



# **Arizona Quality First Recommendations for Safe Child Care Operations during COVID-19**

For use in Center-Based Care and Home Environments in Arizona

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The Quality First Child Care Health Consultation program has developed this document to assist child care programs to make informed decisions during the COVID-19 pandemic.

The information contained in the document is based on the most current information available at the time of publication from the Centers for Disease Control and Prevention (CDC), Arizona Department of Health Services, and Caring for our Children, 4<sup>th</sup> edition-National Health and Safety Performance Standards Guidelines for Early Care and Education Programs. COVID-19 guidance from public health authorities is subject to change, so programs should follow any updated guidance as it becomes available.

Child care programs must also ensure compliance with any applicable licensing requirements of their regulatory authority.

## How to use this Guidance Document

Child care providers across the state have always prioritized the health and safety of the children in their care. With the spread of COVID-19 new health and safety protocols are necessary to ensure children, families and staff members are as safe as possible. This document provides tools to help you make the best decisions possible to limit the spread of COVID-19 and create safest spaces for children and staff members. We will continue to update this document as new guidance becomes available.

### Revisions:

**August 24, 2020 [ADHS Update](#):** Child care programs are required to report COVID-19 outbreaks\* to the local health department within 24 hours of identification.

\*An outbreak is defined as two or more laboratory-confirmed cases of COVID-19 within a 14-day period among individuals who are epidemiologically linked, do not share a household, and are not close contacts of each other in another setting. (Page 17)

**August 31, 2020 [World Health Organization \(WHO\) update](#):** Resource link added titled, Can fans be used safely in indoor spaces? (Page 15) and language added: “According to the [World Health Organization](#), fans should not be used in a room where outdoor exchange is not possible because this may increase transmission of the virus from one person to another.” (Page 17)

Language added to reflect Arizona best practice diapering procedures: “**Note:** Arizona does not require nor promotes the use of nonabsorbent paper liner to cover the changing surface.” (Page 16)

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## Overview of COVID-19

The virus that causes COVID-19 is thought to spread mainly from person to person, through respiratory droplets produced when an infected person coughs, sneezes or talks. These droplets can land in the mouths, noses, and eyes of adults and children who are nearby or possibly be inhaled into the lungs. Spread is more likely when people are in close contact with one another (within about 6 feet).

The Centers for Disease Control and Prevention (CDC) advises that children should remain at home if possible, however many people need to continue working – including health care workers, first responders, and critical infrastructure personnel such as you, caregivers and teachers. Now more than ever child care is being recognized as a vitally important function in allowing families to continue working, which has essential public health, economic and social impacts.

## Symptoms of COVID-19

It is important for early childhood professionals to recognize the signs and symptoms of COVID-19 so they can stay home when not feeling well as well as be able to monitor the signs and symptoms of the children in their care. This is the first step to keeping everyone healthy and preventing further spread of the virus. People with COVID-19 have reported a wide range of symptoms ranging from mild symptoms to severe illness. Symptoms may appear **2-14 days after exposure** to the virus. Children with COVID-19 may not initially present with fever and a cough as often as adults.

People with these symptoms may have COVID-19:

- Fever (100.4 °F/ 38°C or higher) and/or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

**This list does not include all possible symptoms. It is important to note that some people report no symptoms. If you are concerned about symptoms affecting you, your children, and/or other family members,** please call your health care provider. You can also check [CDC Symptoms of Coronavirus](#) for the latest updates, a self-checker guide, and when to seek Emergency Medical Attention. (Available in 29 languages) CDC also includes a list of Frequently Asked Questions, including items specific to prevention, spread, and children. [CDC FAQs](#)

## Mitigating Risk: Infection Control Strategies

As an early childhood professional there are specific actions that you can take that can help reduce the chances of spreading the virus. Each center or home is encouraged to use this document as a way to self-evaluate and improve upon the health and safety measures that are already implemented at the site. Not all items will be applicable in every situation.

### Arrival and Departure Procedures

Review your arrival and departure procedures and consider what is possible for your program. Each suggestion below may reduce the risk of spreading COVID-19.

Consider each of the following:

- Arrival and departure times are staggered and planned to limit direct contact with families as much as possible. It will be important for program staff to explain to families the new process and recommend they adjust their routine to accommodate any wait time.
- Parents/guardians drop children off outside of the site and remain 6 feet apart.
  - Alternatively, parents do not go past the lobby and remain 6 feet apart.
  - Consider Arizona [heat, UV index](#) and weather conditions when planning arrival and departure procedures.
- Assigned child care staff greet children outside as they arrive and walk all children to their classroom and back to their cars at the end of the day. Staffing patterns should be reviewed to ensure ratio and safety during these transitions.
- The same parent or designated person drops off and picks up the child every day, if possible. Older people or those with serious underlying medical conditions are advised not to drop off/pick up children because they are [more at risk for severe illness for COVID-19](#).
- Parents/guardians are required to follow local mask ordinance regarding wearing cloth face coverings at drop off and pick up times.
- Pens for sign in/out are sanitized between uses, parents bring their own pens, or there are ‘clean’ and ‘dirty’ pen containers.
- Hand sanitizer is placed by sign-in stations, out of reach of children. **Note:** Please review the [FDA website](#) for a list of hand sanitizers that consumers should **not** use.
- Children receive a health check upon arrival (see Monitoring for Symptoms on page 6).
- Children wash hands upon arrival at the center. If a sink with soap and water is not located at the entrance, hand sanitizer with at least 60% alcohol is used. Adult supervises/assists child with handwashing. Hand sanitizer is stored out of reach of children and dispensed by an adult. Neither baby wipes nor disinfectant wipes should be used in this case.

