Cleaning and Sanitizing

- Prior to reopening, complete a thorough and detailed cleaning of entire facility, with focus on high-contact areas that would be touched by both employees and children (e.g., desks, equipment, toys, outdoor play structures).
- Make hand sanitizer readily available to adults throughout the facility and securely stored out of reach of children.
- Frequent hand washing is preferred over hand sanitizers for children, but use hand sanitizers if there is no access to running water. Use of hand sanitizer must be monitored by an adult/staff member to ensure children do not swallow alcohol.
- Require staff to frequently sanitize high-touch surfaces and shared resources (e.g., door handles, light switches, etc.).
- Conduct extra deep cleaning of tables, chairs, etc. daily after hours with EPA-registered disinfectant products.
- Clean and sanitize restrooms and diaper changing areas regularly based on frequency of use (e.g., throughout day).
- Between staggered meal times or indoor play times, wipe down and disinfect tables.
- Per CDC guidelines, conduct normal routine cleaning of outdoor areas. Disinfect daily high-touch outdoor surfaces (e.g., handles).
- Avoid use of items that are not easily cleaned, sanitized, or disinfected (e.g., plush toys, sand table, water table). Playdough and similar materials should be kept in separate bags labeled for each child’s use. If using plush toys for infants, toys shall be used by only one child and must be laundered and dried before next usage.
- Close off areas used by any person exhibiting COVID-19 symptoms and do not use them until they have been cleaned. Wait at least 24 hours or as long as possible before cleaning and disinfecting to reduce risk to individuals cleaning the area.
- Ensure safe and correct application of disinfectants and keep disinfectant products away from children and stored in a secured area.
- Keep each child’s belongings separated during the day in individually labeled storage containers, cubbies, or areas. Consider having families take home their children’s belongings each day to be cleaned.
- Have bins to separate toys that have been handled by children for disinfecting before their next use.
- Ensure adequate supplies to minimize sharing of high touch materials to the extent possible (art supplies, equipment etc. assigned to a single child) or limit use of supplies and equipment by one group of children at a time and clean and disinfect between use.

Physical Distancing

- Create child care groups in accordance with the child care rules based on the child’s age.
- Child care groups should include the same children each day with the same child care providers. Limit cross-deployment of staff across facilities and centers.
- Keep child care groups distanced by using separate facility areas, room dividers, multiple rooms, etc.
- Implement delayed or staggered schedules for time spent outdoors and for any communal spaces.
- Schedule staggered meal times to reduce exposure in large areas and limit the number of children per table.
- Implement staggered arrival and pick up times, have child care staff meet families/children outside the facility as they arrive, or take other measures to minimize contact with visitors (e.g. limiting number of families into the facility at a time, waiting families are separated by six-foot distances, etc.)
- Space out seating and cribs/cots/mats for nap time (head-to-toe positioning) to six feet apart, if possible (given space limitations) and as appropriate for the children's ages.
- Cancel large group and communal activities, such as facility-wide events, field trips, and parades.
- Minimize activities that require close contact (e.g., circle time), sharing of materials, and waiting in line.
- Advise employees, children and parents to avoid spending unnecessary time at facility and classroom before or after care is needed.
- If food is offered at any event, have pre-packaged boxes or bags for each attendee instead of a buffet or family-style meal. Avoid sharing of food and utensils.
- Serve meals in classrooms instead. Have staff put each child's meal on a plate, to limit the use of shared serving utensils.

