

The logo features the text 'AFSCME' in large, bold, white letters on a blue background. Below it, 'Health & Safety Fact Sheet' is written in a white, sans-serif font. To the right, there is a stylized graphic of a star with several curved lines trailing behind it, suggesting motion or a comet. The background is split into a blue top half and a green bottom half.

AFSCME

Health & Safety Fact Sheet

Re-Opening Childcare Programs: A Health and Safety Checklist June 4, 2020

For childcare programs that are open during the pandemic or re-opening, it is necessary to mitigate the risk of spreading of SARS-CoV-2, the virus that causes COVID-19. The following guidance is designed to maintain health and safety practices and physical distancing directives while providing needed services.

Childcare Providers

Evidence shows that some people are at higher risk of developing severe illness from COVID-19. If you fall in any of these vulnerable groups and decide to continue working, please consult your medical provider at your earliest convenience:

- Adults 65 years of age and older.
- People who have serious underlying medical conditions like:
 - Heart disease.
 - Diabetes.
 - Lung disease.
 - Pregnant women.
 - HIV.
 - Underlying immune disorders or compromised immune systems.

If individuals have specific questions about their own health conditions, they should contact their medical provider before providing childcare.

Preparing to Re-Open

- Stay informed about the local COVID-19 conditions.
- Update emergency contact lists for families, staff and key resources, and ensure the lists are accessible in key locations in your program.
- Create a communication system for staff and families for self-reporting of symptoms and notification of exposures and closures.
- Communicate with staff about expectations for modeling respiratory etiquette, physical distancing, wearing cloth facial coverings, refraining from touching their face, staying home when sick and supporting staff who need to take care of sick family members. Close all common areas, such as break rooms and cafeterias (excluding restrooms).

- Hold staff meetings and trainings remotely, either online or by telephone, not in person.
- Communicate with families about COVID-19. Provide updates about changes to your policies or operations. Use all communication channels available to you, including electronic communications and remote parent meetings, to share updates.
- Take steps to ensure that all water systems are safe to use after a prolonged facility shutdown to minimize the risk of Legionnaires' disease (a serious type of lung infection caused by bacteria) and other diseases associated with water.
- Ensure you have all the needed supplies to support cleaning and disinfecting and hand hygiene, such as soap and alcohol-based hand sanitizers.

Curbside Drop-Off and Pick-Up

- Signs must be posted at all entrances clearly indicating that no one may enter if they have symptoms of respiratory illness. In addition, post signs marking Entry and Exit routes.
- Ideally, the same parent or designated person should drop off and pick up the child every day. If possible, older people such as grandparents should not pick up their children because they are more at risk for serious illness.
- Parents and designated persons who are self-quarantining due to close contact with a COVID-19 positive individual should NOT do drop-off or pick-up.
- Consider staggering arrival and drop off times to limit direct contact with parents as much as possible.
- Hand hygiene stations could be set up at the entrance of the facility; or the entrance process could be rerouted through a different entrance nearest the sink, so that children can wash their hands before they enter, or immediately upon entry into the facility.
- Infants could be transported in their car seats. Store car seats out of children's reach.

Check- In Health Screening

Ask parents to take their child's temperature either before coming to the facility or upon arrival at the facility. Upon their arrival, stand at least six feet away from the parent and child. Designate one worker to conduct the health screenings.

- Conduct a health screening at Check-In for the child(ren) and staff upon arrival each day. Health screening should occur upon entrance and near sink:
 1. Have they been in close contact with a person who has COVID-19?
 2. Do they feel unwell with any symptoms consistent with COVID-19?
For example, have they had a cough, high temperature, shortness of breath, difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat or new loss of taste or smell?
- Wash hands for 20 seconds using soap and water.
- Staff should wear a cloth facial covering, eye protection and a single pair of disposable nitrile gloves.

- Conduct Temperature Screening: *Please note that a sign of a fever should not be used alone to confirm illness. A study showed that of those admitted to the hospital for COVID-19, only 50% had a fever upon admission.*
 - Use non-contact thermometers. If the screener did not have physical contact with a child, gloves do not need to be changed before the next check. If non-contact thermometers are used, they must be cleaned routinely. Clean them with an alcohol wipe between each use.
 - A no-contact thermometer is held one to six inches from the forehead and is scanned across the forehead to obtain a reading.
- Make a visual inspection of the child for signs of infection, which could include flushed cheeks, fatigue, extreme fussiness, etc.