### Resources

[CDC Child Care: Parent Drop-Off and Pick-Up](#)

## Monitoring for Symptoms

Staff members and children should stay home and self-isolate if they show [symptoms of COVID-19](#).

It can be challenging to determine when to isolate young children because they are ill more often than adults and the cause of symptoms is sometimes unknown.

Develop/review your monitoring and screening processes for health checks. Consider each of the following to determine if you are currently following the strategy or if the strategy is possible for you. Each suggestion below may reduce the risk of spreading COVID-19.

- Daily symptom screening (see sample Daily Health Screening on page 7 and Screening Protocols on page 6) of any person entering the building, including children, staff, family members, and other visitors. **Note:** Parent/guardian does not need to be screened when dropping off/picking up child unless they enter the building for reasons other than pick up/drop off.
- Staff monitor children and self-monitor for signs or symptoms of COVID-19 throughout the day.
- Children or staff who develop signs/symptoms of COVID-19 are isolated and sent home as soon as possible.
  - Isolation room or area is available to isolate child from the group. Isolation room/area is within sight and sound of staff.
  - Process in place to contact parent/guardian for quick pick up. During this time, there may be alternative contacts. Review the emergency blue card with families to ensure contact information is accurate and possibly identify a priority order to call.
  - Staff encourage families to contact their health care provider when a child is sent home due to symptoms.
- Families are encouraged to [look for signs of illness](#) in their children and to keep them home when they are sick.
- Process in place for staff to report to supervisor if they've come into contact with anyone outside of work who has had a documented case of COVID-19, including plan for staff to quarantine for 14 days from date of last potential exposure. **Close contacts:** Exposure to someone who has tested positive for COVID-19 (within 6 feet for 15 minutes or more)
- Process in place for families to report to designated child care staff if child has come into close contact with anyone who has a documented case of COVID-19.
- Staff are encouraged to self-monitor and stay home when sick.
- Sick leave policies are flexible and consistent with public health guidance and that employees are aware of and understand these policies.
- Staffing patterns reviewed/revised frequently to ensure continuity of care and to have back up or substitute care in place for unplanned absence.

## Screening Protocols (Health Checks)

Use of thermometers for admittance into a site is not a requirement; however, many programs are opting to implementing the use of temperature checks as an additional safety measure. The center should create a temperature check protocol (e.g. temperatures are checked as part of the daily health check and when the child is exhibiting signs and symptoms of illness while in care) and ensure staff are trained in its implementation. Review: [CDC Screen Children upon Arrival-3 methods](#)

- If performing a temperature check on multiple individuals, ensure that you use a clean pair of gloves for each child.
- Staff are trained on how to use thermometer and put on/remove gloves and other forms of Personal Protective Equipment (PPE), if used.
- 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.

- Clean thermometers with an alcohol wipe (or isopropyl alcohol on a cotton swab) after each use. You can reuse the same wipe as long as it remains wet.
- After each screening, remove and discard gloves, 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 after each screening.

**Sample Daily Health Screening for COVID-19**

Any adults or children showing symptoms of COVID-19 **should not be at the child care facility.**

- Visually check the child for signs of illness, including flushed cheeks, rapid or difficulty breathing (without recent physical activity), fatigue or extreme fussiness.
- Ask the questions listed below to any staff, visitors or children before entering the facility or transportation vehicle. The person conducting screenings should wear a face covering/mask and maintain 6 feet distance while asking questions. Consider Arizona [heat, UV index](#), and weather conditions if screening occurs outside.

1. *Do you or do any of the children you are dropping off have any of these symptoms?*

- |   |  |
|---|--|
| <input type="radio"/> Chills                                      | <input type="radio"/> Headache                   |
| <input type="radio"/> Cough                                       | <input type="radio"/> New loss of taste or smell |
| <input type="radio"/> Shortness of breath or difficulty breathing | <input type="radio"/> Sore throat                |
| <input type="radio"/> Fatigue                                     | <input type="radio"/> Congestion or runny nose   |
| <input type="radio"/> Muscle or body aches                        | <input type="radio"/> Nausea or vomiting         |
|   | <input type="radio"/> Diarrhea                   |

2. *Does your child have a fever of 100.4° (38°C) or above?*

See [CDC screening methods](#) if you are conducting temperature checks at your site.

