

Interim Coronavirus Disease 2019 (COVID-19) Guidance for Child Care Settings

Updated June 15, 2020

The Georgia Department of Early Care and Learning (DECAL) is committed to supporting early learning and school-age providers during the COVID-19 public health emergency. DECAL recognizes the vital role that providers, including their teaching staff, play in the support of Georgia's children and families, especially during a public health crisis. DECAL also recognizes the important role of the child care industry in the economic stability of the state.

Early education and school age programs licensed by the Georgia Department of Early Care and Learning (DECAL), including Child Care Learning Centers, Family Child Care Learning Homes, Pre-K Programs, license exempt providers, and Child and Adult Food Programs and Summer Food Service Program Institutions and Sites, shall maintain full compliance with all DECAL directives and guidance, including Executive Orders.

The following practices align with CDC guidelines for open child care programs during the COVID-19 health crisis and should be implemented by all open and reopening child care programs until further notice to assist the program's in compliance with the Executive Order. Several of these practices are required through the Executive Order in effect until July 12, 2020. The required items are listed in the document titled Child Care Operations Checklist found at the end of this resource document.

Anyone showing signs of illness of any kind or who may have been exposed to COVID-19 should not be in the childcare facility.

Symptoms of COVID-19

- Fever*
 - Cough
 - Shortness of breath
 - Difficulty breathing
 - Respiratory symptoms
- Any 2 of the following:
- Chills
 - Repeated Shaking with Chills
 - Muscle Pain
 - Headache
 - Sore throat

While symptoms in children are similar to adults, **children may have milder symptoms**. Reported symptoms in children include cold-like symptoms, such as fever, runny nose, and cough. Sore throat, headache, vomiting and diarrhea are less commonly reported. 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.

*Fever is determined by a thermometer reading 100.4 or higher or by subjective signs such as flushed cheeks, fatigue, extreme fussiness, chills, shivering, sweating, achiness, headache, not eating or drinking.

Drop-off/Arrival procedure:

- Before arrival: Ask parents to be on the alert for any symptoms of COVID-19 and to keep the child(ren) home if showing any signs of illness.
- Consider staggering arrival and drop off times and/or plan to limit direct contact with parents as much as possible.
- Restrict families' access to the front door of the facility or the door of their child's classroom.
- If possible, have a staff member greet children outside as they arrive.
- Designate a staff person to walk children to their classroom, and at the end of the day, walk them back to their cars. Walk with older children and transport infants in an infant carrier to limit person-to-person contact.
- The staff person greeting children should not be a person at higher risk for severe illness from COVID-19.
- If possible, the same parent or designated person should drop off and pick up the child every day. Avoid designating those considered at high risk such as elderly grandparents who are over 65 years of age.

- Hand hygiene stations should be set up at the entrance of the facility, so that staff and 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 percent alcohol. Keep hand sanitizer out of children's reach and supervise use.

Prevent virus that causes COVID-19 from entering the building

- Cease transporting children for any purpose other than transporting children between their place of residence and the Childcare Facility. To the greatest extent possible, all permissible transports shall be conducted in such a way that maintains Social Distancing. Sanitize the vehicle between each trip.
- Post a door sign for child care facilities at all entrances to the facility (see page 8).
- Only allow children and staff who are required for daily operations and ratio inside the building and classrooms.
- Child care programs must restrict families' access to parts of the program. Specifically, access must be limited to the front door of the facility or the door of the child's classroom.
- Modify sign-in/sign-out procedures. Child care providers must sign children in and out of the facility for the families if they use a computer/keypad system. A tablet can also be used outside of the building during drop-off and pick-up to allow families to complete the check-in/check-out process, but the tablet must be disinfected after each use. Providers can also use paper system to sign children in/out of the program. If pens are used, they should be sanitized with a disinfectant wipe or other means before another person uses the pen.
- Restrict teachers to one classroom with one group of children. Limit the use "floater" teachers to reduce the number of people coming in and out of classrooms.
- Conduct a daily health screening on all individuals who are entering the building (see attached). Providers should have the necessary equipment to provide temperature checks for children and staff on arrival. Further, all visitors, staff, and children in such facilities shall be screened prior to entrance and shall be excluded if they have a fever above 100.4 degrees Fahrenheit or exhibit respiratory symptoms, including cough or shortness of breath. Staff conducting daily health screenings should use the appropriate PPE.
- This screening will exclude individuals who are in any one of these four categories:
 1. Person is showing any of the symptoms of COVID-19
 2. Person thinks they could have COVID-19
 3. Person has tested positive for COVID-19
 4. Person is awaiting the results of testing for COVID-19Exclude children and staff who share a home (including siblings) or who have been in close contact with anyone in the four categories above.

