands Save Lives

When and How to Wash Your Hands



During the Coronavirus Disease 19 (COVID-19) pandemic, keeping hands clean is especially important to help prevent the virus from spreading.

Handwashing is one of the best ways to protect yourself and your family from getting sick. Learn when and how you should wash your hands to stay healthy.

How Germs Spread

Washing hands can keep you healthy and prevent the spread of respiratory and diarrheal infections from one person to the next. Germs can spread from other people or surfaces when you:

- Touch your eyes, nose, and mouth with unwashed hands
- Prepare or eat food and drinks with unwashed hands
- Touch a contaminated surface or objects
- Blow your nose, cough, or sneeze into hands and then touch other people's hands or common objects



Key Times to Wash Hands

You can help yourself and your loved ones stay healthy by washing your hands often, especially during these key times when you are likely to get and spread germs:

- **Before, during, and after** preparing food
- **Before** eating food
- **Before** and **after** caring for someone at home who is sick with vomiting or diarrhea
- **Before** and **after** treating a cut or wound
- **After** using the toilet
- **After** changing diapers or cleaning up a child who has used the toilet
- **After** blowing your nose, coughing, or sneezing
- **After** touching an animal, animal feed, or animal waste
- **After** handling pet food or pet treats

<https://www.cdc.gov/handwashing/when-how-handwashing.html>

6/18/2020

- **After touching garbage**

During the COVID-19 pandemic, you should also clean hands:

- After you have been in a public place and touched an item or surface that may be frequently touched by other people, such as door handles, tables, gas pumps, shopping carts, or electronic cashier registers/screens, etc.
- Before touching your eyes, nose, or mouth because that's how germs enter our bodies.

Follow Five Steps to Wash Your Hands the Right Way

Washing your hands is easy, and it's one of the most effective ways to prevent the spread of germs. Clean hands can stop germs from spreading from one person to another and throughout an entire community—from your home and workplace to childcare facilities and hospitals.

Follow these five steps every time.

1. **Wet** your hands with clean, running water (warm or cold), turn off the tap, and apply soap.
2. **Lather** your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.
3. **Scrub** your hands for at least 20 seconds. Need a timer? Hum the "Happy Birthday" song from beginning to end twice.
4. **Rinse** your hands well under clean, running water.
5. **Dry** your hands using a clean towel or air dry them.

Why? Read the science behind the recommendations.

Use Hand Sanitizer When You Can't Use Soap and Water

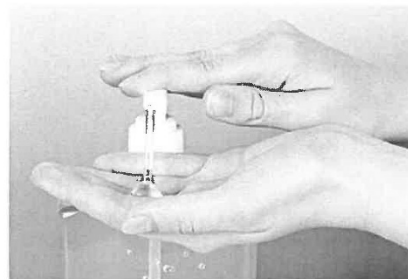
Washing hands with soap and water is the best way to get rid of germs in most situations. If soap and water are not readily available, you can use an alcohol-based hand sanitizer that contains at least 60% alcohol. You can tell if the sanitizer contains at least 60% alcohol by looking at the product label.

Sanitizers can quickly reduce the number of germs on hands in many situations. However,

- Sanitizers do **not** get rid of all types of germs.
- Hand sanitizers may not be as effective when hands are visibly dirty or greasy.
- Hand sanitizers might not remove harmful chemicals from hands like pesticides and heavy metals.

How to use hand sanitizer

- Apply the gel product to the palm of one hand (read the label to learn the correct amount).
- Rub your hands together.



You can use an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water are not available.

Caution! Swallowing alcohol-based hand sanitizers can cause alcohol poisoning if more than a couple of mouthfuls are swallowed. Keep it out of reach of young children and supervise their use.

- Rub the gel over all the surfaces of your hands and fingers until your hands are dry. This should take around 20 seconds.



CDC's Handwashing Campaign: *Life is Better with Clean Hands*

CDC's *Life is Better with Clean Hands* campaign encourages adults to make handwashing part of their everyday life and encourages parents to wash their hands to set a good example for their kids. Visit the *Life is Better with Clean Hands* campaign page to download resources to help promote handwashing in your community.