- Yes    No

**Note: If an individual has any signs or symptoms, they should go home, stay away from other people, and the family member should be encouraged to call the child’s health care provider.**

3. *Since they were last at the child care facility, have you, anyone living with you, or any of the children you are dropping off been diagnosed with COVID-19, or have been in close proximity (6 feet or closer for 15 minutes or more) with someone diagnosed with COVID-19?*

- Yes    No

**Close Contacts: For potential exposure to someone who has tested positive for COVID-19, (within 6 feet for 15 minutes or more) have the individual consult a health care provider to determine the best course of action and review guidance from [CDC](#) and [ADHS](#).**

**Families should be encouraged to have back-up child care plans if the child or a family member becomes ill or is required to self-quarantine due to possible COVID-19.**

See ADHS: [Guidance on Screening of Visitors for COVID-19](#)

**Guidelines for Returning to Child Care and Work**

If an adult or child is diagnosed with COVID-19 based on a test or does not get a COVID-19 test but is suspected to have COVID-19 by a health care provider based on their symptoms, they should not be at the child care facility and should stay at home until they meet the criteria below.

**An individual can return to the child care facility when they can answer YES to ALL three questions:**

- Has it been at least 10 days since the person first had symptoms?
- Has it been at least **24 hours since** the person had a fever (without using fever reducing medicine)?
- Have other symptoms improved?

If an individual has had a negative COVID-19 test, they can return to the child care facility once there is no fever without the use of fever-reducing medicines for at least 24 hours and other symptoms have improved. Please check the [ADHS website](#) for the latest updates.

If a person has been diagnosed with COVID-19 but does not have symptoms, they should remain out of child care until 10 days have passed since the date of their first positive COVID-19 diagnostic test, assuming they have not subsequently developed symptoms since their positive test.

Most children and staff members can return to care/work based on improved symptoms and the passage of time. **A doctor’s note should not be required.**

See ADHS [Release from Isolation Guidance](#) for complete recommendations and updates.

**Resources**

[CDC Symptoms of COVID-19](#)

[CDC When You Can be Around Others after You Had or Likely Had COVID-19](#)

[CDC Quarantine If You Might Be Sick; Stay home if you might have been exposed to COVID-19](#)

**Planning Physical Space**

Review your physical space. Consider each of the following to determine if you are currently following the strategy or if the strategy is possible for you. Each suggestion may reduce the risk of spreading COVID-19.

- Appropriate signage is posted ([CDC](#): symptoms, exclusion, 6 foot distancing, mask use, etc.)
- Common spaces such as lunchrooms for children and staff are eliminated or limited.
  - Common spaces that must be used are rotated between groups and cleaned/disinfected between uses.
- Large group spaces are divided to prevent mixing between groups of children.
- Directional traffic control: Hallways are one way or individuals are able to maintain 6 feet of distance within hallways.
- Waiting areas (drop off, other areas that may have lines) are marked with 6 foot distances.
- Outdoor space is used by one group at a time or zoned for use. Shared outdoor equipment such as balls, hula hoops, and high touch metal and plastic surfaces are cleaned and sanitized between uses.
- Seating is arranged to allow a 6 foot distance between each child.
- Nap mats/cots are spaced 6 feet apart. Children sleep head to toe.
- Individual bedding is stored separately. Staff should wash hands after handling children’s bedding. Cleaning of bedding is addressed in “cleaning, sanitizing, disinfecting” section in page 10.
- [CDC](#) cleaning and disinfection recommendations are being followed. See page 10 for information on cleaning, sanitizing, and disinfecting.
- Toys such as oversized stuffed animals or large plush toys that are not easily cleaned and sanitized are removed from the classroom environment.
- Bucket or place for toys that need to be cleaned and sanitized is available in each classroom, out of reach of children.
- Each child has individual materials such as play dough and crayons that are stored separately.
- Hand sanitizer and cleaning products are stored out of reach of children.
- Trash cans are touchless.

- Ventilation systems operate properly and increase circulation of outdoor air as much as possible. Please refer to the resources section on page 17.
- Isolation room or area is away from others but within sight and sound of staff.

**Resources**

[Guidance for Building Operations during COVID-19](#)

**Health and Safety Equipment**

Consider each of the following to determine if you are currently following the strategy or if the strategy is possible for you. Each suggestion may reduce the risk of spreading COVID-19.

**Cloth Facial Coverings (face masks)**

The CDC recommends face coverings as a critical way to limit the spread of Covid-19. In addition, many local municipalities have ordinances requiring the use of facial masks. All program leadership should monitor for updated recommendations and requirements. All site based policies should be widely communicated and posted.

**Adults**

- [CDC](#) recommends that all adults including child care staff wear a cloth face covering while at the facility. This applies to volunteers and any adult visitor entering the facility. **Note:** Each provider must decide whether that is necessary and appropriate in their facility/home following local guidance.
- Where required to do so, staff should enter and exit the program wearing a cloth face covering. Staff should provide their own, or if possible, cloth facing coverings are provided to child care staff.
  - o The covering fits snugly and is not restrictive. Cloth facial coverings are sanitized daily. **Note:** The [CDC](#) provides more guidance for how to properly wear and sanitize a cloth facecovering. Cloth facial coverings are replaced when wet or torn. N95 masks and surgical masks are not used as they are not recommended at this time. Children may not be used to adults wearing masks. This may impact their ability to read facial expressions and emotions. As a result children’s social emotional health and behavior may be impacted. See resources on page 9 and for child care staff and families.
  - o Child care providers will need to intentionally talk to children about seeing their caregivers in masks and pay special attention to the children’s emotional responses to this new normal environment. Children should be given time to adjust and adults should directly talk about this as developmentally appropriate. See resources on page 9 and 10 for child care staff and families.