People who may be at higher risk of severe illness from COVID-19:

- People aged 65 years and older
- People of all ages with underlying medical conditions, particularly if not well controlled, including:
 - People with chronic lung disease or moderate to severe asthma
 - People who have serious heart conditions
 - People who are immunocompromised
- Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications
- People with severe obesity (body mass index [BMI] of 40 or higher)
- People with diabetes, chronic kidney disease undergoing dialysis, or liver disease
- Please note that people who are pregnant have been known to be at higher risk of severe viral illness, however, to date data on COVID-19 has not shown increased risk
- Staff concerned about being at higher risk should discuss with their supervisor. They may want to speak with their medical provider to assess their risk.

Preventing the spread within the facility

- Maintain no more than 50 persons, including children and staff members, within one contained classroom and at each Family Child Care Learning Home (FCCLH), including family members and all

persons present in the home. The licensed room capacity must not be exceeded. Adhere to the normal regulations of CCLC staff:child ratios of at least 1:6 infants, 1:8 toddlers, and 20% of the youngest age present in mixed groups; and the normal regulations for FCCLH of 1:3 infants, 1:6 for children 3 years and younger; 1:8 children 5 and younger and never more than 12 children at the FCCLH including the provider's relative children and those for pay.

- If possible, classrooms should include the same children in the group each day and the same child care providers.
- Consider whether to alter or stop daily group activities that may promote transmission.
- Keep each group of children in a separate room.
- Limit the mixing of children by staggering playground times and keeping groups separate for special activities such as art, music, and exercise.
- If possible, at nap time, ensure that children's naptime mats (or cribs) are spaced out as much as possible, ideally 6 feet apart. Place children head to toe in order to further reduce the potential for viral spread.
 - Follow proper hand hygiene guidance for adults and children such as washing hands frequently with soap and water for at least 20 seconds (about as long as it takes to sing "Happy Birthday" twice). In addition to usual handwashing, make sure to wash hands:
 - upon arrival in classroom in the morning
 - before and after eating meals and snacks
 - after blowing noses, coughing, or sneezing or when in contact with body fluids
 - after toileting or changing diapers
 - Avoid touching eyes, nose, and mouth.
 - Cover coughs and sneezes with a tissue or an elbow.
 - Do not use a cafeteria setting during meals. Serve children meals in their classrooms. 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.
 - Refrain from water play and sensory play such as rice, beans, sand, or playdough activities.
 - Keep a designated bin for separating mouthed toys and maintain awareness of children's behaviors. When a child is finished with a mouthed toy, remove it, place it in a toy bin that is inaccessible to other children, and wash hands. Clean and sanitize toys before returning to children's area.
 - Hand sanitizing products with 60 percent alcohol may be used in lieu of handwashing when outdoors if hands are washed upon returning indoors. Hand sanitizer must be stored out of reach of children when not in use. Cannot be used for diapering or eating, preparing, or serving food.
 - As much as feasible, all staff members and children older than two years old should wear protective face masks.

Sanitation practices

In addition to the rigorous hygiene, sanitation, and disinfection licensing rules child care providers adhere to in their programs, special attention must be paid to the following:

- Follow CDC guidance for cleaning and disinfection recommendations. <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html#CleanDisinfect>
- Use a EPA-registered disinfectant that is active against coronaviruses. Clean and disinfect frequently touched surfaces throughout the day and at night.
- Routinely clean, sanitize, and disinfect surfaces and objects that are frequently touched. Remember items that might not ordinarily be cleaned daily such as doorknobs, light switches, countertops, chairs, cubbies, and playground structures. Use the cleaners typically used at your facility.
- Clean and sanitize all toys at the end of the day.

- Consider removing soft toys that cannot be easily cleaned during the coronavirus outbreak. Soft toys that are machine-washable should be washed often at the warmest temperature recommended on the label and dried thoroughly.
- Toys and other items that cannot be cleaned and sanitized/disinfected should not be used. (Children’s books are not considered a high risk for transmission and do not need additional cleaning or disinfection)
- 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.
- 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.”
- 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.
- Wash linen items daily using the warmest appropriate water setting for the items and dry items completely. Clean and disinfect hampers or other carts for transporting laundry according to guidance above for hard or soft surfaces

Children or staff who develop symptoms during the day

- If a child or staff member develops any symptoms of COVID-19, send them and family members home as soon as possible.
- While waiting for a sick child to be picked up, caregivers should stay with the child in a room isolated from others. If the child has symptoms of COVID-19, the caregiver should remain as far away as safely possible from the child (preferably, 6 feet) while maintaining visual supervision. Follow CDC Guidance for wearing cloth face covering.