The following symptoms chart¹, which reflects current knowledge of COVID-19, can help you differentiate between common illnesses:

Symptoms	COVID-19	Flu	Cold	Allergies
Cough	Often	Often	Sometimes	Sometimes
Fever	Often	Often	Rarely	Never
Body aches	Often	Often	Rarely	Never
Shortness of breath	Sometimes	Sometimes	Rarely	Rarely
Headache	Sometimes	Often	Sometimes	Sometimes
Fatigue	Sometimes	Often	Sometimes	Sometimes
Sore Throat	Sometimes	Sometimes	Sometimes	Never
Loss of taste or smell	Sometimes	Rarely	Rarely	Rarely
Diarrhea	Sometimes	Rarely	Never	Never
Chest Pain or Pressure	Rarely	Rarely	Never	Never
Runny Nose	Rarely	Sometimes	Often	Often
Sneezing	Rarely	Sometimes	Often	Often
Water Eyes	Never	Never	Never	Often

Children Who Become Sick

- If a child’s symptoms begin while at the childcare program, the child must be sent home as soon as possible. Keep sick children separate from other children and limit staff contact as much as reasonably possible, while ensuring the safety and supervision of the child until they leave.
- If COVID-19 is confirmed in a child or staff member:
 - Close off areas used by the child or staff member who is sick.
 - Open outside doors and windows to increase air circulation in the areas.
 - Wait up to 24 hours before cleaning or disinfecting to allow respiratory droplets to settle before cleaning and disinfecting.
 - Clean and disinfect all areas used by the child or staff member who is sick, such as offices, bathrooms and common areas.

¹ Minnesota Department of Health. Is it COVID-19?
<https://www.health.state.mn.us/diseases/coronavirus/materials/isitcovid.pdf>

- If more than seven days have passed since the child or staff member who is sick visited or used the facility, additional cleaning and disinfection is not necessary.
- Communicate with staff and parents or caregivers with general information about the situation. It is critical to maintain confidentiality.
- Anyone diagnosed with COVID-19 or awaiting test-results should self-isolate until:
 1. There have been three full days of no fever without the use of fever-reducing medication and other symptoms have improved, **AND**
 2. At least **10** days have passed since symptoms first appeared.
- People with a temperature greater than 100.4 F must be sent home until they have had no fever for 72 hours without the use of fever-reducing medications (e.g., Advil, Tylenol).
- Providers should change button-down shirts if there are secretions on it. Also, encourage staff to wear long sleeved shirts and bring an extra change of clothing to keep on site for clothing that might become soiled.
- Providers should wash their hands, neck and anywhere touched by child's secretions.
- Contaminated clothes should be placed in a plastic bag or washed in a washing machine.
- Materials, toys and furniture touched by a child who is sent home should be thoroughly cleaned and disinfected.

Facemasks

All staff should wear cloth facial coverings while providing care. CDC recommends cloth facial coverings in settings where other physical distancing measures are difficult to maintain. Parents or guardians doing drop-off and pick-up should wear cloth facial coverings. Facemasks are not respiratory protection. Facemasks do not filter out any particles in the air when you breathe. Facemasks are intended to control the large droplets when someone sneezes, speaks or coughs from going into the environment.

Cloth facial coverings for children are recommended for children over two years old:

- It is appropriate for children to wear cloth facial coverings when children can properly put on, take off and not touch or suck on the covering.
- CDC recommends no cloth facial coverings for children under two years old.
- Children who have a medical reason for not wearing a cloth facial covering must not be required to wear one.

Social Distancing Strategies

Physical distancing is the best way to slow the spread of the virus, although it is recognized that this is frequently not possible in settings with young children. Here are a few strategies to implement:

- Keep children in small groups. Classrooms and outside play areas divided by gates or partial walls are considered one room and should only serve one group of children and staff member.
- The same childcare providers and staff should remain with the same group of children each day.
- Cancel all large group activities and large events.

- Increase the distance between children during table work.
- Plan activities that do not require close physical contact between multiple children.
- Limit use of water or sensory tables and wash hands immediately after any use of these tools.
- Children standing in line should be spaced apart as much as possible.
- Adjust the HVAC system that circulates air through the facility to allow for more fresh air to enter the program space.
- At nap time, place resting or napping children head to toe to further reduce the potential for viral spread. Programs should space the children six feet apart at nap or rest time.
- There should be no outside visitors or volunteers.

Hand Hygiene Behavior

- All children and staff should engage in hand hygiene as much as possible.
- Wash hands with soap and water for at least 20 seconds. If soap and water are not available, use alcohol-based hand sanitizers with at least 60% alcohol. Follow these five steps for hand washing or hand sanitizing every time:
 - Wet your hands with clean, running water (warm or cold), turn off the tap with paper towel and apply soap.
 - Lather your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers and under your nails.
 - Scrub your hands for at least 20 seconds.
 - Rinse your hands.
 - Dry your hands using a clean paper towel.
- Supervise children under two when they use hand sanitizer to prevent ingestion.
- Assist children with handwashing, including infants who cannot wash hands alone.
- Staff should wash their hands after assisting children with handwashing.
- Place posters describing handwashing steps near sinks. The CDC has posters in multiple languages available.

