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

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

Issued August 12, 2020
Revised October 26, 2020
Revised December 16, 2020
Revised March 8, 2021
Revised May 3, 2021
Revised September 1, 2021

The Quality First Child Care Health Consultation program has developed this document to assist child care programs 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, 4th edition-National Health and Safety Performance Standards Guidelines for Early Care and Education Programs. COVID-19 guidance from public and tribal 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.

A training event is available on the Arizona Early Childhood Workforce Registry that provides step by step guidance on how to use this document. To enroll in the training event please:

1. Please register for this event in the Arizona Early Childhood Workforce Registry at azregistry.org. Event title: Quality First Recommendations for Safe Childcare operations during COVID-19
2. Watch the webinar video on the AzAEYC Youtube channel at https://www.youtube.com/watch?v=r0V7cPBYKmo
3. Complete the survey at bit.ly/0813QF. You will be marked as Attended within 10 business days of completing the survey. For a PDF copy of the professional development certificate, please email Dr. Eric Bucher at ebucher@azaeyc.org

A certificate of professional development for 1.5 hours will be available in the Arizona Early Childhood Workforce Registry within 10 business days of completing a post-training survey.

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 14) 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 15)

October 2, 2020 CDC Update: The CDC has provided clarification on what close contact means. **Close contact is defined as:** being within 6 feet of someone who has COVID-19 for a total of 15 minutes or more, providing care at home to someone who is sick with COVID-19, direct physical contact with the person (hugged or kissed them), sharing eating or drinking utensils, they sneezed, coughed, or somehow got respiratory droplets on you.

October 26, 2020 The CDC has provided additional information on determining close contact exposure to include: someone who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to test specimen collection) until the time the patient is isolated.

December 16, 2020 The CDC issued additional guidance on 'options to reduce quarantine', allowing local public/tribal health authorities to consider a shorter quarantine period of 7 or 10 days. In addition, FTF clarification was provided regarding on-site technical assistance from FTF funded technical assistance providers.

March 8th, 2021 Updated quarantine guidance to align to CDC regarding those that have been vaccinated or those that have tested positive within the past three months.

May 3rd, 2021 Updated to reflect latest CDC guidance including daily routine health assessments, mask use for children, ventilation, the COVID-19 vaccine, preventive behaviors when outdoors, and serving children with disabilities or special needs.

July 21, 2021 Updated to reflect latest CDC guidance including prevention strategies, mask wearing, tooth brushing and meal service.

Table of Contents

1. 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.

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.

1.1 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

2. Mitigating Risk

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.

When considering whether and how to remove prevention strategies, one prevention strategy should be removed at a time, and children and staff should be closely monitored for any outbreaks or increase in COVID-19 cases. Child care programs can consider removing prevention strategies as they consider the following risk factors:

- The level of community transmission of COVID-19.
- COVID-19 vaccination coverage in the community and among children and staff.
- COVID-19 outbreaks or increasing trends in the child care program, or surrounding community.
- Ages of children served by child care programs and the associated social and behavioral factors that may affect risk of transmission and the feasibility of different prevention strategies.

Child care programs will likely have a mixture of individuals who are vaccinated and un-vaccinated. The CDC recommends a prevention approach with multiple layers of prevention strategies to protect those who are unvaccinated.

The recommended prevention strategies are:

1. Promoting vaccination
2. Consistent and correct mask use
3. Physical distancing and cohorting
4. Ventilation
5. Handwashing and respiratory etiquette
6. Staying home when sick and getting tested
7. Contact tracing in combination with isolation and quarantine
8. Cleaning and disinfecting

2.1 Prevention Strategies

2.1.1 Promoting Vaccination

Vaccination is currently the leading public health prevention strategy to end the COVID-19 pandemic. People 12 years old and older are now eligible for COVID-19 vaccinations. People who are fully vaccinated are at low risk of symptomatic or severe infection. There is a growing body of evidence that those who are fully vaccinated are less likely to have an asymptomatic infection or transmit COVID-19, when compared to those who are not fully vaccinated.

A person is considered fully vaccinated 2 weeks following the second dose in the two-dose Moderna or Pfizer series or 2 weeks after the single dose Johnson & Johnson.

