



HLTH111: Safety Practices for Child Care Programs in the Face of COVID-19 Handout

Welcome to HLTH111

This course provides basic information everyone should know about preventing the spread of COVID-19 in the child care setting. Participants will learn about recommended hygiene practices, recognizing signs and symptoms, criteria for excluding a child from group care, communicating with children and families, maintaining a clean environment, and more.

Objectives:

By taking notes on the handout and successfully answering assessment questions, participants will meet the following objectives as a result of taking this course:

- Identify facts about COVID-19
- Identify the CDC recommended steps and policies for effective handwashing and diapering
- Define and differentiate between the terms clean, sanitize, and disinfect
- Identify the recommended practices for using chlorine bleach and other types of cleaners
- Identify the purpose and recommended procedures for daily health checks
- Recognize the steps to take when someone gets sick
- Identify the recommended practices for communicating with families and children about COVID-19

References:

1. Administration for Children and Families. (2017). "National Database of Child Care Licensing Regulations." U.S. Department of Health and Human Services. Retrieved from <https://licensingregulations.acf.hhs.gov/>
2. American Academy of Pediatrics, American Public Health Association, & National Resource Center for Health and Safety in Child Care and Early Education. (2019). *Caring for Our Children: National Health and Safety Performance Standards Guidelines for Early Care and Education Programs, 4th edition*. Retrieved from <https://nrckids.org/files/CFO4%20pdf-%20FINAL.pdf>
3. American Academy of Pediatrics. (2021). "Guidance Related to Early Care and Education/Child Care During COVID-19." Retrieved from <https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/guidance-related-to-childcare-during-covid-19/>
4. Centers for Disease Control and Prevention (CDC). (2016). "Diaper-Changing Steps for Childcare Settings." Retrieved from <https://www.cdc.gov/healthywater/hygiene/diapering/childcare.html>
5. Centers for Disease Control and Prevention (CDC). (2021). "CDC's Guidance for Operating Child Care Programs during COVID-19." Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html>
6. Centers for Disease Control and Prevention (CDC). (2021). "When and How to Wash Your Hands." Retrieved from https://www.cdc.gov/handwashing/when-how-handwashing.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Ffeatures%2Fhandwashing%2Findex.html

7. National Association for the Education of Young Children (NAEYC). (N.D.). "Coping with COVID-19." Retrieved from <https://www.naeyc.org/resources/topics/covid-19>
8. Peet, L. (2020). "Handling Paper In COVID-19 Pandemic." Retrieved from <https://www.libraryjournal.com/story/imls-cdc-on-staff-safety-handling-paper-in-covid-19-pandemic>
9. Teagle, J. & Ben-Joseph, E. (2021). "Coronavirus (COVID-19): Kids and Masks." Retrieved from <https://kidshealth.org/en/parents/coronavirus-masks.html>

This course refers to health standards and recommendations for child care centers published by [the Centers for Disease Control \(CDC\)](#).

Be sure to familiarize yourself with your own state's standards. Furthermore, guidelines and policies from local (city or county) agencies or even within your company may be different from the state as well as the CDC standards.

Basic Information about COVID-19

How It Spreads

Symptoms of COVID-19

Again, most strands of coronavirus cause mild illness similar to the common cold, however, people with COVID-19 have a **wide range of symptoms** from mild to severe.

Generally, someone infected with COVID-19 will experience:

- Cough
- Shortness of breath or difficulty breathing
- Fever or chills
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

IMPORTANT NOTE: A person can be a carrier of COVID-19 even if they are not showing symptoms.

Preventing the Spread of COVID-19 in Child Care

Handwashing

NOTE: Fact sheets related to handwashing are available through the [CDC](#).

How to Wash Your Hands Effectively

The following recommended handwashing practices apply to both children and adults.

Step 1

Step 2

Step 3

Step 4

Step 5

Step 6

Antibacterial Soap

Hand Sanitizers

When Should Staff Wash Their Hands?

