Welcome to the Ohio Department of Job and Services, Office of Family Assistance’s Best Practices Training for Family Child Care Providers.

The Ohio Department of Job and Family Services knows that child care providers work continuously at providing safe and healthy child care environments for the children in their care and for any family child care staff.

We appreciate that you are taking the time to participate in this training and learn about possible best practices for your program during this unprecedented time.

Please note that the information in this training is correct as of May 2020.
As you can see on our table of contents, this training will cover many topics.
Here are some commonly used acronyms in this training.
To learn suggestions for best practices to prevent the spread of COVID-19 in child care settings.

To be introduced to CDC and AAP best practice recommendations for child care programs.

To gain best practice tips which you may use in your child care programs.
At the end of this presentation are several resources slides because we want to emphasize the many great resources that exist for child care programs. This training was created with information from those resources.

We are mentioning resources at this point in the training because we know that information and recommendations regarding COVID-19 may change, and we want to stress the importance of using credible websites when you are looking for information.

The best practice recommendations and suggestions in this training are just that, recommendations and suggestions.

Again, the purpose of this training is for child care programs which are reopening to learn about and understand various best practice suggestions for their programs.

This is for you to consider as you reopen. Rules have to be followed but ideas in the training are to assist you in developing best practices and procedures that work best in your program. You may have developed other best practices for your program that are not mentioned in this training.

Remember as your program begins to plan that during this difficult time, you are not alone, and that as Helen Keller said, “together we can do so much.”
Covid-19 is a new coronavirus.

- Since it is new, people don’t have an immunity to the virus and everyone is susceptible.
- The virus is highly contagious.
- Some people may have mild illness, older people and people with chronic health problems are at a greater risk of becoming sicker.
- The majority of children who have tested positive for Covid-19 have either no symptoms or have mild symptoms.

Children and adults can be asymptomatic carriers of COVID-19.

Symptoms:

- Fever
- Cough
- Shortness of breath are the main symptoms
- Other symptoms include aches and pains
- Sore throat
- Loss of taste and loss of sense of smell

Source: American Academy of Pediatrics
As you begin to think about reopening your program, you need a game plan. I’m sure you’ve already been thinking about the steps you need to take before you reopen.

If you have been closed, what practices and systems do you need to put in place before you reopen?

If you were operating as a pandemic program, how will you transition from a pandemic program?

Taking time to plan will help make sure that your transition is a smooth one.

Taking proper steps to obtain additional supplies, update your communicable disease plan, update your parent handbook, and prepare additional spaces are just a few possible steps you may wish to consider taking before you reopen.

When you are considering what additional supplies you may need, remember to think about what supplies to clean, sanitize, and disinfect will you need. If your program is going to take the temperatures of children and staff, do you have thermometers? How many thermometers are needed?

The information we cover today is being shared to provide you with some suggestions as you plan and prepare for your reopening.
None of the suggestions in this training replace the current rules.

It is highly recommended to look at your current practices to determine if new best practices and systems need to be implemented when you reopen as a result of COVID.

This is not a rule training, this is a training on possible best practices.
Best Practice Recommendations for Indoor/Outdoor Space

“I shall find out thousands and thousands of things!”

-- Frances Hodgson Burnett, The Secret Garden
We are first going to discuss CDC recommendations regarding the indoor physical environment of your program and some possible best practices you may wish to do to change your physical space to help prevent the spread of COVID-19. You may consider strategies based on feasibility given the unique space and needs of your program. It is helpful to increase the space between children and between the children and the provider.

We understand that space arrangement helps to drive the successful operation of that space and know that you’ve already put a lot of work into making sure it is arranged so it best meets the needs of the children in your group. To assist with preventing the spread of COVID-19, you are encouraged to look at your physical arrangement again.

Consider how you could rearrange tables to maximize the space between children. Can you turn tables to face in the same direction (rather than facing each other) to reduce transmission caused from virus-containing droplets (e.g., from talking, coughing, sneezing)? Can you seat fewer children at each table? If you normally sat 4 children at a table, with two on each side, can you instead have one child per side, or add extra tables so there are only two children per table? Can you assign each child their own chair? One tip for a best practice is to have children measure the back of their chair and then create and decorate a name tag that they will attach to their assigned chair. Or perhaps a label with each child’s name could be attached to their chair.

Can workspaces such as tables where children color, craft, play with playdough, etc. be reconfigured or added to allow the children extra space while they do these activities? Can you stagger these activities to allow fewer children a greater space to work in? Consider ways to promote sensory play experiences by utilizing small individual bins instead of a shared sensory table to prevent cross contamination.

As you look at your physical environment, the CDC recommends eliminating clutter so you may clean and disinfect surfaces easily and more frequently. The CDC recommends that when is it safe, windows should be opened for fresh air.

