

CHILD CARE • GUIDELINES •

A MESSAGE TO EARLY LEARNING CENTERS

Per the White House's Reopening America plan, Louisiana will be reopening in Phases as the state meets certain criteria. Throughout these phases, restrictions will be gradually relaxed.

Child care was able to remain operational prior to Phase I; so long as they adhere to guidance from the Louisiana Department of Education (LDOE) and Office of Public Health, they may continue to operate. This shall remain true. The following guidelines must be followed throughout Phase III. **Requirements are highlighted and must be followed.**

The LDOE has also provided suggestions, examples of checklists, options, etc in the appendices to assist child care to adhere to the guidelines and improve upon their health and safety in this public health emergency.

NOTE: These guidelines may change depending on the **Centers for Disease Control** (CDC) and Office of Public Health updates and as the state changes phases..

CHECKLIST FOR OPEN CHILD CARE FACILITIES

- Staff must take **everyday precautions** to prevent the spread of respiratory illness such as COVID-19 such as washing hands often, clean and disinfect frequently touched surfaces, avoid close contact, cover coughs and sneezes and **cover mouth and nose with cloth face masks.**
- **Require sick children and staff to stay home.** (See [Appendix 1.](#))
- **Plan isolation steps if a child becomes sick followed by cleaning and disinfecting processes.** (See [Appendix 2.](#))
- **Implement social distancing strategies.** (See [Appendix 3.](#))
- **Change parent drop-off and pick-up processes.** (See [Appendix 4.](#))
- **Screen children and staff upon arrival.** (See [Appendix 5.](#))
- **Intensify cleaning and disinfecting efforts.** (See [Appendix 6.](#))
- **Ensure proper diapering techniques** are followed.
- **Ensure proper washing, feeding, and holding of children.** (See [Appendix 7.](#))
- **Ensure healthy hand hygiene.** (See [Appendix 8.](#))
- **Ensure healthy food preparation and meal service.** (See [Appendix 9.](#))
- **Address vulnerable/high risk groups.** (See [Appendix 10.](#))

APPENDIX 1

REQUIRE SICK CHILDREN AND STAFF TO STAY HOME.

Persons who have a fever of 100.4°F or above, or other signs of illness must not be admitted to the facility.

- Communicate to parents the importance of keeping children home when they are sick, steps being taken to ensure the health and safety of their children, etc. See this [sample letter](#) to families. The letter to families should outline all health and safety precautions taken by your facility. Another sample can be found from [Child Care Aware of America](#).
- Communicate to staff the importance of being vigilant for [symptoms](#) and staying in touch with management if or when they start to feel sick.
- Follow procedures to ensure children and staff who come to the child care center sick or become sick while at your location are placed in isolation and sent home as soon as possible.
- **Staff will disinfect high-touch surfaces, such as door handles, light switches, faucets, toys and games that children play with on an hourly basis.**
- **Staff will wash their hands and children's hands a minimum of every two hours.**

APPENDIX 2

PLAN ISOLATION STEPS IF A CHILD OR STAFF MEMBER BECOMES SICK FOLLOWED BY CLEANING AND DISINFECTING PROCESSES.

- Have an isolation room or area (such as a cot in a corner of the classroom) that can be used to isolate a sick child.
- Follow CDC guidance on how to [disinfect your building](#) if someone is sick.
- If a sick child has been isolated in your facility, clean and disinfect surfaces in your isolation room or area after the sick child has gone home.
- If COVID-19 is confirmed in a child or staff member:
 - » Close off areas used by the person who is sick.
 - » Open outside doors and windows to increase air circulation in the areas.
 - » Wait up to 24 hours, or as long as possible, before you clean or disinfect to allow respiratory droplets to settle before cleaning and disinfecting.
 - » Clean and disinfect all areas used by the person who is sick, such as offices, bathrooms and common areas.
 - » If more than 7 days have passed since the person who is sick visited or used the facility, additional cleaning and disinfection is not necessary. Simply continue routine cleaning and disinfecting.
 - » Follow [CDC Guidance](#) on home isolation.
- Things to consider when a child or staff member is ill or becomes ill:
 - » How will you communicate with families of an ill child?
 - » How will you communicate with staff and other families about the illness at the center?
 - » What do you expect from an ill child before they can return?
 - » Suggest to families that they should have a plan in place in the event that their child become ill.