**Example:** Direct children to look at your eyebrows, eyes, body movements, and gestures when talking about emotions. For example, “Look, I am happy. You can’t see my mouth smile, but my cheeks lift up, my eyes crinkle, and my shoulders and arms look like this.”

**Resources**

[Helping children understand emotion when wearing masks](#)

[ADHS Face Covering Guidelines in Child Care Settings](#)

[AAP Cloth Face Coverings for Children during COVID-19](#)

[Zero to Three Talking to Children about Masks](#)

[CDC Face Shields information](#)

### Children

- The site has a clear policy based on recommendations from county/local jurisdiction for whether children should wear cloth face coverings while in child care.
  - Cloth face coverings should **never** be placed on young children less than 2 years of age, anyone who has trouble breathing, or anyone unable to remove the face covering without assistance.
  - If children do wear cloth face coverings, ensure children can remove the face covering without assistance. Children may need time to practice this.
  - Children may not be used to peers wearing masks. This may impact their ability to read facial expressions and emotions which may lead to behavioral issues. This may also impact their ability to communicate with peers. Teachers should offer special attention to children’s need for support as they adjust.
  - Children should not wear cloth face coverings during nap time.
  - Ensure children maintain adequate hydration throughout the day.
  - Store face coverings in individual containers labeled with the child’s name when not in use.

### Resources

[Bill Nye the Science Guy: Why do people in the scientific community want you to wear a face mask when you're out in public?](#)

[Conscious Discipline: Four ways to help Children with Mask Wearing](#)

[Tips to Make Kids More Comfortable With Masks, Broken Down by Age](#)

[Family and children’s books related to COVID-19](#)

### Gloves

- Providers wear gloves in a manner consistent with existing [licensing rules](#).
- Staff members wash hands before putting gloves on and immediately after gloves are removed. Gloves are not a substitute for hand washing.

### Sanitation and Hygiene Practices

Child care providers are experts in limiting the spread of illness. Reinforce the best practices you already use with children and staff members to limit the spread of COVID-19. Review your hygiene process. Consider each of the following to determine if you are currently following the strategy or if the strategy is possible for you. Each suggestion may reduce the risk of spreading COVID-19.

### Cleaning, Sanitizing, and Disinfecting

CDC guidance is based on best practice and in some cases mirrors Arizona Child Care Licensing Regulations. During the time of COVID-19, the [CDC](#) cleaning and disinfection recommendations should be followed. Consider the following:

- [CDC](#) cleaning and disinfection recommendations are being followed.
- An [EPA-registered disinfectant that is active against coronaviruses](#) is being used.
- Surfaces frequently touched by multiple people, such as door handles, desks, phones, light switches, and faucets, chairs, and cubbies should be cleaned and disinfected at least daily. More frequent cleaning and disinfection may be required based on level of use.
- Communal water fountains are blocked off or cleaned and sanitized between each use.
  - Alternatives for drinking water such as bottled water or individual refillable thermoses are provided.
- Adequate supplies to support healthy hygiene behaviors are available: soap, paper towels, tissues and hand sanitizer with at least 60% alcohol (if used).

**Note:** Please review the [FDA website](#) for a list of hand sanitizers that consumers should **not** use.

- Time is allowed between activities for proper [cleaning and disinfection](#) of high-touch surfaces.
- Staff follow a cleaning schedule. A sample cleaning schedule can be found [here](#).
- Soft toys such as oversized stuffed animals or large plush toys that cannot be easily cleaned have been removed.
- Machine washable cloth toys should be used by one individual at a time. These toys should be laundered before being used by another child. Items are washed at the warmest temperature recommended on the label and dried thoroughly between uses by individual children.
- Toys and other items that cannot be cleaned and sanitized/disinfected are not used.
 

**Note:** [CDC](#) Guidance states that children’s books are not considered a high risk for transmission and do not need additional cleaning or disinfection; however, it is recommended that books that are wet, torn, or visibly dirty should be removed from the classroom environment.
- Children’s bedding that touches a child’s skin is cleaned whenever soiled or wet, before use by another child, and at least weekly.
  - o Reminder: [ADHS licensing](#) requires infant crib sheets be changed whenever soiled, between uses or at least every 24 hours.
- Shared tools, supplies and equipment are cleaned and sanitized after use.
- Mouthed toys and items are placed in a bin out of reach of children until they can be cleaned and sanitized before use by another child.
  - o Any mouthed toys or items should be cleaned with soap and water, rinsed with water, sanitized, rinsed with water and air dried OR washed in a dishwasher before used by another child.

### Cleaning and Disinfecting Outdoor Areas

- Outdoor areas, like playgrounds generally require normal routine cleaning, but do not require disinfection. **Note:** Cleaning and disinfection of wooden surfaces (play structures, benches, tables) or groundcovers (mulch, sand) is not recommended.
- Shared outdoor equipment such as balls, hula hoops, and high touch metal and plastic surfaces are cleaned and sanitized between uses.

### Resources

[Cleaning and disinfecting your facility](#)

### Hand Washing

Although something typically taught in a child care, this is an even more important skill during this time. Children will need time to practice. Consider engaging the families in following this protocol at home in accordance with CDC guidelines.