Resources

CDC COVID-19 Vaccines for Teachers, School Staff and Childcare Workers

CDC COVID-19 Vaccine Toolkit for School Settings and Childcare Programs

CDC When You've Been Fully Vaccinated

Find a COVID-19 vaccine near you

2.1.2 Consistent and Correct Mask Use

The CDC recommends face coverings as a critical way to limit the spread of COVID-19. Consistent and correct mask use by people who are not fully vaccinated is especially important indoors and when physical distancing cannot be maintained. All site based policies should be widely communicated and posted.

- ❑ The American Academy of Pediatrics recommends all children older than 2 years and child care staff wear face masks (unless medical or developmental conditions prohibit use).
- ❑ **Indoors:** The CDC recommends universal indoor masking for all teachers, staff, students (ages 2 and above) and visitors to child care centers and homes, regardless of vaccination status.
- ❑ **Outdoors:** In general, people do not need to wear masks when outdoors. However, particularly in areas of substantial to high transmission, CDC recommends that people age 2 and older who are not fully vaccinated wear a mask in crowded outdoor settings or during activities that involve sustained close contact with other people who are not fully vaccinated.
- ❑ 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 face covering. Cloth facial coverings are replaced when wet or torn.
- ❑ 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.
- ❑ Child care providers 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.
    - **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."

2.1.2.1 Children and Masks

- ❑ Child care providers should have 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 when eating or sleeping.
- ❑ Ensure children maintain adequate hydration throughout the day.
- ❑ Store face coverings in individual containers labeled with the child's name when not in use.

Based on the needs of the community, child care programs may opt to make mask use universally required (i.e., required regardless of vaccination status). Reasons for this can include:

- ❑ Serving a population that is not yet eligible for vaccination; which includes most ECE programs.
- ❑ Having staff model consistent and correct mask use for children aged 2 and older.
- ❑ Increasing or substantial or high COVID-19 transmission within the program or their surrounding community.
- ❑ Increasing community transmission of a variant that is spread more easily among children or is resulting in more severe illness from COVID-19 among children.
- ❑ Lacking a system to monitor the vaccine status of children and staff.
- ❑ Difficulty monitoring or enforcing mask policies that are not universal.
- ❑ Awareness of low vaccination uptake within families, staff, or within the community.

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

AAP COVID-19 Guidance for Safe Schools

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

2.1.3 Physical Distancing and Cohorting

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.

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.**

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.)
- ❑ 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.
- ❑ 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.
- ❑ Isolation room or area is away from others but within sight and sound of staff.
- ❑ Appropriate distancing is demonstrated to children using concrete examples. (e.g. carpet squares, child friendly pictures taped to the floor, hula hoops)

Cohorting or 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.
  - o Staggered playground times
  - o 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.
- ❑ Prioritize outdoor activities and if feasible, maintain cohorts in outdoor play spaces.

2.1.4 Ventilation

Ventilation is an important COVID 19 prevention strategy and can reduce the number of virus particles in the air and reduce the likelihood of spreading the disease.

- ❑ Bring in as much outdoor air as possible. When safe to do so, open windows and doors. Consider doing activities outside. Use child-safe fans to increase the effectiveness of open windows.
- ❑ Ensure heating, ventilation and air conditioning (HVAC) settings are maximizing ventilation.
- ❑ Filter and/or clean the air in your center.

For more information on ventilation recommendations visit here.

Resources

Guidance for Building Operations during COVID-19

2.1.5 Handwashing and Respiratory Etiquette

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, visitors 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

- Diapering
- Using the toilet or helping a child use a toilet

After:

- 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.

Gloves

❑ Wearing gloves is not necessary for protection from COVID-19 in most situations. CDC does recommend wearing gloves when cleaning and disinfecting or when caring for someone who is sick with COVID-19, but otherwise proper handwashing is recommended.
❑ Providers wear gloves in a manner consistent with existing licensing rules.
❑ Staff members should wash hands before putting gloves on and immediately after gloves are removed. Gloves are not a substitute for hand washing.

Resources
Cleaning and disinfecting your facility

2.1.6 Staying Home When Sick and Getting Tested

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 suggestions or strategies.

