

Monterey County

General Guidelines for Operating Emergency Child Care (Center-Based Programs)

<u>Topic</u>	<u>Page Number</u>
Child Care as an Essential Service	2
Preparing Your Center	2
Staffing Considerations	2
Physical Distancing Requirements	3
Preventing the Transmission of Coronavirus	4
Daily Health Checks	5
Providing Safety and Stability During an Emergency	5

Child Care as an Essential Service

Child care administrators who elect to remain open during this time are providing an essential service for families who face child care hardship and for essential health care and disaster relief workers. According to Public Health Shelter-in-Place, child care services may be provided only to enable employees allowed in the Order to work as permitted. To read the full Public Health Order (including a list of employees who are permitted to work) see [Monterey County Health Order](#).

Families who have options to keep children at home safely should do so. This is the safest plan during a Shelter-In-Place order.

Refer to the State of California Department of Social Services Provider Information Notice [CCL Guidance](#) for guidance related to prevention, containment, and mitigation measures in early childhood programs ([additional CCL guidance](#)).

Preparing Your Center

[CCL Links](#) [CDC Guidance for Open CC Centers](#)

If you choose to operate emergency child care, intensify cleaning and disinfection efforts consistent with Centers for Disease Control and Prevention (CDC) guidance [Guidance](#). Prior to opening, remove the personal possessions of children who will not be attending emergency care, then clean and disinfect all surfaces and objects using a product that is EPA-approved for use against the virus that causes COVID-19 (<https://www.americanchemistry.com/Novel-Coronavirus-Fighting-Products-List.pdf>).

For additional information, refer to the California Childcare Health Program's guidance on [Safe and Effective Cleaning, Sanitizing, and Disinfecting](#) (<https://cchp.ucsf.edu/content/safe-and-effective-cleaning-sanitizing-and-disinfecting>; available in English, Spanish, and Chinese).

Staffing Considerations

Program leaders are encouraged to have conversations with each staff member in order to determine availability for providing emergency care. Staffing decisions should take into account each employee's individual circumstances as well as the needs of the program.

- Protect vulnerable populations. Consider providing paid leave to staff (including substitutes) over 60, those who have medical conditions (regardless of age) that would put them at higher risk of serious complications if they contract COVID-19, and those who care for elderly family members or have their own child care concerns.
- Limit onsite staff to essential personnel only.

- Encourage staff to take care of their own health care and wellness needs.
- Adult bathrooms should be regularly disinfected. Use paper towels to turn on water, turn off water, flush toilets and open doors.
- To the extent possible, when providing emergency care use staff that are familiar with the children, families, and program. Maintain consistent staffing in each classroom and implement primary care. If necessary, use consistent substitute staff.
- Clearly communicate your plan and screening for symptoms to your staff.
- Inform staff they must stay home if they are suffering from any illness, ask them to inform their supervisor immediately if they begin to feel symptoms while at work.
- Observe staff for symptoms upon arrival and throughout the day. If symptoms emerge, send the staff member home and advise them to contact their health provider.
- Encourage all staff to get a flu vaccine.

Physical Distancing Requirements

During a “shelter-in-place” order, child care facilities must operate under mandatory conditions to the extent possible:

Groups and Group Size

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.

AGE	Staff: Child Ratio	Group Size
0-18 Months (infant)	1:4	10
18-36 Months (toddler)	1:6	10
3 Years – Kinder entry and Kinder entry + (school age)	1:10	10
0 to School Age (mixed age groups)	1:6	10

- Childcare must be carried out in stable groups of 10 or fewer. “Stable” means that the same 10 or fewer children are in the same group each day.
- Children shall not change from one group to another.
- If more than one group of children is cared for at one facility, each group shall be in separate rooms. Groups shall not mix with each other. For example, if your facility normally has a shared bathroom for two classrooms, open only one classroom.
- Childcare providers shall remain solely with one group of children. Appropriate adult:child ratios should be maintained at all times, taking into consideration that children may have greater needs for comfort or support during transitions.

Drop Off and Pick Up

- Implement staggered drop-off and pick up times and add tape of 6 feet to encourage social distancing of adults.
- Establish a drop off routine (e.g., one consistent family member may bring children into classroom where the teacher will greet them, conduct daily health check with a teacher, and bring them into the classroom)
- Establish a pick up routine (e.g., families wait outside the classroom door for the teacher to bring child out)
- Encourage family members to bring their own pens for sign in/out, forms, etc.

Activities

- Provide plenty of free choice time and limit organized group activities (e.g., circle time) in order to support physical distancing.
- Set up the environment to maximize space between children and activities (e.g., cozy spaces for individual reading, limit chairs around tables).

Meals and Snacks

- Set up the eating spaces to maximize space between children.
- Meals should be pre-portioned or pre-packaged distributed by a teacher.

