

Preventing the Spread of COVID-19 in Early Care and Education/Child Care Programs A Mitigation Checklist for Providers and Caregivers

Mitigation efforts refer to methods that make it harder for COVID-19 to spread. This checklist, which should be used along with the Centers for Disease Control and Prevention's (CDC's) updated Guidance for Operating Early Care and Education/Child Care Programs, is designed to help your Early Care and Education (ECE) and child care programs reduce the spread of COVID-19 among children, staff, direct service providers, and families. All types of ECE and child care programs — child care centers, homebased and family child care, Head Start, pre-kindergarten, after-school and summer programs — can use this checklist, which is divided into sections based on different prevention strategies. For more information and resources, please visit the links found at the end of each section.

<u>Directions:</u> This checklist can be completed by any staff person providing child care, but is best used if completed by the person(s) with decision-making authority, such as an administrator or director. If you are not the director or other person(s) in charge, ask if they will complete this checklist with you so your staff/team can decide together what potential changes need to be made. Please note that this checklist does not provide a score, but serves as a self-evaluation tool. Upon completion, the program administrator or director should contact the appropriate child care consultant or CCR&R to strengthen COVID-19 practices. Child Care Aware of America is also offering technical assistance (TA) and a suite of relevant resources. To request TA, please <u>click here</u>.

Program Information					
Date of Completion:					
Completed By:					
Person(s) in Charge (Administrator/Director):					
Staff Person (Support Staff or Classroom Lead):					
Program Name:					
Program County, State:					
Type of child care program:	Home-based or family child care				
	Child care center				
	Head-Start/Early Head-Start				
	☐ Other:				
Ages of children served:	Less than 1 year of age				
(Select all that apply)	☐ From age 1 up to age 2				
	☐ From age 2 up to age 4				
	☐ From age 4 up to age 5				
	School-aged children				
Total number of enrolled children:					
Center/Building capacity:					

Average number of attending children:					
(Calculate average over a 4-week period)					
Total number of available classrooms/child-					
occupied spaces:					
Total number of in-use classrooms/child-					
occupied spaces:					
C					
Service capacity of your child care facility:					
(Capacity facility is licensed for) Staff Info	ormation				
	ormation				
Total Number of:	ET.				
Full-Time Staff: Part Time Staff:	FT:				
Part-Time Staff: A to the staff:	PT:				
Administrative/Office Staff: Other (Section 1) Other (Section 1	A/O: Other:				
Other/Support Staff:	Other				
Do staff travel between programs/sister-					
programs or buildings?					
(If Yes, please describe how often)	of Court at (DOC)				
For child care homes and similar smaller E	of Contact (POC) CF spaces, please list as most appropriate				
COVID-19 Coordinator	Name:				
	Email:				
	Phone Number:				
Facility Maintenance	Name:				
7	Email:				
	Phone Number:				
Local Public Health Agency OR child care	Name:				
Consultant	Email:				
	Phone Number:				
State Public Health Agency (Regional Specialist)	Name:				
	Email:				
	Phone Number:				
Community Information					
Are you familiar with using local/state COVID-19	☐ Yes				
websites to find regularly updated information?	□ No				
Does your ECE program direct families and staff					
to a COVID-19 testing facility?					
(If yes, please provide facility information)					
Additional Information:					

Section 1: Planning and Preparing

a.	Does your program	have an Eme	rgency Operations	s Plan (EOP)?	Yes	No	Unsure
b.	. Does your program have a plan for contacting parents, guardians, caregivers, staff, and direct-						and direct-
	service providers if	there is a pos	itive case or outb	eak in the facilit	y?		
	Yes	No	Unsure				
c.	Is there an establis	hed process fo	or closing the cent	er? For example	, what w	ould yo	u do if there
	was a suspected ca	se among a cl	nild/student or am	ong staff?			
	Yes	No	Unsure				

d. If the program must temporarily close and a child must isolate or quarantine because of COVID-19 exposure, is there a way for critical services such as The Child and Adult Care Food Program (CACFP) to be continued? Yes No Unsure

Resources & Guidance:

- 1. <u>Emergency preparedness manual</u> support for child care programs by National Center on Early Childhood Health and Wellness
- 2. <u>Out-of-School Time Emergency Preparedness, Response, and Recovery Toolkit</u> by the National Center on Afterschool and Summer Enrichment
- 3. CDC's COVID-19 tracker by county to view updated COVID-19 rates in your county
- 4. Look up your local health department to view updated COVID-19 rates in your community
- 5. Child Care Emergency Preparedness resources by Child Care Aware of America