APPENDIX 3

IMPLEMENT SOCIAL DISTANCING STRATEGIES

	PHASE I	PHASE II	PHASE III
Group size	• See chart below.	• See chart below.	• See chart below.
Ratios	• See chart below.	• See chart below.	• See chart below.
Indoor groups	<ul style="list-style-type: none"> • Must be in rooms enclosed by walls or partitions • Cannot convene in shared indoor spaces unless the space is cleaned and disinfected before and after each group's use 	• Same as Phase I	• Same as Phase I
Outdoor groups	<ul style="list-style-type: none"> • Must be separated, but do not require a physical barrier • In swimming pools, groups must be separated by lane lines or ropes 	• Same as Phase I	• Same as Phase I
Transportation	Maximum school bus/van capacity, including adults		
	25 percent	50 percent	75 percent
	<ul style="list-style-type: none"> • School bus/van passengers ride one per seat with every other seat empty • Members of the same household may sit in the same seat or adjacent seats, with an empty seat between household groups 	<ul style="list-style-type: none"> • Take the number of seats and multiply by the % of the manufacturer's capacity. This is the maximum number of people allowed on the bus/van at any given time. • Space and disperse passengers to the maximum extent possible 	

- Children and staff must pass singly through entry and exit points
- 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.
- Cancel or postpone special events such as field trips, festivals, holiday events, and special performances.
- If possible, child care classes should include the same group each day, and the same child care teacher should remain with the same group each day. Consider creating a separate classroom or group for the children of healthcare workers and other first responders.
- Consider staggering playground times for groups of children.
- Alter or halt daily group activities that may promote transmission.

TYPE II AND TYPE III

NORMAL			PHASE I		PHASE II		PHASE III	
Ages of Children	Ratio	Maximum Group Size	Ratio	Maximum Group Size	Ratio	Maximum Group Size	Ratio	Maximum Group Size
Infants under 1 year	5:1	15	4:1	5 including adult	5:1	15	Return to Normal	Return to Normal
1 year	7:1	21	7:1	10 including adult	7:1	21		
2 years	11:1	22	9:1		11:1	22		
3 years	13:1	26	9:1		13:1	25 including adult		
4 years	15:1	30	9:1		15:1			
5 years	19:1	38	9:1		19:1			
6 years and up	23:1	46	9:1		23:1			

TYPE I

NORMAL			PHASE I		PHASE II		PHASE III	
Ages of Children	Ratio	Maximum Group Size	Ratio	Maximum Group Size	Ratio	Maximum Group Size	Ratio	Maximum Group Size
Infants under 1 year	6:1	18	4:1	5 including adult	6:1	15	Return to Normal	Return to Normal
1 year	8:1	24	8:1	10 including adult	8:1	21		
2 years	12:1	24	9:1		12:1	22		
3 years	14:1	28	9:1		14:1	25 including adult		
4 years	16:1	32	9:1		16:1			
5 years	20:1	40	9:1		20:1			
6 years and up	25:1	50	9:1		25:1		24:1	50 including adult

APPENDIX 4

CHANGE PARENT DROP-OFF AND PICK-UP PROCESSES

- Child drop off and pick up must be done curbside or in a room/foyer that does not allow the parent inside the center or does not lead the parent through the center. The parent must wear a mask if they enter the room/foyer. See the procedures below to screen children before the parent leaves the facility.
- Have child care providers come outside the facility to pick up the children as they arrive. The plan for curbside drop off and pick up should limit direct contact between parents and staff members and adhere to social distancing recommendations. Allow center staff to sign in and out children.
- May consider staggering arrival and drop off times for parents.
- Hand hygiene stations should be set up at the entrance of the facility, so that 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% alcohol and supervise its use. Keep hand sanitizer out of the reach of children before and after use.
- Face-to-face teacher and family communications will shift as drop-off and pick-up procedures change.
 - » Consider the following:
 - » How will families communicate child needs and challenges to the child's teacher?
 - » How will teachers communicate issues, stories, and fun moments with families?
 - » How can the center share stories of the relationships in classrooms with the community of families?

APPENDIX 5

SCREEN CHILDREN AND STAFF UPON ARRIVAL

Persons who have a fever of 100.4°F or above or other signs of illness must not be admitted to the facility.

- Children must be screened for fever upon arrival as well as throughout the day. Include asking the parent/guardian to confirm that the child has not been on fever reducing medication in the last 24 hours and does not have shortness of breath, sore throat, rash (other than diaper rash), or a cough. As if the child has been in close contact with someone with a confirmed case of COVID-19 in the last 14 days. Make a visual inspection of the child for signs of illness which could include flushed cheeks, rapid breathing or difficulty breathing, fatigue, rash (other than diaper rash), or extreme/unusual fussiness.
- Staff must be screened for fever upon arrival and asked screening questions including if they have been in close contact with someone with a confirmed case of COVID-19 in the last 14 days. Listed below are examples of how to screen for temperature may occur.

» **Example 1** – Reliance on Barrier/Partition Controls

- Stand behind a physical barrier, such as glass or plastic window or partition that can serve to protect the staff member's face and mucous membranes from respiratory droplets that may be produced if the child being screened sneezes, coughs, or talks.
- Conduct temperature screening (follow steps below)
 - » Perform hand hygiene
 - » Put on disposable gloves
 - » Check the child's temperature, reaching around the partition or through the window.
 - » Make sure your face stays behind the barrier at all times during the screening.
 - » If performing a temperature check on multiple individuals, ensure that you use a clean pair of gloves for each child and that the thermometer has been thoroughly cleaned between each check.
 - » If you use disposable or non-contact thermometers and you did not have physical contact with the child, you do not need to change gloves before the next check.
 - » If you use non-contact thermometers clean them with an alcohol wipe (or isopropyl alcohol on a cotton swab between each client. You can reuse the same wipe as long as it remains wet.