- Frequent handwashing and sanitation breaks are built into classroom activity and schedules.
- Soap and paper towels in bathrooms are routinely checked and refilled.
- Hand washing steps are posted in each hand washing area. [CDC Hand Washing Posters](#)
- All staff, volunteers and children follow the procedure for hand hygiene at the following times as well as anytime hands are visibly dirty: On arrival for the day, after breaks, or when moving from one child care group to another and
 

Before and after:

  - o Preparing food or beverages
  - o Eating, handling food, or feeding a child
  - o Giving medication or applying a medical ointment or cream

After:

- Diapering
- Using the toilet or helping a child use a toilet
- Handling bodily fluid (mucus, blood, vomit) from sneezing, wiping and blowing noses, mouths, or sores
- Handling animals or cleaning up animal waste
- Playing in sand, on wooden play sets, or outdoors
- Cleaning or handling the garbage
- Applying sunscreen and/or insect repellent
- ☐ Hands are scrubbed with soap and water for at least 20 seconds outside of the running water, dried with a paper towel, and the water is turned off with a paper towel.  
If hands are not visibly dirty, alcohol-based hand sanitizers with at least 60% alcohol are used for children over 2 years when soap and water are not readily available. **Note:** Please review the [FDA website](#) for a list of hand sanitizers that consumers should **not** use.
  - Hand sanitizer is stored out of reach of children when not in use.
  - Hand sanitizer for children is used with adult supervision.
  - Hand sanitizer is not used in lieu of handwashing for diapering/toileting or eating, preparing, and serving food as this is against licensing regulation.
  - Hand sanitizer is stored out of the heat and direct sunlight.
  - Wearing gloves does not replace appropriate hand hygiene.

### Protocols for Coughs, Sneezes, Runny Noses

- ☐ Staff and children are reminded to cough and sneeze into their elbows, or to cover with a tissue.
- ☐ Used tissues are thrown in the trash and hands washed immediately with soap and water for at least 20 seconds.
- ☐ Staff and children are reminded to avoid touching eyes, nose, and mouth.

### Tooth Brushing

- ☐ Group tooth brushing is temporarily discontinued.
  - Encourage families to brush their child’s teeth with fluoride toothpaste before attending the child care program and also before bedtime.
  - Continue to provide educational materials to children and families to support positive oral health habits at home.

### Resources

[CDC Child Care: Cleaning and Disinfecting](#)

[Sample Cleaning Schedule: Caring for Our Children Appendix K](#)

[EPA-Registered Disinfectants for Coronaviruses](#)

[Tooth brushing at Home: A Resource for Families](#)

### Physical (Social) Distancing

As you strive to keep children safe, physical distancing will be an important part of your strategy. When possible, limit group sizes, the number of staff members caring for a child, and the number of spaces a child is in during the day. We acknowledge that social distancing is very challenging in a child care setting. Consider each of the following to determine if you are currently following the strategy or if the strategy is possible for you. Each suggestion may reduce the risk of spreading COVID-19.

**Note:** Child care programs are **required**, at a minimum, **to maintain ratios and adhere to the ADHS/DES rules and regulations including supervision of children.**

- Administrative staff telework from their homes when possible.

**Signage and Marking Areas with 6 Feet Spacing**

- Signage is posted in key areas throughout the facility to remind staff and children to keep 6 feet of distance whenever possible, use face coverings (staff and/or children) and wash hands.
- Waiting areas have 6 feet spacing markings.
- Appropriate distancing is demonstrated to children using concrete examples. (e.g. carpet squares, child friendly pictures taped to the floor, hula hoops)
- Move furniture to allow for increased spacing.

**Limiting Visitors**

- Designated adults pick up and drop off children outside the building if possible. Consider Arizona [heat, UV index](#) and weather conditions when planning arrival and departure procedures. See page 5 for more information on arrival and departure procedures.
  - Consider the use of shade structures.
  - Ensure staffing patterns include support for arrival and departure to reduce wait times and ensure ratios
- Nonessential visitors should not be allowed, including activities involving external groups or organizations.
- Only children and staff who are required for daily operations and ratio are allowed inside the building and classrooms. Included as part of the daily operations are:
  - Professionals who support children with special health care needs, early intervention screening services, and providers for children with Individualized Family Services Plans (IFSP), and service providers for children with Individual Education Plans (IEP) working in compliance with their agency protocols are allowed to be in the classroom once screened for health symptoms. Providers are encouraged to work collaboratively with professionals to safely meet the needs of children in their care.
  - Licensing Surveyors, regulatory authorities, law enforcement, Department of Child Safety (DCS), and emergency services personnel.
  - Mothers who are breastfeeding to meet the nutritional needs of breastfeeding infants.
  - Parents/Guardians that request entry into their child’s classroom.
  - Coaches, Mental Health Consultants, Child Care Health Consultants, and Inclusion Coaches augment the quality of the program and are encouraged to continue supports through virtual and varied communication methodologies.