And since it is difficult to disinfect carpet, could carpets be rolled up and stored? Or covered with mats that can more easily be cleaned and disinfected? Could each child be assigned a mat to sit on to help them better define their space? The mats could be labeled with the child’s name or could be color coded.
I’m sure you’ve considered how you display your toys and materials to include items that promote sharing and turn taking.

Now is the time to take a step back to see what might need changed. If there are toys or materials that children normally cluster around, consider limiting the number of children utilizing them at one time or rearranging them.

Many supplies such as crayons, scissors, play dough, etc. are typically shared by children. Think whether it is possible for each child to instead have an individual set of supplies that are also stored separately. A shower caddy or a decorated shoe box size plastic tub would be perfect for storing individual art supplies.

Consider whether you want to ask that parents and caretakers not allow children to bring items from home. Transitional items are very important to young children so pull out your bag of tricks to figure out how you can still meet their needs. Maybe a note from mom or a picture of mom with the child can be placed in their cubby.

If you previously had a show and tell day, you may need to change it to a draw a picture about an item and tell about it day.

Be creative in your approach. If you decide to allow items to be brought from home, you will want to consider disinfecting those items upon arrival.

Consider making sure that shared toys are those that may be easily cleaned and disinfected.
You already know that outdoor play is invaluable for you and the children. There are days when you’ve moved the entire day’s activities outdoors to take advantage of a teachable moment or to just enjoy the beautiful weather.

The CDC recommends that outdoor time be increased if possible.

If you have separate groups of children, can you stagger outdoor play time? Keep the groups from passing each other when they enter and exit the play area. Set a schedule which will prevent the groups from arriving and departing at the same time. Include time in between groups to disinfect.

Plan activities that limit physical contact and shared equipment.

Many programs have water play activities that they use in warmer weather. Programs could consider utilizing small individual bins instead of a shared sensory or water table to prevent cross contamination.

Providers should also evaluate other traditional outdoor activities, for example bubble blowing, and think if they cause additional exposure risks. Instead of having children blowing bubbles, they could use large bubble wands and twirl to make bubbles which requires more room and would encourage social distancing.

Another recommendation is to create a sanitation backpack that includes items such as cleaner, sanitizer, gloves, paper towels, and/or a small trash bag. This allows sanitizing after each group of children has utilized any shared equipment.
Best Practice Recommendations for Sleeping and Napping
The CDC recommends placing cots, cribs, and other acceptable sleep options such as couches and playpens a good distance apart (6 feet, if possible) with children facing head to toe at nap time.

You may also consider staggering nap times.
Best Practice Recommendations for Daily Schedule

“Let the wild rumpus start!”
-- Mauric Sendak, Where the Wild Things Are
If your children normally went to an area for circle time, remembering that bacteria with the virus may fall on the floor, could you come up with a different approach? Could the children sit in an area with hula hoops laid out for them to sit in that provide extra physical space per child?

What about quiet reading time? If space allows, could each child have a separate space that is created for them and is for their use only? Maybe you already limit the number of children in the quiet area. If not, you may want to consider that. This space could have soft materials for sitting on with covers that are easily removed for cleaning. If they previously sat on the floor for quiet reading time, could the children bring over their chairs to sit on instead of the floor and keep those chairs separated?
When you are creating best practices for your program, you may want to evaluate your dramatic play area. Are there toys which should be temporarily removed as they are more likely to be held close to a child’s face or mouth? Or do you have a way to allow the children to continue to safely use these items? Funny glasses, play phones, teacups, and pretend food are just some of the items which children are more likely to play with by putting near their faces or mouths. Of course, we all know children have wonderful imaginations, and are just as likely to use a plastic piece of race track as a pretend phone, so you may wish to tell children up front that they should try not to put the toys near their faces. A tip is to designate a “germ bin” for toys that get licked or mouthed, sneezed on, or contaminated. Doing this ensures immediate removal for proper disinfection. Another tip is to create a sanitation room, station, or area where toys and materials can be sanitized and prepared for rotation each day.

You may also want to think about your dramatic play items such as dress up clothes, puppets, and fabric toys. How will you appropriately clean these toys between children? You may wish to consider ways to rotate items from multiple categories to offer different items each day, such as one type of blocks, one type of dramatic play material, or one type of art material. This allows for materials to be sanitized while other are available for use.

You may plan to talk to the children early on and teach them about safe toy play. When you see a toy held close to a child’s face, gently remind them of the need to keep toys away from their face. When the child is finished with the toy, take appropriate steps to remove the toy from play until it may safely be cleaned and disinfected. In infant and toddler spaces where children are most likely to put items in their mouths, think about how you can ensure those items can be removed from the play space as soon as the child may be finished, then cleaned and sanitized. Can you put an empty bucket on the counter inaccessible to the children where these toys can be quickly placed and then cleaned and sanitized later?

You may already have some of these best practices in place in your program. That’s wonderful! The staff and children already know what to do.
Non-related children should sleep at least 6 ft apart, if possible. Again, you may also want to consider having the children sleep head to toe.