Section 2: Screening, Illness, and Communicating Symptoms & Cases

 a. Has it been shared in writing when children and/or staff should not attend the program if the are sick with COVID-19 or similar symptoms; if they have recently been in close contact with someone with COVID-19; AND how long they should remain isolated or quarantined? Yes No Unsure b. Has it been shared in writing when children and/or staff who have been unable to attend the program due to COVID-19 symptoms, infection, or exposure are allowed to return? Yes No Unsure c. Do you conduct daily health screenings for children, staff, family members, and other visitors upon entry into the building? Yes No Unsure d. If you don't conduct daily health screenings, do family members, staff, and other visitors selfmonitor and report symptoms or and/or exposure to COVID-19? Yes No Unsure NA 		Z. Sciecining, iiii	icss, and	Communica	itilig Jyi	приотпз	a cases	
program due to COVID-19 symptoms, infection, or exposure are allowed to return? Yes No Unsure C. Do you conduct daily health screenings for children, staff, family members, and other visitors upon entry into the building? Yes No Unsure d. If you don't conduct daily health screenings, do family members, staff, and other visitors selfmonitor and report symptoms or and/or exposure to COVID-19?	a.	are sick with CO'someone with C	VID-19 or OVID-19;	similar sym AND how lo	ptoms; i	f they ha	ive recently been in clo	ose contact with
upon entry into the building? Yes No Unsure d. If you don't conduct daily health screenings, do family members, staff, and other visitors self-monitor and report symptoms or and/or exposure to COVID-19?	b.	program due to	COVID-19	symptoms,		-		
monitor and report symptoms or and/or exposure to COVID-19?	c.	•	•				•	and other visitors
	d.	monitor and rep	ort sympt	oms or and	or expo	•	•	other visitors self-

e.	Does the program have an isolation area or room that children/students, or staff can use if they
	begin to have COVID-19 (or other illness?) symptoms while in care? Yes No Unsure
f.	If there is an isolation room for children/students, is there a written plan for monitoring the children in this area/room? Yes No Unsure
g.	Do you wait at least 24 hours before cleaning and disinfecting any areas, items, or equipment
8.	used by a sick person? Yes No Unsure NA
h.	If you can't wait at least 24 hours before cleaning and disinfecting any areas, items, or equipment used by a sick person, do you wait as long as possible? Yes No Unsure NA
i.	In areas that cannot be cleaned after 24 hours after exposure, is the ventilation in the area increased/enhanced (i.e., running a fan overnight or opening windows for an extended period)? Yes No Unsure NA
j.	Does the person(s) in charge know who and how to contact local health officials immediately if
J	there is a case of COVID-19 in your program? Yes No Unsure
D	O. Cuidanas
Kesour	rces & Guidance:
1.	Refer to the CDC's screening flowchart to help you determine when individuals should return
	back
2.	Daily health screening guidance from National Resource Center for Health and Safety in Child
	Care and Early Education
3.	CDC's isolation definition and recommendations
4.	Understanding what symptoms to look for and using this CDC's quick guide on what to do when
••	there is a child showing symptoms of COVID-19
5.	COVID-19 vs. the flu chart from Child Care Aware of America
6.	Look up your local health department using this search tool
0.	<u></u>
Section	3: Masks, Hygiene, and other Personal Protective Measures
a.	In accordance with state or local laws, do all children ages 2 and over wear masks that cover their mouth and nose unless eating, drinking, sleeping, or unable to wear masks for other health and safety reasons? Yes No Unsure
b.	In accordance with state or local laws, do parents, guardians, staff, and other visitors wear masks that cover their mouth and nose the entire time they are in the facility unless eating and or drinking where appropriate? Yes No Unsure
C.	Are masks available on-site to any children, parents, guardians, staff, or visitors that may not have one available upon entry into the facility? Yes No Unsure
d.	Are there visual reminders (e.g., posters or mirror-stickers) that remind children ages 2 and older, staff, parents, guardians, and other visitors to wear masks correctly? Yes No Unsure

 $e. \quad \text{Do caregivers teach handwashing procedures with running warm water for at least 20} \\$

Unsure

No

seconds?