For more information on handwashing, visit CDC's Handwashing website or call 1-800-CDC-INFO.

More Information

- Handwashing: Clean Hands Save Lives
- *Life is Better with Clean Hands* Campaign
- Preventing the Flu
- Hand Hygiene in Healthcare Settings
- Hand Hygiene After a Disaster
- Water-Related Hygiene
- Keeping Your Hands Clean on a Cruise

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- Publications, Data, & Statistics

Global Handwashing Day

- Global Handwashing Day

Page last reviewed: April 2, 2020
Content source: Centers for Disease Control and Prevention

<https://www.cdc.gov/handwashing/when-how-handwashing.html>

6/18/2020



Job Hazard Analysis

Office & Administration			
Positions	Job Components	Hazards level	Controls (Safeguards)
Front Desk Associate Administrative Assistant Operations Manager	<ul style="list-style-type: none"> Assist staff Greet and assist clients/families entering the program Manage subsidy contract Enrollment and clerical work related to staff, children and families 	<p>Exposure-Low</p> <ul style="list-style-type: none"> Face to Face contact with incoming clients/families Face to Face contact with program staff Social distancing can be maintained. Shared office equipment 	<ul style="list-style-type: none"> Washing Hands Health Screening/temperature checks for children and staff Plexiglas barrier Limit occupancy for office space Individual work surface Regular cleaning and disinfecting of shared office equipment Access to shared equipment limited Virtual meetings and communication Social distancing signage
		Evidence	

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ASSOCIATED STUDENTS, INC. | SACRAMENTO STATE
CHILDREN'S CENTER

Job Hazard Analysis




Office & Administration Cont.			
Associate Director Program Director	<ul style="list-style-type: none"> Oversee student and full time staff Support Classrooms as needed Clerical and administrative tasks 	<p>Exposure- Medium</p> <ul style="list-style-type: none"> Face to Face contact with clients/families and staff Face to Face contact with children in care Care for children with limited social distancing. PPE can be used. 	<ul style="list-style-type: none"> Washing Hands Health Screening/temperature checks for children and staff Individual office work space Regular cleaning and disinfecting of shared office equipment PPE-face shield for use in classroom Virtual meetings and communication

Job Hazard Analysis

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CHILDREN'S CENTER

Kitchen			
Job Title	Job Description/location	Hazards	Controls
Cook Kitchen Student Assistant	<ul style="list-style-type: none"> • Prepare and deliver meals to classrooms daily • Receive orders of food and supply's 	<p>Exposure-Med</p> <ul style="list-style-type: none"> • Face to Face contact with staff and vendors • Minimal contacts with children when delivery food to the classrooms • Potential exposure to saliva when washing dishes 	<ul style="list-style-type: none"> • Washing Hands • Health Screening/temperature checks for children and staff • Regular cleaning and disinfecting of high-touch surfaces • Kitchen window which can be lowered to reduce exposure • Use of PPE including gloves, aprons and face shields when: <ul style="list-style-type: none"> -Washing dishes -Entering classrooms -Interacting with staff when a 6 ft. distance cannot be maintained -Receiving orders • Food can be left at the door of the classroom or placed in the classroom when children are outside when feasible. • Virtual meetings and communication
			Evidence   

Job Hazard Analysis



Classroom				
Job Title	Job Description/location	Hazards	Controls	Evidence
Head Teacher Mentor Teacher Classroom Student Assistants (all levels)	<ul style="list-style-type: none"> Provide direct care and supervision to children including feeding and toileting. 	<p>Exposure-High</p> <ul style="list-style-type: none"> Face to Face contact with children and families Care of your children with limited social distancing Exposure to bodily fluid and excretions 	<ul style="list-style-type: none"> Washing Hands Health Screening /temperature checks for children and staff Face masks worn by families entering program Designated entry points for classrooms PPE including aprons, and facemask/shields Training on Universal precautions Frequent cleaning and disinfecting of the classroom Easily accessed hand sanitizing station and personal hand sanitizer to be carried Virtual meetings and communication 	