The American Academy of Pediatrics recommends that tooth brushing at child care programs be suspended at this time, however, if you are an overnight program, the importance of teeth brushing before bedtime is such that you may still have children brush their teeth before bedtime, but you will want to implement procedures for doing so that reduce possible spread of the virus.

As for laundry:

- Change bed linens when soiled with bodily fluid.
- Do not hang towels and washcloths together.
- Each child should have a separate space to safely store their clean and soiled clothing and personal belongings.
Best Practice Recommendations for Limiting Interaction

“Hey, we're making music twice as good by playing what we've got!”

--Shel Silverstein
There are several CDC recommendations you may wish to consider to limit your group’s interactions outside of the immediate group if you have more than one group of children in care.

You may want to think about how to implement multiple social distancing strategies. Select strategies based on your program’s feasibility given the unique space and needs of the program. Not all strategies will be feasible for all programs. For example, implementing social distance strategies can be particularly challenging for some programs. Family child care providers are encouraged to think creatively about all opportunities to increase the physical space between children.

The CDC recommends programs consider cancelling large gatherings and events such as family events and parent get-togethers.

Programs may wish to evaluate any routine trips to see if they may be conducted safely. Field trips are discouraged at this time. Licensed family child care providers should follow all guidelines set by the Governor of Ohio and/or the Director of the Ohio Department of Health regarding any trips. Can you maintain appropriate social distancing and hygiene, and maintain required group size. How would you ensure your vehicle is sanitized before and after transport?

Something else to consider when you are developing your best practices, is, if you transport children, how will you ensure your vehicle is sanitized before and after transport?

Another recommendation from the CDC that programs may wish to consider is limiting the presence of volunteers and outside visitors. You may wish to limit parent/caretaker access to your program and you may choose to require parents/caretakers to wear masks if or when they enter your program. One tip for family child care providers that previously invited grandparents or other relatives to stop by and read a book to the children as a “guest reader” is to have the guest readers record themselves reading and then play the recording to the children, or have them have an electronic meeting with the children where they read a story and answer questions from the kids.

Limit cross-program transfers for special programs. For example, if your program transported children to a library program, can the children instead share in this experience virtually?
According to the CDC, stable groups should be maintained as much as possible. The CDC recommends the same provider should care for the same group of children each day.

When possible, siblings should remain together. Remember however that appropriate staff to child ratios must still be maintained.

When possible, the CDC recommends programs consider keeping children of the same employer together, when possible.
Best Practice Recommendations for Emergency Operations Plan
Your program may wish to request parents and caretakers update their JFS 01234, “Child Enrollment and Health Information for Child Care” especially the emergency contact information. This is especially important as many parents may have changed employment during this time.

You should also consider reviewing and testing those emergency contacts listed on the JFS 01234.

You may wish to review your procedures for sharing information with your staff and the children’s parents or caretakers. If you update your plan, be sure to communicate the changes with your families and staff.
Best Practice Recommendations for Caring for Infants and Toddlers

“A person’s a person, no matter how small.”

--Dr. Seuss
It is not possible to comfort and care for toddlers and infants from a distance. Infants and toddlers need held.

The American Academy of Pediatrics recommends providers obtain smocks or protective barriers that you may change when needed. These smocks can be simple long sleeve shirts worn backwards. You may wish to consider whether you want to wear a different color smock or protective barrier assigned for when they hold each child. For example, when you are holding and feeding Zoe, you would wear a green smock, but when holding and caring Selina, you would wear a blue smock.

The American Academy of Pediatrics also recommends gloves be worn when feeding bottles. Gloves should be changed between feedings.

Earlier, we talked about assigning chairs to specific children. Your program may wish to evaluate the equipment it uses for infants and toddlers to see if it is possible to assign equipment to specific children and how it would do so. For example, if your program uses bouncy seats for infants, do you have enough to label and assign the seat so each infant uses their own assigned bouncy seat? If not, you may wish to plan for how you will clean the equipment between use.
Best Practice Recommendations for Meals and Snacks
You probably already have a pretty good routine down in your program for food preparation and eating that includes handwashing and sanitizing. After all, kids can be messy eaters and as child care providers you are always ensuring a clean and sanitary space for your kids.

The CDC recommends:
- Continue to follow rules for sanitizing surfaces prior to eating.
- Providers should ensure children wash hands immediately after eating.
- Programs should continue to follow all federal, state, and local regulations regarding safe food preparation and handling.
The CDC recommends when possible, seat children further apart during mealtimes (6 ft if possible). We understand this may be difficult, especially in a family child care setting. Can you space the tables further apart? If you cannot seat children farther apart, would staggered eating times be a feasible option for your program?

Family style service and having children engaged in setting the table have become a daily practice in child care. The CDC recommends plating each child’s meal and then serving it and not allowing the children to serve themselves. They also recommend that children not be allowed to set the table or to pass the food to each other.

