

# CHILDCARE FACILITIES

This section includes family – or home-based – childcare programs, pre-kindergarten or preschool (Pre-K) programs at private and public schools, Head Start and Early Head Start programs. This also includes private childcare centers, temporary childcare centers operated by municipalities for the children of essential service providers, and childcare centers that partner with healthcare facilities to support healthcare workers in need of child care.

## AVERAGE LEVEL OF CUSTOMER INTERACTION



Work requires direct physical contact with children.

## EMPLOYEE + CHILD PROTECTION



- When feasible, staff members and older children should wear face coverings inside the facility. Cloth face coverings should NOT be put on babies and children under the age of two because of the danger of suffocation. Face coverings should NOT be worn during naps.



- Employees who have a fever or are otherwise exhibiting COVID-19 symptoms (including fever, cough, shortness of breath, chills, muscle pain, new loss of taste or smell, vomiting or diarrhea, and/or sore throat), should not be allowed to work.
- Persons who have a fever of 100.4°F (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.
- Establish a consistent and reliable system to screen children and staff daily upon arrival. The system should include monitoring children and staff for fever with either disposable thermometers or a contactless electronic thermometer. It should also include a brief questionnaire to assess health or risk of exposure. Please see “Daily Health Check” for details.
- If a household member is diagnosed with COVID-19, the child will need to remain home for 14 days. If the child develops symptoms, then the child should be tested if possible and be isolated in accordance with the health department and primary care provider. They must not enter the childcare setting during this time.
- Encourage workers to report any safety and health concerns to the employer.



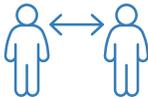
- Facilities should develop a schedule for cleaning and disinfecting.
  - Routinely clean, sanitize, and disinfect surfaces and objects that are frequently touched, especially toys and games. This may also include cleaning objects/surfaces not ordinarily cleaned daily such as doorknobs, light switches, classroom sink handles, countertops, nap pads, toilet training potties, desks, chairs, cubbies, and playground structures.
  - Use the cleaners typically used at your facility.
- Use all cleaning products according to the directions on the label.
- For disinfection, most common EPA-registered, fragrance-free household disinfectants should be effective.
  - If possible, provide EPA-registered disposable wipes to childcare providers and other staff members so that commonly used surfaces such as keyboards, desks, and remote controls can be wiped down before use.



- All cleaning materials should be kept secure and out of reach of children.
- Cleaning products should not be used near children, and staff should ensure that there is adequate ventilation when using these products to prevent children from inhaling toxic fumes.
- Toys that cannot be cleaned and sanitized should not be used.
- 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.
- Bedding that touches a child's skin should be cleaned weekly or before use by another child.



- Consider staggering arrival and drop off times and plan to limit direct contact with parents as much as possible.
- 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.
- Hand hygiene stations should be set up at the entrance of the facility so that children can clean their hands before they enter.



- If possible, childcare classes should include the same group each day, and the same childcare providers should remain with the same group each day.
- Cancel or postpone special events such as festivals, holiday events, and special performances.
- Limit the mixing of children, stagger playground times and keep 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.
- If possible, arrange for administrative staff to telework from their homes.
- Classes should be limited to 11 children per room, as per CDC recommendations.



- 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.
- Childcare providers should wash their hands, neck, and anywhere touched by a child's secretions.
- Childcare 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.
- Childcare 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.



- 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.
- 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.



- 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.

## CHILD HEALTH SCREENING OPTIONS

### OPTION 1: RELIANCE ON SOCIAL DISTANCING

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.

### OPTION 2: RELIANCE ON BARRIER/PARTITION CONTROLS

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.

## OPTION 3: RELIANCE ON PERSONAL PROTECTIVE EQUIPMENT

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. 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. Make a visual inspection of the child for signs of illness, which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness, and confirm that the child is not experiencing coughing or shortness of breath.

Take the child's temperature. If performing a temperature check on multiple individuals, ensure that you use a clean pair of gloves for each child and that the thermometer has been thoroughly cleaned in between each check. If you use disposable or non-contact (temporal) thermometers and did not have physical contact with an individual, you do not need to change gloves before the next check. If you use non-contact thermometers, clean them with an alcohol wipe (or isopropyl alcohol on a cotton swab) between each client. You can reuse the same wipe as long as it remains wet. After each screening, remove and discard PPE, and wash hands. Use an alcohol-based hand sanitizer that contains at least 60% alcohol or wash hands with soap and water for at least 20 seconds. If hands are visibly soiled, soap and water should be used before using alcohol-based hand sanitizer. If your staff does not have experience in using PPE, check to see if your facility has guidance on PPE. The procedure to take on and off PPE should be tailored to the specific type of PPE that you have available at your facility. You can also review PPE use in this booklet.

### COMPLETE VERBAL HEALTH SCREENING SURVEY

**Symptom Screen:** Does the individual have new symptoms including a dry cough unrelated to a chronic health condition, difficulty breathing or shortness of breath, diarrhea, chills or sore throat?

**Contact Screen:** Has the employee had close contact with a person that has been diagnosed with COVID-19 through a positive test result?

### TEMPERATURE CHECK:

Follow the temperature check guidelines below.

Non-contact or disposable thermometers are recommended. If a non-contact thermometer is used, limit face-to-face exposure by approaching the individual from the side and reaching the thermometer to their forehead. Keep interaction between the health check coordinator and individual as brief as possible.

Return to six-foot social distancing immediately after.

If the individual's temperature is 100.4 degrees or higher, the employee should be sent home and asked to call a local testing hotline.

### PROTOCOLS FOR SAFE THERMOMETER USE

If performing temperature checks on multiple individuals, make sure that health check coordinators use a clean pair of gloves for each employee and that the thermometer has been thoroughly cleaned with alcohol in between each check. If disposable or non-contact thermometers are used and coordinators did not have physical contact with an individual, they do not need to change gloves before the next check. If non-contact thermometers are used, clean and disinfect them according to manufacturer's instructions and facility policies.

## MORE CHILD CARE CENTER RESOURCES

National Resource Center For Health and Safety In Child Care and Early Education: <https://nrckids.org/>

Child Care Aware: <https://www.childcareaware.org/>

Office of Child Care: <https://www.acf.hhs.gov/occ>

Michigan.gov/lara