**Limiting Mixing of Groups/Children/Staff**

During this time, staffing patterns and group size should be reviewed and substitute/back up care considered to help minimize risk. To the maximum extent possible consider the following:

- Each group of children are kept in their assigned rooms throughout the day with the same child care providers, including at naptime and for meals.
- Children do not mix with other groups of children.
  - Staggered playground times
  - Groups kept separate for activities (meals, naptime, art, music, etc.)
- Teachers are restricted to one classroom with one group of children.
- To reduce the number of people coming in and out of classrooms, the use of “floater” teachers are limited to one per classroom to provide coverage for staff at meal time and breaks.
- Activities that involve bringing together large groups of children or activities that do not allow for

social distancing have been discontinued, including in-person field trips, large groups using playground equipment simultaneously, etc.

- o Virtual events such as field trips, parents and family meetings and special performances have been incorporated where possible.
- Areas that are used by more than one group are cleaned and disinfected between groups.

### Mealtime and Snacks

- Children are spaced out as much as possible, ideally 6 feet apart. This may require the addition of tables in the classroom environment.
- Meals typically served family-style are suspended. Each child's meal is plated to serve so that multiple children are not using the same serving utensils.

### Naptime

- At naptime, children's naptime mats (or cribs) are spaced out as much as possible, ideally 6 feet apart.
- Children are placed head to toe during naptime to prevent the virus from spreading.

### Limit Sharing of Equipment and Materials

- Personal items such as toys and blankets brought into the facility are limited because this can be a way to transmit the virus. **Note:** In order to support children's sense of security, items that help children transition, self-regulate, and help them calm down are considered important to include at the program.
- Individual supplies such as art materials are used whenever possible and labeled.
- Water play and sensory play such as sand or playdough activities are prohibited or set up for individual play with no sharing of equipment and materials.
- There is a designated bin out of reach of children for separating mouthed toys.
  - o Teachers maintain awareness of children's behaviors. When a child is finished with a mouthed toy, it is removed and placed in a toy bin that is inaccessible to other children, and hands are washed.
  - o Toys are cleaned and sanitized before returning to the children's area.
- Increase outdoor time when possible in your program. Consider [heat and UV index](#).
- If possible, open windows and use fans\* to improve air flow. Do **not** open windows and doors if doing so poses a safety or health risk for occupants, including children. Ensure open windows should have screens.

### Resources

[CDC Child Care: Social Distancing Strategies](#)

[CDC Child Care: Food Preparation and Meal Service](#)

[Sing along Song to Help Children Understand Physical Distancing](#)

[Family and Children's Books related to COVID-19](#)

[\\*WHO: Can fans be used safely in enclosed spaces?](#)

### Transportation

It is recommended to avoid transporting children to the least degree possible at this time. If you must provide transportation consider the following practices when possible. Each suggestion may help to reduce the risk of spreading COVID-19.

- Minimize contact between vehicle operators and other staff. If possible, stay at least 6 feet from other people.

- Make available and ensure the use of cloth face coverings (except for children under 2 as noted on page 10) and hand hygiene supplies.
- Conduct a health check of all children and staff before they board the vehicle. See page 7 for Sample Daily Health Screening.
  - Do not transport individuals with a fever of 100.4°F (38°C) or above or who show other signs of illness.
- Position children as far apart as possible, preferably 6 feet apart, with one child per bench and no consecutive rows.
  - Children coming from the same home may sit together.
  - If possible, ensure children sit 6 feet away from the vehicle operator.
- Reroute or stagger bus runs, as needed, to keep group size small and minimize potential exposure between children.
- If possible, keep class groups together on bus runs to minimize potential exposure between different groups of children.
  
- Use visible cues, such as stickers on the floors, to guide children and offer gentle prompts to help them understand the new protocols.
- Vehicle is cleaned and disinfected after each use.

## Resources

[Transportation Services for Children](#)

### Infant & Toddler Care

Physical distancing is difficult with small children and infants but there are interventions that can be implemented which may help to reduce the risk of spreading COVID-19. Consider the following practices when possible.

- Diapering:** Best practice diapering procedures from [Caring for Our Children](#) are followed. **Note:** Arizona does not require nor promotes the use of nonabsorbent paper liner to cover the changing surface.
- Washing, Feeding, or Holding a Child**
  - Child care providers wash their hands, neck and anywhere touched by a child’s secretions.
  - Child care providers have gowns, smocks or button down shirts that can be changed if there are secretions on it. These items are washed at the warmest temperature recommended on the label and dried thoroughly daily. Multiple changes throughout the day may be needed.
  - Child care providers change the child’s clothes if secretions are on the child’s clothes.
  - Contaminated clothes are placed in a plastic bag or washed in a washing machine.
  - Multiple changes of clothes are available for infants and toddlers.

## Resources

[CDC Child Care: Caring for Infants and Toddlers](#)

### Vulnerable/High Risk Populations

Older adults and people of any age who have serious underlying medical conditions might be at higher risk for severe illness from COVID-19. Consider each of the following to determine if you are currently following the strategy or if the strategy is possible for you. Each suggestion may reduce the risk of spreading COVID-19.

- [CDC](#) recommends that staff who are high risk have been cleared by their health care provider to continue work.

- Precautions are in place to protect all staff/children including those who may be at high risk.
  - Personal Protective Equipment (PPE), cleaning products and handwashing supplies are readily available.
  - Physical distancing when possible.
  - Staff, volunteers and children are screened prior to entry into the facility and throughout the day as needed.
  - Limited mixing of groups/children/staff.
  - Individual supplies are used whenever possible and labeled.
- Care plans for children with special health care needs have been updated by the child’s healthcare provider.