All staff members should wash their hands immediately upon arrival in the center. Also, the [CDC](#) recommends washing your hands:

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When Should Children Wash Their Hands?

Handwashing should be a regular part of the daily routine. As a matter of habit, children should wash their hands:

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Proper Diapering

The following steps are recommended by the Centers for Disease Control and Prevention (CDC).

Please also refer to local and state regulatory requirements to ensure proper techniques are implemented.

For a proper diaper changing poster, click [here](#).

Step 1

Step 2

Step 3

Step 4

Step 5

Step 6

Step 7

Step 8

Step 9

Step 10

Step 11

Step 12

Step 13

Step 14

Step 15

Cleaning, Sanitizing, and Disinfecting

The guidebook *Caring for Our Children* provides an excellent model Routine Schedule for Cleaning, Sanitizing, and Disinfecting in [Appendix K](#). The United States Environmental Protection Agency, or the EPA, has created a [list](#) of COVID-19 approved cleaners.

When Cleaning

Cleaning

Sanitizing

Disinfecting

Household Bleach & Water

To safely **prepare** bleach solutions:

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To safely **use** bleach solutions:

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Dishwashing Procedures

If washing dishes by hand, use a three-compartment sink using the following procedure:

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Cleaning and Sanitizing Toys

Additional Notes about Cleaning and Sanitizing

Cleaning and Sanitizing Objects Intended for the Mouth

Cleaning Individual Bedding

Cleaning Crib Surfaces

Cleaning Outdoor Areas

Books and Other Paper-Based Products

Additional Advice for Administrators

Other Important Steps to Take

Catch Coughs

Wear Cloth Face Coverings

These are suggestions from [KidsHealth.org](https://kidshealth.org) of things adults can do to help kids feel more comfortable with people wearing masks:

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Here are some suggestions that can be shared with parents of ways to get children **over 2-years-old** to wear a mask:

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The [CDC](#) recommends the following for storing and washing masks:

For more information on washing masks, visit [How to Wash Masks](#).

Use Personal Protective Equipment

Practice Social Distancing

While social distancing can seem overwhelming in an early care environment, taking these steps can help keep everyone safer:

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Lower Student/Teacher Ratio

Adapt Typical Activities and Practices

Some of the familiar elements of the daily routine will need to be adapted, temporarily, during the COVID-19 crisis. Here are a few examples:

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Gatherings and Visitors

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Caring for Infants and Toddlers

The CDC recommends that providers:

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Modify Drop Off and Pick Up

Here are some ways that drop off and pick up can be modified:

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Conduct Daily Health Screenings

Safe Daily Health Screening

Method 1: Parent or guardian takes the child's temperature while a staff member social distances.

1. Maintain 6 feet distance from families and wear a mask, no personal protective equipment (PPE) necessary.
2. Parents/guardians take their children's temperature either at home before coming to the facility or upon arrival at the facility using a no-contact thermometer.
3. Make a visual check of the child for signs of illness, which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness, and confirm that the child is not experiencing coughing or shortness of breath.
4. Parent/guardian confirms that the child does not have fever, shortness of breath, cough or other symptoms of COVID-19.

Method 2: Staff member takes the child's temperature.

1. Stand behind a physical barrier (such as a glass or plastic window or partition) that can serve to protect the staff member's face, mouth, and nose from respiratory droplets that can be produced if the child being screened sneezes, coughs, or talks.
2. Make a visual check of the child for signs of illness, which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness, and confirm that the child is not experiencing coughing or shortness of breath.
3. Conduct temperature screening (follow steps below) using a no-contact remote thermometer, while wearing disposable gloves. Always make sure your face stays behind the barrier during the screening. If you did not have physical contact with the child, you do not need to change gloves before the next check and you do not need to clean a no-contact remote thermometer with alcohol after each child.