Another recommendation from the CDC to consider is that providers wear gloves when serving food. This includes bottle feeding. Some programs may already have this practice implemented in their program.

Plan for ways that meal time can still be a fun time with lots of conversation.
Family child providers should continue to follow all rules regarding cleaning, sanitizing, and disinfecting, but we do want to discuss some of the best practice recommendations for cleaning.

“When life throws you a rainy day, play in the puddles.”

– Pooh Bear
I mentioned earlier that child care providers are very good about cleaning and sanitizing. The CDC has identified some items that you may want to include, if you haven’t already.

CDC guidelines recommend that programs intensify their cleaning and disinfecting.

Many programs have asked about whether a professional “deep cleaning” of their programs is required prior to reopening.

The CDC does not think it is necessary for a professional extra “deep cleaning” to be done. The CDC recommendations are that programs clean and sanitize all areas nightly and that areas used by more than one group of children are sanitized between different group’s use. This might include the playground, indoor large motor area, common use space, and shared bathrooms.

The CDC recommends programs clean and disinfect surfaces and objects that are frequently touched and not ordinarily cleaned daily for example doorknobs, light switches, classroom sink handles, and countertops.

And, as we discussed earlier, which you are likely already doing, the CDC recommends objects which a child has place in their mouth should be removed from play until they may be safely cleaned and disinfected.

The CDC recommends cleaning with the cleaners typically used that meet the rule requirements. Use all cleaning products according to the directions on the label. For disinfecting most common surfaces EPA-registered household disinfectants should be effective. A list of products that are EPA-approved for use against the virus that causes COVID-19 is available through the EPA and a link is provided on the resources page.

It is also recommended by the CDC that EPA-registered disposable wipes be used for to wipe down commonly used surfaces such as keyboards, desks, and remote controls before use.
As we mentioned when we talked about preparing a game plan, think about your program’s need for an adequate supply of cleaning supplies based upon the plan you create.

Please remember that one of the most important items regarding cleaning is that cleaning products must be safely stored.

The CDC reported that calls to US poison centers about cleaner and disinfectant exposures increased by 20% from January to March of 2020, compared to similar periods in 2018 and 2019.

Please remember to follow safe practices and rule requirements when you are cleaning.

https://www.cdc.gov/mmwr/volumes/69/wr/mm6916e1.htm
Because we have talked so extensively about disinfecting, I wanted to provide the following six steps for safe and effective disinfectant use from the EPA.
I am not going to take the time to read the slide, but I do want to point out the EPA website in step one where you may check to see if the product you are using is on the EPA's list of approved disinfectants.

And here is the rest of the document. Again, I won’t read the slide, but these are best practices from the US EPA regarding safe disinfectant use.
Best Practice Recommendations for Keeping Providers Safe
The best way to keep yourself and your staff safe is to continue following the existing child care cleaning and sanitizing requirements and to think about adding the following recommendations from the American Academy of Pediatrics that are not already part of your normal routine:

- Keeping staff to child ratio as low as possible.
- Make sure you are routinely washing your hands and the children’s hands.

Use respiratory etiquette:
- Cough into your sleeve or tissue. If you use a tissue, discard it instead of putting it in a pocket, wash your hands after you touch a tissue.
- Clean and then disinfect surfaces.

Again, the CDC and the AAP recommend providers should not provide care for children when they are sick or when their own children are sick. FCC providers should make sure that parents understand that they need to have a backup plan for care incase their provider is not able to provide care. This can be difficult. We know that COVID-19 symptoms may be mild for some people, but it is important that when you are sick or your child is sick that you eliminate contact with others to prevent the spread.
The American Academy of Pediatrics recommends the use of personal protective equipment including facemasks, shields and gloves to keep providers safe. If your program uses PPE, it should be changed frequently and when needed.

They also recommend as a best practice that gloves should be used for cleaning, should be used for preparing food, and may be used for diapering. Gloves should be change when necessary.

We will talk later in the presentation about proper fit and care of face masks.
We know you’ve heard a lot about handwashing, but as it is very important, we are going to cover some suggestions for best practices.

The CDC recommends programs increase hygiene practices and handwashing during the day. Recommendation that hands should be carefully washed with soap and water for at least 20 seconds. You may want to set an egg timer as a fun way to let the children know how long 20 seconds lasts or have them count to 20.

There are also many 20 second songs that the children may sing as they wash their hands such as Happy Birthday, Mary Had a Little Lamb, Baa Baa Black Sheep, On Top of Old Smokey, etc.

There is a video created by the CDC that can be used as a review for staff on handwashing and hygiene practices. A handwashing video for children created by Sesame Street, the Washy Wash Song/How to Wash Your Hands if a fund video for young children. The links are included on the slide.

https://www.youtube.com/watch?v=yQn0z6xa8II&list=TLPQMTIwNTIwMjAye98QK66jBA&index=1

https://www.youtube.com/watch?v=LWmok9avzr4&feature=youtu.be
Best Practice Recommendations for Drop Off and Pick Up

"If you are a dreamer, come in,
If you are a dreamer, a washer, a liar,
A hope-er, a pray-er, a magic bean buyer...