Advise those who have been excluded

For people who think they might have COVID-19 or have **mild symptoms**, the Centers for Disease Control and Prevention recommends they stay home and call their doctor if they need medical advice.

Anyone with **more serious symptoms** should seek medical attention immediately, by calling their doctor or 911 right away. If a person is exposed to COVID-19, they should take the same steps as above to prevent spreading it.

Stay informed

- Know the signs and symptoms of COVID-19 in children and adults. Children typically have milder disease than adults.
- Plan ahead in case the facility needs to close:
 - Develop a plan - https://www.acf.hhs.gov/sites/default/files/occ/cdc_pandemic_checklist.pdf
 - Determine how staff will communicate with staff and parents.
 - Consult with your local health department for guidance on cleaning and closure.
 - The facility may need to close if child care cannot safely be provided due to a high number of staff being out of work.
- For more information and to stay informed, check the following resources frequently:
 - DECAL COVID-19 website <http://decals.ga.gov/BFTS/Covid19.aspx>
 - CDC COVID-19 website <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
 - CDC guidance for schools and childcare facilities
 - <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html>
 - <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html>

Daily Health Screening of Staff and Children for COVID-19

Screening criteria you may use during the COVID-19 outbreak which differs from standard exclusion criteria. However, standard exclusion criteria must still be followed as applicable.

The person doing screenings should wear Personal Protective Equipment (PPE) and maintain a six-foot distance while asking questions. Ask each staff person and person dropping off children the following questions before they arrive at the facility. Exclude anyone who answers YES to the following questions:

Ask everyone who enters the building:

- 1. Do you or do any of the children you are dropping off have a fever*, cough, shortness of breath, difficulty breathing, other respiratory symptoms, or at least two of the following symptoms: chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell?**
- 2. Have you or any of the children you are dropping off:**
 - **Had any of these symptoms since last time you were last here?**
 - **Been in contact with anyone with these symptoms since the last time you were here?**
 - **Potentially been exposed** to COVID-19 or have reason to believe you/they have COVID-19?**

*Fever is determined by a thermometer reading 100.4 or higher or by subjective signs such as flushed cheeks, fatigue, extreme fussiness, chills, shivering, sweating, achiness, headache, not eating or drinking.

**Exposure is sharing a household or having close contact with anyone with COVID 19 or has symptoms of COVID 19.

Ask staff members:

- **Are you concerned about being at higher risk for severe illness from COVID-19?**

Staff who are over 65 years of age, have serious underlying medical conditions might be at higher risk for severe illness from COVID-19. Staff who are pregnant are known to be at risk with severe viral illness, however, to date data on COVID-19 has not shown increased risk. Speak to your supervisor if you are concerned. Talk with your medical provider to assess your risk and determine if you should work.

Screen children and staff by:

- Making a visual inspection of the person for signs of infection such as flushed cheeks, fatigue, or extreme fussiness.
- Conducting temperature screening using the protocol below.
- Recording temperature and/or any symptoms on daily health screening (attached).

Health screenings should be repeated periodically throughout the day for staff and children to check for new symptoms developing.

Temperature protocol:

- Individuals waiting to be screened should stand six feet apart from each other. Use tape on the floor to for spacing.
- The staff person taking temperature should wear PPE consisting of face mask, gloves, and clothing covering that can be removed and washed or disposed. Stay six feet apart unless taking temperature.
- If possible, parents, family members, or legal guardians may bring a thermometer from home to check their own child's temperature at drop off.
- Use a touchless thermometer if one is available. If not available, use a tympanic (ear), digital axillary (under the arm), or temporal (forehead) thermometers.

Do not take temperatures orally (under the tongue) because of the risk of spreading COVID-19 from respiratory droplets from the mouth.

If using the facility's thermometer:

- Wash hands or use hand sanitizer before touching the thermometer.
- Wear gloves if available and change between direct contact with individuals.
- Let staff take their own temperature and parents take their child's temperature.
- Use disposable thermometer covers that are changed between individuals.
- Clean and sanitize the thermometer using manufacturer's instructions between each use.
- Wash hands or use hand sanitizer after removing gloves and between direct contact with individuals.