Planning for and Responding to Sick Children and Staff

If You Tested Positive for COVID-19

According to the [CDC](#),

You should:

- Isolate for 5 days.
- If you have no symptoms or your symptoms are resolving after 5 days, you can leave your house.
- Continue to wear a mask around others for 5 additional days.
- If you have a fever, continue to stay home until your fever resolves.

If You Were Exposed to Someone with COVID-19

If you:

Have been boosted.

OR

Completed the primary series of Pfizer or Moderna vaccine within the last 6 months.

OR

Completed the primary series of J&J vaccine within the last 2 months.

You should:

- Wear a mask around others for 10 days.
- Test on day 5, if possible.

If you develop symptoms get a test and stay home.

If you:

Completed the primary series of Pfizer or Moderna vaccine over 6 months ago and are not boosted.

OR

Completed the primary series of J&J over 2 months ago and are not boosted.

OR

Are unvaccinated.

You should:

- Stay home for 5 days. After that continue to wear a mask around others for 5 additional days.
- If you cannot quarantine you must wear a mask for 10 days.
- Test on day 5 if possible.

If you develop symptoms get a test and stay home.

How to Discontinue Home Isolation

Most people do not require testing to decide when they can be around others; however, if your healthcare provider recommends testing, they will let you know when you can resume being around others based on your test results.

Note that these recommendations **do not** apply to people with [severe COVID-19 or with severely weakened immune systems](#) (immunocompromised). These individuals should follow the advice of their healthcare provider regarding when to resume being around others.

When Someone Becomes Sick at the Center

When someone becomes sick while at the center, it is important to act fast to help lessen the spread.

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See [CDC's Toolkit for Child Care Programs](#) for more resources on what to do if a child becomes sick while at the child care program.

If You Need to Close the Facility

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Talking to Children about COVID-19

General Principles for Talking to Children

Remain Calm and Reassuring

Make Yourself Available to Listen and Talk

Avoid Language That Might Blame Others and Lead to Stigma

Pay Attention to What Children See or Hear on TV, Radio, or Online

Provide Information That Is Honest and Accurate

Teach Children Everyday Actions to Reduce the Spread of Germs

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Child Friendly COVID-19 Facts

What is COVID-19?

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What Can You Do to Avoid Getting COVID-19?

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What Happens If You Get Sick With COVID-19?

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Coping and Resilience

The [CDC](#) recommends:

- Remain as transparent as possible (communicate openly) about program and policy changes.
- Promote healthy eating habits, physical activity, getting sleep, and finding time to unwind among staff, families, and children.
- Discuss and share stress reduction strategies such as mindfulness practices, social support, deep breathing, and spending time in nature or outside.
- Encourage staff and older children to talk with people they trust about their concerns and how they are feeling.
- Communicate openly with staff, children, and families about mental health support services available in the community, including if mental health consultation is available to the program.
- Consider posting signage for the national distress hotline: 1-800-985-5990, or text TalkWithUs to 66746.
- Encourage anyone feeling overwhelmed with emotions such as sadness, depression, anxiety to call the National Suicide Prevention Lifeline at 1-800-273-TALK (1-800-273-8255), 1-888-628-9454 for Spanish, or Lifeline Crisis Chat; or call 911 if they feel like they want to harm themselves or others.

Considerations for Children with Special Needs

When provide accommodations, modifications, and assistance for children with special needs, the [CDC](#) recommends:

- Physical distancing can be difficult for young children with disabilities.
- Wearing masks may be difficult for children with visual or hearing impairments, or for those with sensory, cognitive, or behavioral issues. For children who are only able to wear masks some of the time for these reasons, prioritize having them wear masks during times when it is difficult to separate children and/or staff (for example, during carpool drop off or pick up, or when standing in line).
- If interacting with people who rely on reading lips, consider wearing a clear mask or a cloth mask with a clear panel.
- When service or therapy animals are used, use guidance to [protect the animal from chemical disinfectants](#).
- Cleaning and disinfecting procedures might negatively affect children with sensory or respiratory issues. Avoid overuse, use [safer products](#), and clean and disinfect when these children are not nearby, if possible.
- Behavioral techniques (such as modeling and reinforcing desired behaviors and using picture schedules, timers, and visual cues for positive reinforcement) can help all children adjust to changes in routines and take preventive actions but may be especially beneficial for some children with disabilities.