If you're a pretender come sit by my fire
For we have some flax-golden tales to spin.
Come in!
Come in!"

— Shel Silverstein
The guidance from the CDC is that contact should be minimized at drop off.

- Parents/ caretakers should wear a mask at drop off
- Your program will choose how it limits contact at drop off.

Some suggestions are:

- Staggering the times people arrive and drop off their children.
- Infants could be transported in their car seats. Store car seat out of children’s reach.
- Use tape or chalk to designate spaces for the children and parent or caretakers to wait that are at least 6 feet apart.

If possible, greet the children at the door and limit greeting older children and adults with hugs or handshakes. Some alternative recommendations are having a light foot touch instead, or each person giving themselves a self hug.

Another best practice recommendation is to only allow one parent or caretaker to drop off and check in the child or children. And, ideally, the same parent or designated person should drop off and pick up the child every day. If possible, older people such as grandparents or those with serious underlying medical conditions should not pick up children, because they are more at risk for severe illness from COVID-19.

Another best practice recommendation your program may wish to consider if you have additional staff and if proper supervision and guidance of the children permits, is curbside drop off. This may require having the parent or guardian to call you when they arrive.
Some suggestions are:
If possible, place sign-in stations outside.

If you are a publicly funded program using the Time, Attendance and Payment (TAP) system, encourage parents or caretakers to sign the children in and out with their own smart phones when possible.

If you have the TAP system or another computer system used for signing children in and out, then you are going to have multiple people using it. It is recommended that you disinfect it between use. We have included a link to a detailed document on how to clean and disinfect your TAP tablet on the slide.

One tip is to wrap the tablet in a layer of plastic wrap so that you may quickly disinfect it between use. Remember that it is important to make sure that the camera on the tablet is functional.

If your program has parents sign the children in and out on a written record, you may instead choose to do that yourself, or to keep one cup with pens that have been disinfected and one for pens that have been used so they may be disinfected before being used again. You can also request that parents bring and use their own pens for signing in and out.

Ensure children wash their hands before departing for the day.
As with drop off, the guidance from the CDC is that contact should be minimized pick up, and again, your program may want to evaluate what is feasible for it to do to minimize that contact.

Your program will choose how it limits contact at pick up.

I will not read through all the bullets as they are similar to the drop off suggestions, but I will call out a few, and again these are best practice recommendations.

Parents/caretakers should wear a mask at pick up.

Avoid hugging the older children or family members as they leave.

Ideally, the same parent, caretaker, or designated person should pick up the child every day.

And as we mentioned when we discussed dropping children off, curbside pick up is another best practice recommendation your program may wish to consider if you have additional staff and if proper supervision and guidance of the children permits.
The CDC recommends hand hygiene stations should be set up at the entrance of the child care program, so that children can clean their hands as they enter. Washing with soap and water is definitely preferred, but if a sink with soap and water is not available, provide hand sanitizer with at least 60% alcohol where the children are signed in.

Keep hand sanitizer out of children’s reach. It’s recommended that if hand washing is not available, and hand sanitizer is used, it should be distributed by the parent/caregiver or provider and it’s use should be supervised.

Again, best practice preference is to wash with soap and water if that is not done and hand sanitizer was instead used. Hands should then be washed when the children are completely inside the home.

TIP: Hand Sanitizer should be kept up high and administered by staff or an adult.
Another possible best practice recommendation is that children and staff either change shoes upon arrival to a pair of shoes designated for child care that are worn only inside the program, or that shoe coverings be provided upon arrival.
The next best practices topic is screening.
The CDC recommends children and staff should have a health screening upon arrival. Again, best practice recommendations are that non-essential visitors be limited, but if visitors are allowed into your program, the recommendation would be to also screen any visitors. This would include screening any parents/caretakers that enter your program.

The purpose of the screening is to slow the spread of disease by excluding children and any staff that have signs of an illness. The CDC also recommends that programs should encourage parents to be on alert for signs of illness in their children and to keep them home when they are sick.

As part of your screening process, you may want to talk to the child and parent about how they have been feeling and if anyone else in the family is sick.

Providers and staff should protect themselves while conducting screenings. You may use physical barriers to eliminate or minimize exposures due to close contact to a child during screening or incorporate social distancing (maintaining a distance of 6 feet from others) when possible.

Screening is another method programs may use to help parents/caretakers feel comfortable.
The CDC has three examples of best practice screening methods which may be used. Programs may wish to consider all three and consider the feasibility of implementing a screening process into their daily routine.

The first best practice involves reliance on social distancing.