❑ Daily symptom screening (see sample Daily Health Screening and Screening Protocols) 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.
- ❑ 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, per the guidance from the CDC, the Arizona Department of Health Services and your local public/tribal health authority which may advise anywhere between a 7 and a 14 day quarantine from date of exposure.
    - **Close contact is defined as: being within 6 feet of someone who has COVID-19 for a cumulative total of 15 minutes or more over a 24 hour period starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to test specimen collections) until the patient is isolated. Close contact includes: providing care at home to someone who is sick with COVID-19, direct physical contact with the person (hugged or kissed them), sharing eating or drinking utensils, they sneezed, coughed, or somehow got respiratory droplets on you.**
- ❑ If an individual has come into close contact with someone who has COVID-19 they do not have to quarantine if:
    - The individual tested positive for COVID-19 within the past 3 months and recovered, and has not developed new symptoms; or
    - The individual has been fully vaccinated against the disease within the last three months and shows no symptoms
- ❑ 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.

Preparing for When Someone is Sick

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.

- ❑ 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.
- ❑ Close off areas used by a sick person and do not use these areas until after cleaning and disinfecting them; this includes surfaces or shared objects in the area.
- ❑ Wait at least 24 hours before cleaning and disinfecting. If 24 hours is not feasible, wait as

long as possible and increase ventilation in the area.

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.

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.**

Other items to consider:

- ❑ 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

CDC Symptoms of COVID-19
CDC When You Can be Around Others after You Had or Likely Had COVID-19CDC Quarantine If You Might Be Sick; Stay home if you might have been exposed to COVID-19

2.1.7 Contact Tracing in Combination with Isolation and Quarantine

Child care programs should continue to collaborate with state, local and tribal health departments to confidentially provide information and report about people diagnosed or exposed to COVID-19. This allows identifying with children and staff with positive COVID-19 test results should **isolate**, and which **close contacts** should **quarantine**.

Child care programs should report, to the extent allowable by applicable privacy laws, positive cases of COVID-19 to staff and families of children who were close contacts as soon as possible after they were notified that someone in the program tested positive.

Resources

Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination

2.1.8 Cleaning and Disinfecting

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. In general, cleaning once a day is usually enough to sufficiently remove potential virus that may be on surfaces.

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.
- ❑ 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.
- ❑ Staff follow a cleaning schedule. A sample cleaning schedule can be found here.
- ❑ Toys and other items that cannot be cleaned and sanitized/disinfected are not used. Learn more here.
  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.
  - Reminder: ADHS licensing requires infant crib sheets be changed whenever soiled, between uses or at least every 24 hours.
- ❑ 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.
  - 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.
  - Bucket or place for toys that need to be cleaned and sanitized is available in each classroom, out of reach of children.
- ❑ Hand sanitizer and cleaning products are stored out of reach of children.
- ❑ Trash cans are touchless.

Resources

Caring for Our Children- Cleaning and Sanitizing Toys

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.
- ❑ Preventive behaviors such as wearing a mask, handwashing, cohorting and sanitizing high touch areas should be utilized outdoors.

3. Additional Considerations for ECE Programs

3.1 Holding, Washing, or Feeding Children

It is important to comfort crying, sad, or anxious infants and toddlers and they often need to be held. 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.

- ❑ Wash your hands frequently.
- ❑ Wash your hands and anywhere you have been touched by a child's body fluids.
- ❑ If body fluids get on the child's clothes, change them right away, whenever possible, and then your hands should be rewashed. Wash your hands before and after handling infant bottles prepared at home or in the facility.

Resources

CDC Child Care: Caring for Infants and Toddlers

3.2 Diapering Children

When diapering a child, wash your hands and wash the child's hands before you begin, and wear gloves. **Follow safe diaper procedures.**

After diapering, take off gloves and wash your hands (even if you were wearing gloves) and disinfect the diapering area with a fragrance-free disinfectant on the **EPA List: Disinfectant for COVID-19** as a sanitizing or disinfecting solution. If the surface is dirty, it should be cleaned with detergent or soap and water prior to disinfection.

- ❑ 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.