Yes

f.	If soap and water are unavailable, is there hand sanitizer containing at least 60% alcohol readily available to be used with adult supervision at areas that warrant handwashing with adult supervision? Yes No Unsure				
g.	Has it been clearly communicated that children and providers should wash their hands with soap and water at the following key times? (check all that apply)				
	Arrival to the facility				
	Before and after preparing food, drinks, or bottles				
	Before and after eating or handling food, or feeding children				
	Before and after helping a child put on or adjust their mask				
	Before and after administering medication or medical ointment				
	Before and after completing a diaper change				
	After using the bathroom or assisting a child in the bathroom				
	After having contact with bodily fluids				
	After handling garbage or other waste				
	After touching or removing a mask				
h.	Are there written procedures for staff to change clothes or other garments after coming in contact with bodily fluids? Yes No Unsure				
Resour	ces & Guidance:				
1.	Review the CDC's handwashing guidance				
2. 3.	FDA's safe use of hand sanitizer to keep staff and children safe CDC's mask wearing guidance for unvaccinated people				
J.					
Section	4: Classes/Cohorts and Physical Distancing				
a.	Are children divided into groups or cohorts in which they interact with the same peers and caregiver(s) each day? Yes No Unsure NA				
b.	Are close-contact activities (e.g., art music etc.) and playground schedules staggered to limit mixing of classes/cohorts? Yes No Unsure				
с.	Has there been written procedures for increasing the distance of sleeping cots, mats, and cribs as much as possible during nap time? Yes No Unsure				
d.	For breastfeeding/chestfeeding parents and guardians, are there spaces physically distant (e.g., at least 6 feet apart) to allow for safe infant nursing areas? Yes No Unsure NA				
e.	Are there staggered drop-off, pick-up, or other child arrival/departure times in place to allow classes/cohorts decreased contact and mixing? Yes No Unsure				

- f. Is there curbside drop-off/pick-up to limit direct contact of parents, guardians, caregivers, or staff? Yes No Unsure
- g. Are there written procedures for van-share or bus-ride programs to maximize physical distancing during transport? Yes No Unsure NA

Resources & Guidance:

- 1. <u>CDC's quick guide</u> to protect your child care center from COVID-19: Visual map to help create a safer child care center space
- 2. Drop Off/Pick Up resources by Caring for Our Children (CFOC)
- 3. Check to see if your <u>local health department</u> or state health department has developed protocols for operating child care centers safely during COVID-19
- 4. Resources on school bus safety for riders and drivers

Section 5: Cleaning and Disinfecting

a.	Are staff proper procedures?	rly traine	ed on appr Yes	opriate cl No	eaning a	_		
b.	Are staff proper	rly traine	ed on the E	PA's Six S	Steps for	Safe and Effect	tive Disinfectant Use?)
		,	Yes	No	Unsure		•	
c.	Does the facility routine?	/ have a Yes	written cle No	eaning an Unsure		ecting		
d.	Does the facility have left the bu		•		utinely o	clean and disinfe Unsure	ect once children and	staff
e.	Is the cleaning of	checklist	monitore	d or revie	wed for	completion?		
	· ·	Yes	No	Unsure	9	·		
f.	If your program	utilizes	transport	vehicles,	such as	buses or vans, d	lo staff disinfect then	n after
	each use?	Yes	No	Unsure	è			

Resources & Guidance:

- 1. CDC's recommendations on cleaning and disinfecting your facility
- 2. Review EPA's 6 Steps for Safe and Effective Disinfectant Use
- 3. Examples of developing a schedule for routine cleaning
- 4. Cleaning and sanitizing objects intended for the mouth from Caring for Our Children (CFOC)
- 5. Cleaning and sanitizing toys guidance from CFOC
- 6. CDC's guide on cleaning and disinfecting non-emergency transport vehicles
- 7. Cleaning and disinfecting best practices from EPA