Ask parents/caretakers to take their child’s temperature either before coming to the facility or upon arrival at the facility. Upon their arrival, stand at least 6 feet away from the parent/caretaker and child.

Ask the parent/caretaker to confirm that the child does not have a fever, shortness of breath or cough and that no fever-reducing medication has been taken in the last 24 hours.

Make a visual inspection 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.

With this method, a provider will have minimal physical contact with the child during the screening and would not need to wear personal protective equipment if they can maintain a distance of 6 feet.
The second example is a reliance on barrier/partition controls.

The provider will stand or sit behind a physical barrier, such as a glass or plastic window or partition that can serve to protect the staff member’s face and body from transmission of respiratory droplets that may be produced if the child being screened sneezes, coughs, or talks. If you have a storm door, the storm door (providing it is not a screen) could act as the physical barrier.

Make a visual inspection 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.

Conduct temperature screening (follow steps below).

- Perform hand hygiene.
- Wash your hands with soap and water for 20 seconds. If soap and water are not available, use a hand sanitizer with at least 60% alcohol.
- 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 in between each check.
- If you use disposable or non-contact (temporal) 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.
Three Methods:
- Social Distancing
- Barrier/Partition Controls
- Personal Protective Equipment

The third example is a reliance on personal protective equipment or what is referred to as PPE.

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. However, reliance on PPE alone is a less effective control and more difficult to implement, given PPE shortages and training requirements.

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 or smock could be considered if extensive contact with a child is anticipated.

The provider would make a visual inspection 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.

The provider would then 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 or adult, and that the thermometer has been thoroughly cleaned in between each check.
- If you use disposable or non-contact (temporal) thermometers and did not have physical contact with an individual, 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 person. You can reuse the same wipe as long as it remains wet.
- After each screening, remove and discard your PPE, and wash hands.
- Use an alcohol-based hand sanitizer that contains at least 60% alcohol or wash hands with soap and water for at least 20 seconds.
- If hands are visibly soiled, soap and water should be used before using alcohol-based hand sanitizer.
- If you do not have experience in using PPE, there are recommendations on the CDC website for putting it on and taking it off.
Best Practice Recommendations for Temperature Taking
Children and Staff
The American Academy of Pediatrics suggests that programs that are considering whether to ask parents or caretakers to take children’s temperatures should consider the following:

- Does the family have access to a good, working thermometer?
- Some families may not have a working thermometer but may be embarrassed to say so and it may be difficult for them to obtain one at this time.
- Does the parent or caretaker know how to correctly use the thermometer?

Anyone who has tried to take the temperature of a fussy child knows how difficult it can be. It is also possible to misread the numbers, and some people don’t know what the threshold for a fever is.
Let’s say, that as a best practice, your program decides to use a social distancing screening method where you ask parents/caregivers to check their child’s temperature upon arrival and report it to you when they arrive. What else might you want to do?

When the parent/caretaker arrives, request they remain 6 ft away.

Ask the parent to also confirm the child does not have other symptoms such as shortness of breath or cough and that no fever-reducing medication has been taken in the last 24 hours.

Make a visual inspection 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.

Remember, if your program chooses a social distancing method of screening, there will be minimal physical contact with the child during the screening and would not need to wear personal protective equipment (PPE) if they can maintain a distance of 6 feet.
Thermometers:
- Non-contact thermometers
- Axillary digital thermometer
- Oral digital thermometer with disposable probes

There are several types of thermometers.

What is important is that you follow the manufacturer’s instructions for use of the thermometer and that you properly clean the thermometer according to the manufacturer’s guidelines between after each use.

Temperatures may be taken axillary (armpit), orally, or other.
It is important to remember to follow manufacturer’s guidelines regarding taking temperatures.

Obviously, how to use and how to clean and sanitize the thermometer depends on the type of thermometer.

In general, for an accurate reading, the American Academy of Pediatrics recommends the person should not have taken medicine which may lower temperature such as acetaminophen, ibuprofen, or aspirin the person should not have had anything to eat or drink, or have been exercising within the previous 30 minutes.

A tip is that if you have a concern about whether a temperature reading was accurate, take it later after low key activities and no food or drink consumption.

When using a digital thermometer:
- Turn the thermometer on by pressing the button.
- Hold the tip of the thermometer under the tongue until it beeps (do not bite the thermometer).
- Read temperature.
- Clean the thermometer with soap and water and dry it safely between use.
Best Practice Recommendations for Communicable Disease Plan
Consider reviewing and updating your communicable disease procedures (including implementation of social distancing measures). You may wish to include information regarding what your program will do if it notes a high rate of absenteeism in children, for example close for a day for extra cleaning and disinfecting. Do you need to add more detail around what plan will be followed if a staff member or child becomes ill.

Any review and update of your communicable disease plan may be done in collaboration with your local health department.