**Resources**

[People of any age are at an increased risk for severe illness from COVID-19](#)

**Reopening after Extended Closure**

Consider each of the following to determine if you are currently following the strategy or if the strategy is possible for you. Each suggestion may reduce the risk of spreading COVID-19.

**Cleaning, Sanitizing, Disinfecting**

If your workplace, school, or business has been unoccupied for 7 days or more, it will only need your normal routine cleaning to reopen the area. This is because the virus that causes COVID-19 has not been shown to survive on surfaces longer than this time.

- [CDC](#) cleaning and disinfection recommendations are being followed.
- An [EPA-registered disinfectant that is active against coronaviruses](#) is being used.
- Staff have been trained on proper use of EPA approved disinfectants.
- Staff use appropriate Personal Protective Equipment when cleaning, sanitizing, and disinfecting.
- Frequently touched surfaces are cleaned and disinfected.
- Time is allowed between activities for proper cleaning and disinfection of high-touch surfaces.
- Soft toys, area rugs and carpets that are machine-washable are washed at the warmest temperature recommended on the label and dried thoroughly.
- Toys such as oversized stuffed animals, large plush toys, and other items that cannot be cleaned and sanitized/disinfected are not used.
- Shared tools, supplies and equipment are cleaned and sanitized.

**Water and Ventilation Systems**

Check for hazards associated with prolonged facility shutdown such as mold growth, rodents or pests, or issues with stagnant water systems, and take appropriate remedial action.

- Ventilation system that has not been active during a prolonged shutdown is operated for at least 48 to 72 hours before occupants return. (“flush out” period)
- HVAC filters used during the “flush out” period are replaced with new or clean filters as necessary.
- Increase circulation of outdoor air as much as possible by opening windows and doors if possible, and using fans. According to the [World Health Organization](#), fans should not be used in a room where outdoor exchange is not possible because this may increase transmission of the virus from one person to another. Do not open windows and doors if doing so poses a safety or health risk for occupants, including children.
- Water system is flushed
  - Hot and cold water flushed through all points of use.

- Water is flushed until hot water reaches its maximum temperature (care should be taken to minimize splashing and aerosol generation during flushing).
- Other water-using devices, such as ice machines, may require additional steps in addition to flushing. Follow device manufacturers' instructions.

## Resources

[Guidance for Reopening Buildings after Prolonged Shutdown or Reduced Operation](#)

[Guidance for cleaning and disinfecting](#)

## Planning

### Preparedness and Response Plan

- A Preparedness and Response plan for pandemics has been developed and is being followed.
- Protocol developed to monitor data on the virus in order to track community spread and make decisions about changes to the mitigation strategies in place.

For an example of what should be included, see the [CDC: Child Care and Preschool Pandemic Influenza Planning Checklist](#)

## Resources

[ADHS Data Dashboard](#)

[Johns Hopkins Map](#)

### Plan for Positive Cases

Review or create your plan for what to do if a staff member or child tests positive for COVID-19. Consider each of the following to determine if you currently have the process or plan in place or if it is possible for you. Each suggestion may reduce the risk of spreading COVID-19.

**Note:** [ADHS](#)-Child care programs are required to report COVID-19 outbreaks\* to the local health department within 24 hours of identification.

**\*An outbreak is defined as two or more laboratory-confirmed cases of COVID-19 within a 14-day period among individuals who are epidemiologically linked, do not share a household, and are not close contacts of each other in another setting.**

- Plan in place for training staff on policies and procedures to ensure all staff understand what to do. Staff know where to find the policies/protocols to reference as needed.
- Process in place to ask families and staff to report cases of COVID-19 in the household.
- Process in place to ask families, staff and visitors of any recent (last 14 days) close contact with someone who has tested positive. Close contact is defined as within 6 feet for 15 minutes or more.
- Process in place to monitor staff and children absences and illnesses for changes that may indicate increased infection.
- Process in place to notify the [local health department](#) and/or local/county jurisdiction of a staff or child who has tested positive for COVID-19.
- Process in place to notify families and staff, [maintaining confidentiality of infected individual](#).
  - State date of potential exposure.
  - Check with your local health department or local/county jurisdiction to see if they have a Parent Alert notice available.
- Process in place to expand and/or reinforce mitigation strategies. Consider:
  - Enhanced daily cleaning measures
  - Physical distancing (meals, naptime, activities)
  - Limiting sharing of equipment and materials
  - Reduced number in classroom

- No contact or limiting contact between groups of children and staff
- Masks (staff and/or children)
- Other \_\_\_\_\_
- ☐ Plan in place for deep cleaning measures that may need to be taken. [CDC Child Care: Have a Plan if Someone is or Becomes Sick](#)
  - Potential closing off of classroom short term (24 hours) before cleaning. Are there alternate locations for children to go while classroom is closed?
- ☐ Plan in place for COVID-19 testing recommendations or requirements for staff and/or children.
  - Recommended: Have staff and families contact their local health care provider for testing and quarantine recommendations or they can call the Arizona COVID-19 Hotline at 1-844-542-8201.  
Note: Persons who have been in close contact (within 6 feet for 15 minutes or more) are generally recommended to quarantine for 14 days.
- ☐ Plan in place for potential staff shortages due to illness, quarantine, or testing.
- ☐ Plan in place for [flexible leave policies and practices](#).
- ☐ Plan in place for potential short term (2-5 days) or longer (14 days) closures of classroom or program. **Note:** In most instances, a single case of COVID-19 in a child care program would not warrant closing the entire facility. Community spread and how much contact the person with COVID-19 had with others, as well as when such contact took place, need to be considered. If a positive case is identified, child care programs should work with their local health agency to determine next steps.