Outdoor Time

- Weather permitting, schedule different times for each classroom in the outdoor environment.

Nap Time

- Napping cots should be spaced 6 feet apart.

- Cribs should be at least 6 feet apart or used in alternating fashion (one occupied, one not occupied).

Infants and Toddlers

- When [diapering](#) a child, [wash your hands](#) and wash the child's hands before you begin, and wear gloves, if possible. Follow safe diaper changing procedures. Procedures should be posted in all diaper changing areas. Steps include:
 - Prepare (includes putting on gloves)
 - Clean child and remove gloves
 - Remove trash (including gloves)
 - 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.
- Posters with diaper changing procedures are available [here](#).
- It is important to comfort crying, sad, and/or anxious infants and toddlers, and they often need to be held. 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.

Additional recommendations for physical distancing include:

- Ensure you have updated emergency information for all children and an adult who is able to pick up children immediately if needed in case of illness.
- Ask families to inform you of any contact they or their child may have had with COVID-19. Take precautions accordingly.
- Use tape or other symbol to demonstrate 6 foot distance
- Advise staff to avoid social greetings (hugs, high 5, etc; encourage waves and smiles instead)
- Make hand sanitizer stations available where needed
- Instruct staff on handwashing (20 seconds with soap and water) and allow time throughout the day to wash hands
- Remind everyone to avoid touching their face, eyes, nose.
- Instruct staff not to share materials and sanitize them between uses
- Use and teach “respiratory etiquette” by covering coughs with a tissue or sleeve and providing adequate supplies (e.g., tissues, alcohol-based hand sanitizers, no-touch trash cans) within easy reach.
- Enforce proper handwashing procedures upon entry and as frequently as possible for all adults and children.

Programs are strongly encouraged to balance these mandatory and recommended physical distancing practices with meeting children’s social-emotional and developmental needs. Children’s need for safety, security, and predictability--as well as loving, nurturing care by the people they know and trust is as important as ever.

Preventing the Transmission of Coronavirus

Programs can help children and staff reduce their risk of getting and spreading viral respiratory infections, including the flu and the common cold, by encouraging them to take simple steps which will also prevent COVID-19. These include:

- Requiring children and adults to stay at home when they are sick.
- Frequent hand washing with soap and water for at least 20 seconds, especially after going to the bathroom, before eating, and after they blow their nose. Help

young children do the same. If hands are visibly dirty, use soap and water to clean hands.

- If soap and water are not readily available, using an alcohol-based hand sanitizer with at least 60% alcohol.
- Implementing routine environmental cleaning and disinfecting procedures.
- Implementing procedures for identifying and isolating children and staff who are sick
- Advising adults and children to avoid touching their eyes, nose, and mouth with unwashed hands (this does not apply to infants and toddlers).
- Providing adequate supplies for good hygiene, including clean and functional handwashing stations, soap, paper towels, alcohol-based hand sanitizer, and hand lotion.

Daily Health Checks

The health status of staff, family members, and children should be monitored regularly and no individual who is sick should go to the child care facility. Refer to the California Childcare Health Program's guidance on Morning Health Check (<https://cchp.ucsf.edu/content/morning-health-check>; available in English, Spanish, and Chinese).

- At-home well checks should be conducted for all staff, family members, and children prior to leaving home. Provide a phone number for families to report any absences and signs of illness. Develop a plan to respond to staff absences.
- Conduct health checks (including temperature reading) upon the arrival of every child and adult in a designated screening area, preferably outside the classroom.
- Disinfect screening areas, door handles and other public area surfaces regularly and consistently.

Providing Safety and Stability During an Emergency

You have answered the call to provide emergency child care to support your communities in this current climate. During this state of emergency, there may be protocols that are new to you or measures you are being asked to take in order to prevent the transmission of COVID-19. But at the core, you are being asked to draw on your expertise. You are being asked to provide safety and stability for children and families as you would on a regular basis. Although you might feel some doubt about how to care for children in these times, trust your knowledge and your skills, you already know what to do.

Whether children are new or returning to the program, remember to prioritize building and strengthening relationships with them and their families to help them navigate and adjust to these potentially stressful times. You understand the importance of relationships and you know how to cultivate them. Establishing relationships and building trust on a compressed timeline will be easier if you:

- Get to know children and families by name
- Provide stability and predictability by establishing routines as quickly as possible
- Engage children as active participants
- Communicate with families (intake questionnaires, emails, photos, texts)
- Provide stable/consistent staffing
- Ensure that children feel safe
- Meet children's social-emotional needs by providing sensitive, responsive, and individualized care
- Acknowledge feelings and offer comfort
- Use primary care
- Provide a secure base for exploration

Utilizing these strategies in combination with your child development expertise, you will offer a stable and caring environment for children, families and staff during a time of uncertainty. You can and will be a constant reminder to children and families that together, we can weather the storm.