One suggestion is that your program practice any rapid response plan it creates regarding what will happen when a staff member or child becomes ill. Practicing a plan, just as you practice fire drills, will help it run smoothly if it needs to be implemented.
If a child or staff member becomes sick during the day, the CDC recommends exclusion if they have a fever and/or dry cough and shortness of breath. One of the most important parts of preparing your program for reopening involves planning to be able to isolate a child or staff member who becomes sick during the day. You already have this plan in place. Now is time to reevaluate it to see if the plan still works.

If child or staff becomes ill during the day isolate them in a separate room or space.

If the staff member is able to leave the program on their own, they should immediately do so. Your program must have a plan so that required staff to child ratios are still maintained if a staff member becomes sick. If the staff member is unable to safely leave the program on their own, they should be isolated, and their emergency contact should be contacted to take the staff member home.

The CDC recommends that when a child meets the COVID-19 CDC exclusion criteria that programs should immediately:

- Isolate the child in a separate room or space.
- Put a mask on the child, if possible. Again, children under the age of 2 should never wear a mask.
- Staff staying with the ill child should wear a mask and protective clothing.
- Wash hands often.
- Ask parent/caretaker to come immediately to pick-up the ill child.
Best Practice Recommendations for Exclusion

Children and Staff
The CDC recommends anyone, which would include children, staff, parents or caretakers, or any other visitor with the following symptoms should not be admitted to the program:

- Anyone who has a fever
- Dry cough
- Trouble breathing or shortness of breath
Best Practice Recommendations for Masks
Children and Staff
What is the purpose of a face mask? The American Academy of Pediatrics and the CDC recommend adults and children should wear a cloth face covering that covers their nose and mouth when they are in the community or when they are in a situation where it is difficult to maintain a social distance of 6 feet.

Your program may choose to have the children, again only those children who it would be safe to do so, wear a cloth mask in your child care program as it will be difficult to maintain a distance of six feet between the children and between the children and staff.

The reason to wear a mask is to catch droplets which could be infected with COVID-19 before they reach the air. Wearing a mask does not protect the wearer from droplets in the air spread by another person or child.

A cloth face covering prevents the spread of the virus from the user to another person. It also prevents the user from touching their nose and mouth.

A mask does not protect the wearer from droplets in the air spread by another person or child.

Masks worn may be cloth coverings.
An important item to note regarding masks, is that health experts, including Nationwide Children’s Hospital, the American Academy of Pediatrics, and the CDC recommend that masks should never be worn by a child under the age of two or by anyone, children or staff, who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance. Programs may wish to be sensitive to children who have breathing issues.
If your program chooses to require masks for those who may safely wear them, proper fit and wear is key.

How should face masks be worn?
It is important that cloth face coverings worn by the children and the staff should:
- Fit snugly but comfortably against the side of the face
- Fit over the nose and mouth and secure under the chin
- Not tie behind the head
- Be secured with ear loops
- Not tie behind the head of a child
- Be removed during nap time
- Include multiple layers of fabric
- Allow for breathing without restriction
- Be removed if there is a chance for harm or strangulation
- Not be worn around neck or on forehead
When masks are put on or taken off, they should be only handled by the ear loops. The cloth part of the mask should not be touched. If the masks are folded, the outside corners should be folded together.

Hands should be washed before the masks are put on or removed.
Cleaning Masks:

- Masks should be replaced/cleaned when moist or contaminated.
- Be able to be laundered and machine dried without damage or change to shape.
- Store in a sanitary container until worn again.
What masks do not prevent:
A mask does not prevent droplets in the air from landing by or in the person’s eyes or getting through the mask.

Children may not be able to reliably wear, remove, and handle masks.
Some children may touch their face more when they wear a mask.
Some children may take their masks on and off.
It is therefore important to teach the children about safely wearing their masks.

As we discussed earlier when we talked about outdoor play, children should not wear masks when they are engaged in vigorous physical activity.

One tip is to assign each child a different color mask, or to have them personalize their mask so that if masks are taken off during outdoor activity, the each child is easily able to easily know which mask is theirs.
Again, a CDC best practice recommendation is that parents and caretakers wear cloth masks at drop off and pick up. If your parents or caretakers need masks for themselves, there are many YouTube videos which teach them how to make simple cloth masks. Let’s quickly watch one with US Surgeon General, Dr. Jerome Adams. Play video https://www.youtube.com/watch?v=tPx1yqvJgf4

Just remember, it is important that face masks fit correctly. Parents may have to make a few before they get one that works well for them.

Parents can also find YouTube videos from the CDC (they have their own channel) on making bandana face masks, sewing face masks, and taking on and off Personal Protective Equipment.
Best Practice Recommendations for Staff Training

“When a child loves for a long, long time, not just to play with, but REALLY loves you, then you become Real”

-- Margery Williams, The Velveteen Rabbit
If you have staff as part of your program, you will want to consider whether there is additional training or refresher training suggested for staff based on your game plan.