» **Example 2** – Reliance on Personal Protective Equipment

- If social distancing or barrier/partition controls cannot be implemented during screening, personal protective equipment (PPE) can be used when within 6 feet of a child.
- Upon arrival wash your hands and put on a facemask, eye protection (goggles or disposable face shield that fully covers the front and sides of the face), and a single pair of disposable gloves. A gown could be considered if extensive contact with a child is anticipated.
- Take the child's temperature.
 - » If performing a temperature check on multiple individuals, ensure that you use a clean pair of gloves for each child and that the thermometer has been thoroughly cleaned between each check.
 - » If you use disposable or non-contact thermometers and you did not have physical contact with the child, you do not need to change gloves before the next check.
 - » If you use non-contact thermometers, clean them with an alcohol wipe (or isopropyl alcohol on a cotton swab) between each client.
- After each screening, remove and discard PPE, and wash hands.

APPENDIX 6

INTENSIFY CLEANING AND DISINFECTING EFFORTS

- Every hour, **clean and disinfect** surfaces, bathrooms, and objects that are frequently touched, such as doorknobs, light switches, classroom sink handles, countertops, toilet training potties, etc
- Schedule and follow additional procedures for cleaning and disinfecting including cleaning and sanitizing toys and bedding. All cleaning materials must be kept secure and out of reach of children.
- Do not share toys with other groups of infants or toddlers, unless they are washed and sanitized before being moved from one group to another.
- Clean and sanitize toys.
 - » Reduce the number of toys in classrooms.
 - » 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.
 - » Children's books, like other paper-based materials, are not considered a high risk for transmission and do not need additional cleaning or disinfection procedures.
- Clean and disinfect bedding.
 - » 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 at a minimum of weekly or before use by another child.
- Plan to sanitize transportation. Consider guidance from the Center for Disease Control on **Cleaning and Disinfecting Vehicles** to ensure that shared equipment like vehicles are regularly sanitized.

APPENDIX 7

ENSURE PROPER WASHING, FEEDING AND HOLDING OF CHILDREN

- It is important to comfort crying, sad, and/or anxious children and they often need to be held. To the extent possible, when washing, feeding, or holding children, teachers can protect themselves by wearing an oversized button down, long sleeved shirt and by wearing long hair up off the collar.
- Teachers should wash their hands, neck and anywhere touched by a child's secretions.
- Teachers should change the child's clothes if secretions are on the child's clothes. They should change the button-down shirt, if there are secretions on it and wash their hands again.
- Infants, toddlers and their teachers should have multiple changes of clothes on hand in the child care center.
- Children are not required to wear face masks. If a center decides to allow children to wear face masks, no child under two years of age can wear a face mask.

APPENDIX 8

ENSURE HEALTHY HAND HYGIENE

- All children and staff must engage in **hand hygiene** at least every two hours at the following times:
 - » Arrival and exit of the facility and after breaks
 - » Before and after preparing food or drinks
 - » Before and after eating or handling food, or feeding children
 - » Before and after handling infant bottles
 - » Before and after administering medication or medical ointment
 - » Before and after diapering
 - » After using the toilet or helping a child use the bathroom
 - » After coming in contact with bodily fluid
 - » After handling animals or cleaning up animal waste
 - » After playing outdoors or in sand
 - » After handling garbage
- Wash hands with soap and water for at least 20 seconds. If hands are not visibly dirty, alcohol-based hand sanitizers with at least 60% alcohol can be used if soap and water are not readily available.
- Supervise children when they use hand sanitizer to prevent ingestion.
- Assist children with handwashing, including infants who cannot wash hands alone. After assisting children with handwashing, staff should also wash their hands.

APPENDIX 9

ENSURE HEALTHY FOOD PREPARATION AND MEAL SERVICE

- Serve meals in classrooms, rather than in cafeteria or group settings. If meals are typically served family-style, plate each child's meal to serve it so that multiple children are not using the same serving utensils.
- Food preparation should not be done by the same staff who diaper children.
- Sinks used for food preparation should not be used for any other purposes.
- Teachers must ensure children wash hands prior to and immediately after eating.
- Teachers must wash their hands before preparing food and after helping children to eat.

APPENDIX 10

ADDRESS VULNERABLE/HIGH RISK GROUPS

- Based on current information, older adults and people of any age who have serious underlying medical conditions might be at higher risk for severe illness from COVID-19. To protect those at higher risk, it's important that everyone practices healthy hygiene behaviors.
- If you have staff members or teachers age 65 or older, or with serious underlying health conditions, encourage them to talk to their healthcare provider to assess their risk and to determine if they should stay home. Information about COVID-19 in children is somewhat limited, but the information that is available suggests that many children have mild symptoms. 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. Follow children's care plans for underlying health conditions.
- If you have children with disabilities, talk to their parents about how their children can continue to receive the services they need.