3.3 Transport Vehicles

- ❑ Transportation drivers should practice all safety actions and protocols as indicated for other staff (for example, hand hygiene, masks).
- ❑ To clean and disinfect buses or other transport vehicles, see guidance here.
- ❑ Create distance between children on transport buses (for example, skip rows on buses) when possible. However, children from the same home can be seated together.

3.4 Children with Disabilities or Other Healthcare Needs

Your child care program should remain accessible for children with disabilities. Wearing masks and other mitigation practices might be difficult for some children to adhere to, such as social distancing or covering their mouths when coughing. Caregivers should model and reinforce desired behaviors and make accommodations when needed, such as wearing a face mask with a clear panel for children who rely on reading lips.

Direct service providers (therapists, early intervention specialists, etc.) should be allowed into your facility to provide important services to children. If the direct service providers are not fully vaccinated and provide services at more than one location, ask whether any of their other service locations have had

COVID-19 cases.

3.5 Visitors

Programs should reference and consider the risk factors listed under 'Section 2 Mitigating Risk' to determine their current policies for permitting on-site visitors.

CDC Guidance:

- ❑ Per the CDC, nonessential visitors should be limited, including activities involving external groups or organizations with people who are not fully vaccinated, particularly in areas when there is moderate-to-high COVID-19 community transmission.
  - ECE Programs should not limit access to direct service providers 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.
  - ECE programs should not limit access for mothers who are breastfeeding their infants, but can ensure compliance with ECE program visitor polices.
  - Develop plans for meeting new families that allow family and staff to gather while maintaining prevention strategies.
  - Develop plans or procedures for parents and/or guardians to visit their children while maintaining prevention strategies.
  - Home-based ECE programs with people living in the home who are not fully vaccinated should require mask-wearing for unvaccinated persons and keep as much physical distance as possible.
  - Licensing Surveyors, regulatory authorities, law enforcement, Department of Child Safety (DCS), and emergency services personnel are required to enter.

First Things First Guidance:

- ❑ Quality First Coaches and Technical Assistance (TA) Providers are essential to supporting the quality improvement efforts of the program. All Coaches and Technical Assistance Providers will consider community risk factors and the ECE program rules and restrictions when deciding to provide in person services and implement layered mitigation strategies. Although CDC guidance may differ slightly, First Things First recommends that coaches and TA providers continue services and supports in-person and on-site as deemed appropriate. When technical assistance providers are on-site, they should follow the health and safety protocols of the program they visit (such as mask wearing and social distancing). In addition, programs should work collaboratively with their TA to create a plan that attempts to limit the number of cohorts/classrooms a TA provider engages during a single visit. Technical Assistance Providers may consider additional safety measures related to the services they provide.

3.6 Food Service and Meals

- ❑ Children are spaced out as much as possible, ideally 6 feet apart. This may require the addition of tables in the classroom environment.
- ❑ Given the very low risk of transmission from food, food packaging, surfaces and shared objects, there is no need to limit food service operations to single use items and packaged meals.

- ❑ People should wash hands with soap and water before and after family style meals.
- ❑ Improve ventilation in food preparation, service, and eating areas.
- ❑ Clean frequently touched surfaces, as well those that come in contact with food, before and after meals.

3.7 Toothbrushing

Toothbrushing is an important component for many early care programs. Here are some steps to consider when implementing toothbrushing programs:

- ❑ It is recommended that staff who are helping children with toothbrushing are fully vaccinated against COVID-19 and wear a mask for additional protection.
- ❑ Ensure that each child has their own toothbrush and that it is clearly labeled with their name.
- ❑ Toothpaste should be dispensed onto a piece of wax paper before dispensing onto the toothbrush.
- ❑ Encourage children to avoid placing toothbrushes directly on counter surfaces.
- ❑ After brushing, toothbrushes should be thoroughly rinsed with water, allowed to air-dry, and store in an upright position so they cannot contact those of other children.
- ❑ Each child should have their own cup for rinsing after they finish brushing. Do not allow them to share cups.
- ❑ Stagger the use of communal spaces used for toothbrushing. Allow one cohort (or group) to complete brushing, and clean and disinfect the area before another cohort has access to the area.
- ❑ Ensure children and staff wash hands with soap for at least 20 seconds after brushing teeth.