Cleaning & Disinfecting

Studies suggest that coronaviruses may persist on surfaces for a few hours or up to several days. This may vary under different conditions, such as type of surface, temperature and humidity of the environment. Therefore, it is necessary to clean and disinfect frequently.

Clean the surface (remove dirt and impurities from the surface) before disinfecting to kill the germs. If the surface is not cleaned first, the disinfectant is less likely to be effective.

To disinfect, select an appropriate product that can be used against the virus. The Environmental Protection Agency (EPA) provides a list of EPA-registered household disinfectants that can be used against SARS-CoV-2. You can access this information, known as List N, through the link in the footnote below.² Hydrogen peroxide disinfecting products on this list are

² EPA List N Disinfectants for use Against SARS-CoV-2. <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>.

recommended because they are the least toxic chemical that kills this virus. Check to ensure the product is not past its expiration date because the concentration will degrade over time, lowering its effectiveness.

Safe use of disinfectants is critical. Every chemical product has a Safety Data Sheet (SDS). Section eight of each SDS has important information regarding how workers can protect themselves. You can find the SDS for a disinfecting product by following the steps in the footnote below.³ Never mix household bleach with ammonia or any other cleanser because doing this can create a toxic gas that is extremely dangerous. To learn more about cleaning and disinfecting and the steps necessary to protect workers, read the AFSCME factsheet on cleaning and decontamination against SARS-CoV-2⁴.

Considerations specific to childcare programs include the following:

- Childcare programs should engage in frequent, thorough cleaning each day. At a minimum, common spaces, such as kitchen or cafeterias, and frequently touched surfaces and door handles should be cleaned and disinfected at the beginning, middle and end of each day.
- Clean and disinfect frequently touched objects and surfaces such as:
 - All surfaces where children eat.
 - Bathrooms.
 - Frequently used equipment, including electronic devices.
 - Door handles and handrails.
 - Items children place in their mouths, including toys.
 - Playground equipment.
- Regarding shared bathrooms, sink areas, including faucets, countertops and paper towel dispensers need to be cleaned after each group has finished.
- Toys that children have placed in their mouths or that are otherwise contaminated by body secretions or excretions should be set aside until they are cleaned by hand by a person wearing gloves. Clean with water and detergent, rinse, sanitize with an EPA-registered disinfectant, rinse again and air-dry.
- If a toy is dishwasher safe, place the toy in the top rack to avoid melting. Then sanitize the toy. Toys that cannot be cleaned and sanitized should not be used. These include items such as soft toys, dress-up clothes and puppets.
- Use bedding (sheets, pillows, blankets and sleeping bags) that can be washed. Each child's bedding should be stored separately. This may be in individually labeled bins, cubbies or bags. Cots and mats should be labeled for each child. Bedding that touches a child's skin should be cleaned weekly or before use by another child.
- Do not shake dirty laundry in order to minimize the possibility of respiratory droplets spreading.

³ Under the Hazard Communication Standard, OSHA requires employers to provide workers access to safety data sheets, if you are a consumer and want to find the safety data sheet for your cleaning product 1) Use any search engine such as Google 2) Type in the name of the cleaning product, add SDS or safety data sheet and add PDF such as "Clorox Bleach SDS PDF"

⁴ AFSCME Factsheet on Cleaning and Decontamination of SARS-CoV-2. <https://www.afscme.org/downloadable-asset/AFSCME-Facts-Cleaning-and-Decontamination-of-SARS-CoV-2-on-Surfaces-03182020.pdf>

- Children’s books, art supplies and other paper-based materials, such as mail or envelopes, are not considered high risk for transmission and do not need additional cleaning or disinfecting procedures.

Food Preparation and Lunch Time

Childcare programs should take additional steps related to food preparation and lunch time:

- Sinks used for food preparation should not be used for any other purposes.
- Stagger mealtimes, as needed, to maintain small groups with appropriate social distancing.
- Provide bagged or individual lunches and individually wrapped snacks. Avoid family styled meals.

Other Measures

Childcare programs also should implement policies and protections appropriate for all workplaces. This includes steps such as screening staff for symptoms of fever and respiratory symptoms and exposure to COVID-19 and implementing paid leave policies. For more information, see AFSCME’s fact sheet on reopening the workplace that can be used in childcare settings⁵.

Resources

CDC Guidance for Child Care Programs that Remain Open.

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html>

Vermont Health Department Childcare Guidance.

<https://www.healthvermont.gov/response/coronavirus-covid-19/schools-and-child-care-programs>

⁵ AFSCME COVID-19 Resources Page. <https://www.afscme.org/covid-19/resources>