Additionally, behavioral therapists or local mental health or behavioral health agencies may be able to provide consultation for specific concern.

Additional Resources for Families

In addition to the links shared throughout this course, here are a few resources you could share:

- [Zero to Three](#)
- [Pregnancy & Breastfeeding](#)
- [Coping with Stress](#)

Additional Resources for Centers

- [Navigating SBA Loans](#)
- [American Academy of Pediatrics](#)
- [NAEYC's Gathered Resources](#)
- [Caring for Our Children Standards & COVID-19 Crosswalk](#)

CDC indicators and thresholds for risk of introduction and transmission of COVID-19 in schools

INDICATORS	Lowest risk of transmission in schools	Lower risk of transmission in schools	Moderate risk of transmission in schools	Higher risk of transmission in schools	Highest risk of transmission in schools
CORE INDICATORS					
Number of new cases per 100,000 persons within the last 14 days*	<5	5 to <20	20 to <50	50 to ≤ 200	>200
Percentage of RT-PCR tests that are positive during the last 14 days**	<3%	3% to <5%	5% to <8%	8% to ≤ 10%	>10%
<p>Ability of the school to implement 5 key mitigation strategies:</p> <ul style="list-style-type: none"> • Consistent and correct use of masks • Social distancing to the largest extent possible • Hand hygiene and respiratory etiquette • Cleaning and disinfection • Contact tracing in collaboration with local health department <p>Schools should adopt the additional mitigation measures outlined below to the extent possible, practical and feasible.</p>	Implemented all 5 strategies correctly and consistently	Implemented all 5 strategies correctly but inconsistently	Implemented 3-4 strategies correctly and consistently	Implemented 1-2 strategies correctly and consistently	Implemented no strategies
SECONDARY INDICATORS					
Percent change in new cases per 100,000 population during the last 7 days compared with the previous 7 days (negative values indicate improving trends)	<-10%	-10% to <-5%	-5% to <0%	0% to ≤ 10%	>10%
Percentage of hospital inpatient beds in the community that are occupied***	<80%	<80%	80 to 90%	>90%	>90%

Percentage of intensive care unit beds in the community that are occupied***	<80%	<80%	80 to 90%	>90%	>90%
Percentage of hospital inpatient beds in the community that are occupied by patients with COVID-19***	<5%	5% to <10%	10% to 15%	>15%	>15%
Existence of localized community/public setting COVID-19 outbreak****	No	No	Yes	Yes	Yes

*Number of new cases per 100,000 persons within the last 14 days is calculated by adding the number of new cases in the county (or other community type) in the last 14 days divided by the population in the county (or other community type) and multiplying by 100,000.

**Percentage of RT-PCR tests in the community (e.g., county) that are positive during the last 14 days is calculated by dividing the number of positive tests over the last 14 days by the total number of tests resulted over the last 14 days. Diagnostic tests are viral (RT-PCR) diagnostic and screening laboratory tests (excludes antibody testing and RT-PCR testing for surveillance purposes). Learn more on the [Calculating Severe Acute Respiratory Syndrome Coronavirus 2 \(SARS-CoV-2\) Laboratory Test Percent Positivity: CDC Methods and Considerations for Comparisons and Interpretation webpage](#).

***Hospital beds and ICU beds occupied: These indicators are proxies for underlying community burden and the ability of the local healthcare system to support additional people with severe illness, including those with COVID-19. A community can be defined at the city, county or metro area level; federal analyses of hospital utilization rates within a community are typically conducted at the core-based statistical area (e.g., by metropolitan or micropolitan status).

**** Sudden increase in the number of COVID-19 cases in a localized community or geographic area as determined by the local and state health department.