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
Hygienic Toothbrushing in Group Settings
North Carolina Toothbrushing Guidelines
No Water Toothbrushing in Your Child Care Program Poster
Early Childhood Brushing Video

3.8 Playgrounds and Physically Active Play

In general, children and adults do not need to wear masks when outdoors. However, in areas of substantial to high transmission levels, people who are not fully vaccinated are encouraged to wear a mask in crowded outdoor settings or during activities that involve sustained close contact with other people who are not fully vaccinated.

When physically active play is held indoors, people who are not fully vaccinated should wear masks and maximize distance when possible.

Due to increased exhalation, some physical activities can put people who are not fully vaccinated at increased risk for getting and spreading COVID-19. Child care providers should consider the following things when planning physical activities:

- ❑ Setting of the activity- try to hold activities outdoors and consider the ability to maintain physical distancing.
- ❑ Number of people- the risk of spread increases with increasing number of participants.
- ❑ The risk of COVID-19 spread increases with the intensity of the physical activity.

- ❑ The risk of COVID-19 spread increases the more time participants spend in close proximity or in indoor group settings.
- ❑ The presence of people more likely or at higher risk to develop severe illness.

3.9 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

3.9.1 Arrival and Departure Procedures

Review your arrival and departure procedures and consider allowing for physical distancing, limiting the number of people coming in and out of the child care center. The strategies below may be considered dependent on the level of community spread of COVID-19 and the number of vaccinated staff.
Consider each of the following:

- ❑ Arrival and departure times are staggered and planned to limit direct contact with families as much as possible.
- ❑ 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.
- ❑ Parents/guardians are required to follow policies on masks wearing at drop off and pick up times.
- ❑ 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.
- ❑ 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
Caring for Our Children- Drop-Off and Pick-Up

Screening Protocols (Health Checks)

Child care programs may consider a daily health check for staff and for children. When ill or experiencing symptoms of COVID-19 staff and/or children should be directed to go home.

In addition, a child care center may choose a daily routine of a brief verbal health assessment as children are being dropped off that ask about any symptoms of COVID-19, exposure to someone with COVID-19, being tested for COVID-19 or diagnosed with COVID-19.

Resources
Caring for Our Children- Daily Health Check for Children
Caring for Our Children- Daily Staff Health Check

4. ECE Staff and Other Workers

- ❑ Older adults and people of any age who have certain underlying medical conditions might be at higher risk for severe illness from COVID-19.
- ❑ Employers should understand the potential mental strains for workers during the COVID-19 pandemic. When possible employers should educate workers on mental health awareness, share mental health resources, provide a supportive environment for workers coping with job stress and manage workplace fatigue.

Resources
People of any age are at an increased risk for severe illness from COVID-19

4.1 Emergency Operations Plans

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.
- ❑ 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 **(see page 6 for CDC's definition of close contact)** are generally recommended to quarantine for 7-14 days, as advised by their local public/tribal health authority.
- ❑ 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

5. Communicating with Families and Staff

5.1 Partner and Communicate with Families

Providers should actively contact families to discuss new policies and procedures.

- ❑ If children have not been in the child care center for some time, ensure that they 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

5.2 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.

- ❑ 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:
  - Caring for children in care during COVID-19, from the federal Office of Head Start.
  - Preventing and managing infectious diseases in Early Education and Child Care, free from the American Academy of Pediatrics.
  - 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 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

6. 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.

- AZ Health Child Care Helpline a free service available to child care centers, home-based providers and preschools to get questions and expert advice on health and safety during COVID-19. Helpline number 602-506-6767.

- Caring for Our Children a collection of national standards that represent the best practices, based on evidence, expertise, and experience, for quality health and safety policies and practices for today's early care and education settings. Includes modification of standards for COVID-19.

- CDC COVID Data Tracker a tool to view the level of COVID-19 transmission in your county.

- Head Start Forward: COVID-19 Health and Safety Supply List

- Head Start Forward: COVID-19 Health and Safety Checklist for Operating Head Start Programs