Section 6: Immunizations

	of COVID-19 vaccination? Yes No Unsure
b.	Has administration and/or other person(s) in charge determined and outlined COVID-19
	vaccination requirements for staff? Yes No Unsure
c.	Are staff encouraged to get vaccinated against COVID-19 through visible posters,
	announcements, or other communication methods and accessible in the languages spoken by
	staff's families? Yes No Unsure
d.	Will there be an outreach and education plan ready for families regarding the COVID-19 Vaccine
	once it is available to young children? Yes No Unsure
e.	Is there a plan to partner with local health departments or community health centers to provide
	vaccinations to children, staff, and families once available to young children?
	Yes No Unsure
f.	For future planning, is there a contingency plan for mixing vaccinated and non-vaccinated
	children based on updated CDC guidance (i.e., vaccinated classrooms and non-vaccinated
	classrooms)? Yes No Unsure
Resour	rces and Guidance:
ricsoul	rees and Galdanee.
1.	Understanding what it means to be fully vaccinated against COVID-19
2.	Additional information regarding the Pfizer vaccine, Moderna vaccine, and Johnson & Johnson
	<u>vaccine</u> are available here
3.	Look up your <u>local health department</u>
4.	<u>CDC's vaccine toolkit</u> for child care programs that includes materials to communicate with staff
	and ways to promote vaccination
5.	<u>Learn how COVID-19 vaccines can impact the ECE field</u> through a webinar from Child Care Aware
	of America
6.	COVID-19 vaccine overview factsheet and vaccine FAQs from Child Care Aware of America
Section	n 7: Staff Resilience & Support
a.	Is there a plan for open communication, training, and support for staff as they adapt to changes
	and difficult circumstances and are staff invited to offer input in decisions about new processes
	and procedures? Yes No Unsure
b.	Are stress reduction strategies shared with staff such as mindfulness, social support, deep
	breathing and spending time in nature or outside? Yes No Unsure
c.	Has the administrator contacted your <u>local Child Care Resource & Referral agency</u> to find out if
	there are any professional development or in-services offerings for staff related to self-care
	Yes No Unsure
d.	Are staff encouraged to talk about their concerns and feelings with people they trust?
	Yes No Unsure
e.	Is there a plan for all staff meetings and/or trainings to be within updated guidelines of local,
	state, or other national health agencies and/or organizations (i.e., virtual trainings/
	meetings, socially distant in-person meetings)? Yes No Unsure
	O-, III, P P

a. Are staff and children (who meet current vaccine age requirements) required to provide proof

- f. Are mental health support services readily available to staff and their families, such as through an Employee Assistance Program? Note: Communications should be accessible to persons with disabilities and limited English proficiency. Yes No Unsure
- g. Are facts regularly shared with staff about COVID-19 from trusted sources such as your <u>state</u> <u>health department</u> or <u>CDC</u> to reduce the spread of misinformation and ease fear?

 Yes No Unsure
- h. Are there posters, announcements, or other forms of communication for the <u>Disaster Distress</u>
 <u>Helpline</u>? Yes No Unsure
- i. Are staff provided appropriate (flexible and non-punitive) leave or other time off to allow for mental health support? Yes No Unsure
- j. Are staff provided with the information to call the National Suicide Prevention Lifeline at 1-800-273-TALK (1-800-273-8255), 1-888-628-9454 for Spanish, or <u>Lifeline Crisis Chat</u> if they are <u>feeling overwhelmed with emotions</u> such as sadness, depression, anxiety; or call 911 if they feel like they want to harm themselves or others?
 Yes
 No
 Unsure

Resources and Guidance:

- 1. Familiarize yourself with COVID-19 mental health support services
- 2. Children and young people's social, emotional, and mental health <u>resources + recommendations</u> by age group
- 3. COVID-19 and Infant and Early Childhood Mental Health Consultation (IECMHC) resources on how to provide services when everything is different
- 4. AAP's guidance related to child care during COVID-19
- 5. Child Care Aware of America's <u>webinar recording</u>: Practical Ways to Help Children in Child Care Cope with the COVID-19 Crisis

Appendix: Key Terms and Definitions

Emergency Operations Plan (EOC) – A plan that is developed in collaboration with regulatory agencies and state/local public health departments to describe prevention strategies for public health emergencies such as COVID-19. This plan should:

- Describe steps to take when a child or staff member has been exposed to someone with COVID-19, has symptoms of COVID-19, or tests positive for COVID-19.
- Document policy or protocol differences for people who are fully vaccinated for COVID-19 versus those who are not fully vaccinated.
- Consider the range of needs among staff, children, and families, including children's developmental needs, children with disabilities, children with healthcare needs, and children experiencing homelessness.

Close/Direct Contact – Any level of contact less than six (6) feet of individuals for a cumulative total of 15 minutes or more over a 24-hour period.

CDC Approved Sanitizer – Alcohol-based sanitizer that contains at least 60% ethanol.

Child Care Health Consultant – An official of the local public health department that works with child care centers and family care homes to assess, plan, implement, and evaluate strategies to achieve high quality, safe, and healthy child care environments by focusing on topics that include childhood immunizations, childhood nutrition, risk reduction, emergency preparedness, and dental health.

Regional Child Care Health Specialist – An official of the state health department that serves as the primary area (region-specific) child care health consultant.

Cohort – Keeping people together in a small group and having each group stay together throughout an entire day. This strategy is often used to avoid mixing different groups to limit the spread of COVID-19 and potentially isolation or quarantine resulting from a confirmed or suspected case.