## Resources

[CDC Social Distancing Strategies](#)

[CDC Cleaning and Disinfecting your Building](#)

Find your [local health department](#)

## Communicating with Families and Staff

### Partner and Communicate with Families

Providers should actively contact families to determine when children will return to care and discuss new policies and procedures. Consider each of the following to determine if you are currently following these practices or if it is possible for you.

- ☐ Providers reach out to families that have not been in care to:
  - Determine when they will return to care.
  - Discuss concerns or questions families have about returning to child care and how you can address them together.
  - Discuss any health concerns/conditions which may put the child at higher risk for complications if exposed to COVID-19.
- ☐ Families are reminded that immunocompromised children and children with chronic respiratory conditions such as asthma should only return to child care under the direction of their primary care provider.
- ☐ Children are up to date with current vaccination schedules to protect from vaccine-preventable infectious disease outbreaks, including influenza.
- ☐ Review the emergency contact information you have for families and make sure it's up to date.
- ☐ Families are informed of the steps providers are to make facility as safe as possible.
  - New policies and procedures are reviewed before a child returns to care.
  - Clear expectations are set for when sick children must stay home and when they may return.

- Families and staff are provided with resources to prepare for the transition back to child care.

## Resources

[Plan, Prepare, and Respond to COVID-19](#)

[Birth to Five Helpline](#) 1-877-705-KIDS (5437)

[Family and Children’s Books Related to COVID-19](#)

## Partner and Communicate with Staff Members

To ensure the well-being of the children, it is also imperative to ensure the well-being of their teachers and caregivers, and to provide them with the emotional and administrative supports necessary during this time of re-integration, and in the months ahead. Consider each of the following to determine if you are currently following these practices or if it is possible for you.

- Staff members are proactively contacted to:
  - o Determine when they will return to work.
  - o Discuss concerns or questions staff members have about returning to work and discuss how you can address them together.
  - o Discuss any health concerns/conditions which may put a staff member at higher risk for complications if exposed to COVID-19. Take care to respect employee’s privacy. [CDC](#) recommends that staff with underlying health conditions or at higher risk should consult with their primary care physician/medical provider before returning to work.
  - o Share the steps you are taking to make your facility as safe as possible.
- A staffing plan has been developed that includes substitute/back up care, considers group sizes and continuity of care, and builds in cleaning and disinfecting support.
- Staffing needs have been assessed based on projected enrollment, the need to limit exposure across groups, and the need to practice physical distancing.
- Staff are trained on how to report COVID-19 confirmed or potential exposure.
- A plan is in place to handle the potential need to quarantine staff or allow for longer absences from work than normal.
- Staff are provided training opportunities to better understand COVID-19 and care for children safely. These courses may help meet your training requirements:
  - o [Caring for children in care during COVID-19](#), from the federal Office of Head Start.
  - o [Preventing and managing infectious diseases in Early Education and Child Care](#), free from the American Academy of Pediatrics.
  - o [AZ COVID-19 Virtual Training](#), free from the Association of Supportive Child care with funding provided by the Department of Economic Security. Available in English and Spanish.
- In person staff meetings are limited to no more than 10 people and physical distancing requirements are maintained.
- A plan to support the emotional reactions of children returning to child care has been developed with input from staff. Note: Staff and families may need some new tools in their toolkit to assist the child with emotional regulation.
- Support and services are made available to child care providers. As essential workers in the COVID-19 pandemic, child care providers may have worries about their own physical or psychological health, and the potential risk to their family members at home.
- Resources are provided to support staff members’ social emotional needs.

## Resources

[Plan, Prepare, and Respond to COVID-19](#)

[Birth to Five Helpline](#) 1-877-705-KIDS (5437)

[SMART Support: Early Childhood Mental Health Consultation](#)

[How to Cope with Job Stress and Build Resilience during the COVID-19 Pandemic](#)

## Additional Resources

- [Key answers and resources to frequently asked questions](#) from the Arizona Department of Health Services (DHS) and the Arizona Department of Economic Security (DES).
- [Arizona 2-1-1](#) Information and Referral Service operates 24 hours per day, seven days per week and every day of the year. Live operator service is available at all times in English and Spanish. Arizona operators will help individuals and families find resources that are available to them locally, throughout the state, and provide connections to critical services.
- [Arizona Child Care Resource and Referral](#) Help for families to locate child care providers and offers information and tools to help families make an informed decision when choosing a child care program.
- [First Things First](#) Resources to help support Arizona families with young children during the coronavirus crisis.
- [Arizona COVID-19 Testing Locations](#)
- [Arizona Association for the Education of Young Children](#) Works to advance a diverse, dynamic early childhood profession and support all who care for, educate, and work on behalf of young children.