Coronavirus (COVID-19) Information

To keep our facility, staff, children, and community safe, please do not enter the building if:

- ✓ You have tested positive for COVID-19
- ✓ You or anyone in your household have been tested for COVID-19
- ✓ You or anyone in your household think they could have COVID-19

You or anyone in your household **(including children)** have these symptoms or have been in close contact with anyone with these symptoms, you may not enter for 14 days:

- ✓ Fever
- ✓ Cough
- ✓ Shortness of breath
- ✓ Difficulty breathing
- ✓ Respiratory symptoms
- ✓ At least two of the following symptoms: chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell

If you have any of these symptoms, contact a health professional.

Be aware, you are at higher risk if you are:

- ✓ Age 65 years or older
- ✓ Pregnant (It is not yet known if pregnant women are high risk but pregnant women should protect themselves from all infectious diseases)

...or have any of these health conditions:

- ✓ Chronic illness such as lung disease or moderate to severe asthma
- ✓ Heart disease
- ✓ Immunocompromised, including those undergoing cancer treatment
- ✓ Severe obesity
- ✓ Diabetes
- ✓ Renal failure
- ✓ Liver disease

Staff concerned about being at risk should discuss with their supervisor.

Enhanced Sanitation and Hygiene Procedures have been implemented.

Each room is limited to 50 persons unless six feet of distance is maintained between each person.

Staff will conduct a standard Daily Health Check on every child, every day and exclude if he/she:

- ✓ Has a temperature above 100.4 and symptoms described above
- ✓ Is unable to participate in activities as normal
- ✓ Needs more care than staff can provide without compromising the health and safety of others

Staff will also check for signs of illness periodically throughout the day for these symptoms.

CHILD CARE OPERATIONS CHECKLIST TO ENSURE COMPLIANCE WITH EXECUTIVE ORDER EFFECTIVE 6-16-20

	DATE
CHECK	REQUIREMENT
	<p>Group Size</p> <ul style="list-style-type: none"> Limit group sizes to a maximum of 50 people per CCLC room, including teachers, capacity permitting. Maintain licensed capacity and staff:child ratios for each age group based on CCLC or FCCLH Rules and Regulations.
	<p>Restrict Access.</p> <ul style="list-style-type: none"> Restrict families' access to the front door of the facility or the door of their respective child's classroom only
	<ul style="list-style-type: none"> Prohibit unnecessary visitors
	<p>Health Screenings upon arrival</p> <ul style="list-style-type: none"> Screen and evaluate all children prior to them entering the classroom for signs of illness or exhibiting a fever over 100.4 degrees Fahrenheit, cough, shortness of breath or difficulty breathing, fever, chills, muscle pain, sore throat, or new loss of taste or smell
	<ul style="list-style-type: none"> Prohibit children from entering a classroom if they exhibit any of the symptoms listed
	<p>Modified sign-in/sign-out procedures</p> <ul style="list-style-type: none"> Sign children in and out of the facility for families if a computer or keypad system inside the facility is used. If a tablet located outside the facility is used by families during drop-off and pick-up, the tablet must be disinfected after each use. If a paper sign-in system is used for sign-in, writing utensils should be sanitized after each use, if families are permitted to sign children in themselves.
	<p>Meal Service</p> <ul style="list-style-type: none"> Provide meals in classrooms rather than in a congregated or communal settings
	<p>Transportation</p> <ul style="list-style-type: none"> Cease transporting children for any purpose other than transporting children between their place of residence and the Childcare Facility. To the greatest extent possible, all permissible transports shall be conducted in such a way that maintains Social Distancing.
	<p>Sanitize and disinfect. In addition to the rigorous hygiene, sanitation, and disinfection licensing rules child care providers adhere to in their programs, special attention must be paid to the following:</p> <ul style="list-style-type: none"> Surfaces and objects that are frequently touched must be sanitized regularly, including, but not limited to, toys, games, and objects or surfaces not ordinarily cleaned daily
	<ul style="list-style-type: none"> Toys and games that cannot be cleaned and sanitized should not be used
	<ul style="list-style-type: none"> 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
	<ul style="list-style-type: none"> 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.
	<ul style="list-style-type: none"> Toys used by a group of children must be washed and sanitized before they may be used by children in a different group or classroom
	<ul style="list-style-type: none"> Items that need to be cleaned should be set aside in a dish pan with soapy water or in a separate container marked for soiled toys;
	<ul style="list-style-type: none"> Only bedding (sheets, pillows, blankets, and sleeping bags) that can be washed may be used. Each child's bedding must be kept separate and, to the extent practicable, should be stored in individually labeled bins, cubbies, or bags. Cots and mats should be labeled for each child and any bedding that touches a child's skin should be cleaned weekly or before use by any other child.