The AAP and the CDC recommend that your program take the temperature of every staff member and child attending your program as part of a screening process. You may need to train your staff or provide a refresher on how to properly take a temperature.

Other training your program may wish to consider includes:
- Training on the symptoms of COVID-19.
- Training on new rules.
- Training on any new procedures for your program.
- Training on any new communications methods for staff and families.

The American Academy of Pediatrics recommends teaching and/or reinforcing healthy hygiene practices with staff members.

Programs may wish to train staff on healthy hygiene practices so they can teach these to children. Healthy hygiene practices that programs may want to train or retrain their staff on include handwashing strategies that include washing with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing.

The CDC offers several free handwashing resources that include health promotion materials, information on proper handwashing technique, and tips for families to help children develop good handwashing habits.

Ensure adequate supplies (e.g., soap, paper towels, hand sanitizer, tissue) to support healthy hygiene practices.
Best Practice Recommendations for Communications with Families
An AAP best practice recommendation is that programs communicate information to parents and caretakers about the changes they have implemented to their program prior to reopening. A tip is to provide the parents with an explanation that includes a visual description, by emailing them a video of the new procedure or creating a document with pictures. If your program decides to require parents and caregivers to wear masks, you could also share videos, like the one we watched earlier, that teach parents and caregivers how to make masks for themselves.

As we discussed under the previous section regarding emergency operations, it is also important to make sure you have updated contact information for all the children in care.

Another important recommendation for when you communicate with your families is to make sure they have back up care plans for when their children are ill, or if the program is unable to care for their child for any reason.
You already communicate daily with your families as part of your normal routine. Communication is going to be key in the successful implementation of your new procedures. Additionally, continue to let them know how their children are doing, let them know what their daily activities are, and let them know what your program is doing to keep them safe.

Remind families that while you are staying a safe social distance from them, you still want to be connected with them in safe ways.

When you communicate with your families, the American Academy of Pediatrics recommends that programs encourage their children’s parents and caretakers to make and keep regular well-child appointments. Some of the visits may be done through telehealth.

Continue to maintain open communication with parents. You may choose the method that works best for you and your families. Some examples are by phone, facetime/video, zoom meetings or other electronic meeting method.

Remember however that all parents may not have access to internet availability so think what works best and be adaptable.
One final best practice recommendation for programs is to let your families know about the resources that exist for parents who may be struggling with COVID-19 issues.

The Ohio Department of Health website has tips for talking with kids about COVID-19, coping with COVID-19 anxiety, and tips for parents in general.

And if parents need job services, food or cash assistance, please direct them to the Ohio Department of Job and Family Services.
Consider the Transition

“You have been my friend. That in itself is a tremendous thing”

--E.B. White
Charlotte's Web
You’re probably considering how you can help the children with their transition back into your program. Some of your kids have been home for several weeks. Coming back might cause some anxiety or fear, similar to the first day they came to your program.

Think of ways you can help them with this transition:

- Email the children
- Make a video telling them how excited you are they are coming back and highlight some of their favorite things that you can’t wait to do with them

On their first day, pull out your back of tricks that you’ve used a million times already to help them transition back in.

- Make welcome back signs
- Have celebrations in your classrooms
- Remember to talk about home, what they’ve been doing and what they’ve looked forward to doing upon returning to the program

You may need to re-establish routines. they have been home for a while and they may have forgotten and you are probably changing some things too. Talk to them about what’s new in your room so they can prepare for those changes. Remember to give reminders and time to finish up an activity before you transition within the classroom too.

This has all probably been a little hard for them to understand, after all it’s grown up stuff. They need your reassurance, your smiles and excitement to help them.
On this slide are links to CDC resources which have printable 8 ½ size posters that you can print such as how to wear a mask.


On this slide, are links to several specific CDC pages.


https://www.cdc.gov/handwashing/when-how-handwashing.html

https://www.youtube.com/watch?v=LWmok9avzr4&feature=youtu.be


You may wish to share these resources with your staff and families to help them understand COVID-19 and steps they can take to protect themselves.


https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2


http://emanuals.jfs.ohio.gov/index.stm
Again, additional resources. There are many health and education professional organizations which have helpful resources your program can use or share, such as the American Academy of Pediatrics, the National Child and Adult Care Food Program, and even Sesame Street.

As always, another important reference is the Ohio Department of Job and Family Services’ child care website.


https://cacfp.ispringcloud.com/acc/a6v1jvU0NDYzOA/s/44638-uWjzs-d0E7Q-6puDA

https://www.youtube.com/watch?v=Xa_qNH8u3OM

https://www.youtube.com/watch?v=LWmok9avrr4&feature=youtu.be
If you have any questions regarding this presentation, please contact your licensing specialist.
Thank you for attending this training regarding best practices recommendations for child care programs as they re-open in Ohio.

ODJFS knows and appreciates the conscientious work child care providers do every day to protect children and to keep them safe and healthy.

Remember, “We are all in this together, Ohio!”