**Health and Safety**

- Conduct daily temperature checks and visual well checks for all children, staff and visitors upon entrance to the facility. Keep a log of temperature checks. CDC considers a person to have a fever when measured temperature is at least 100.4°F.
- Implement health check screenings (e.g., temperature checks and symptom screening) safely and respectfully, with measures in place to ensure confidentiality as well as in accordance with any applicable privacy laws or regulations. Follow [CDC Guidance for Screening Children Upon Arrival](https://www.cdc.gov/coronavirus/2019-ncov/community/schools-child-care/child-care.html).
- All employees must wear face masks or face shields as much as possible throughout the day.
- All visitors (including parents) must wear masks when on site, including drop-off and pick-up of their children, and practice six-foot distancing from others who are not their children.
- A caregiver at a family child care home does not need to wear a face mask or face shield if he/she is the only adult caring for the children.
- Verify (e.g., through having families and staff sign a written form) that employees and children returning to facility have not experienced COVID-19 symptoms for 14 days prior to return. For children in care, staff will need to verify any symptoms of the child with parents.
- Each provider may determine whether to require children to wear masks. Wearing of masks is appropriate only if the child can safely and reliably wear, remove, and handle the masks following CDC guidance throughout the day.
- Per CDC guidelines, children under 2 and anyone with trouble breathing should **not** wear a cloth face covering.
- Masks should not be worn by children while they are sleeping.
- Visitors and volunteers should be limited to individuals required to perform a professional service or function (e.g., speech therapists, health providers, Child Welfare Services workers, licensing) and follow the requirements for wearing masks or face shields and practicing six-foot distancing if not required to provide direct services to children in care.
- Train all employees and children (as appropriate for their age) on the importance of frequent handwashing, proper sneezing/cough etiquette, the use of hand sanitizers with at least 60% alcohol content, and give clear instructions to avoid touching hands to face. Organize routine handwashing breaks and always wash hands before and after meals, indoor play, and outdoor play, and after using the restroom.
❑ Require employees, parents and children to not enter the facility and quarantine per Hawai‘i public health guidelines if exposed to COVID-19.
❑ Update sick policy to include COVID-19 and have each parent sign off that they understand the amended sick policy.

Facility Safety
❑ Log all visitors (including parents) for purposes of supporting contact tracing by the Hawai‘i Department of Health.
❑ Ensure that ventilation systems operate properly and increase circulation of outdoor air as much as possible by opening windows and doors, using fans, and other methods.
❑ Ensure that all water systems and features (e.g., drinking fountains, sinks, toilets) are safe to use after a prolonged facility shutdown (i.e. flushing of water distribution systems).
❑ Encourage families and children to bring their own water bottles each day.
❑ Have trained back-up staff in order to maintain sufficient staffing levels or reduce the number of children in care if there is insufficient staffing.
❑ Before reopening and throughout operations, ensure adequate supply and storage of necessary materials to meet PPE (face masks, gloves, etc.) and cleaning requirements.
❑ Communicate safety protocols to all employees, including appropriate points of contact (e.g., local officials) to report violations of protocols.
❑ Develop a procedure to send home individuals with any flu-like symptoms or high temperatures and keep them separate from other children until they can be picked up. Call parents for immediate pick-up. If it is an emergency, call 911 for immediate treatment.
❑ Identify an area to separate anyone who exhibits flu-like symptoms during hours of operation, and ensure that children are not left without adult supervision.
❑ Notify local health officials, staff, and families immediately of any possible child, visitor or staff case of COVID-19 while maintaining confidentiality as required by the Americans with Disabilities Act (ADA).

Child and Parent Expectations
❑ Post signs throughout the facility for employees, children and parents on shared responsibilities (including proper hygiene and sanitization, face coverings, physical distancing, and information for reporting concerns).
❑ Make safety protocols publicly available for employees and parents.
❑ Use communication methods (e.g., email, video conference, text, notices) to educate all families on the new protocols and what to expect when at the facility.
❑ Update family emergency contact information.
❑ Share COVID-19 related program policies with families, and inform families how to notify the facility if they have had contact with COVID-19 patients.
❑ Continue to make resources available to families to address social-emotional and other needs.

Employee Support
❑ Communicate with employees regularly and seek employee feedback on an ongoing basis.
❑ Review training after Day One by providing ongoing methods of additional training to reinforce messaging and changes to policies or procedures.
❑ Designate a staff person to be responsible for responding to COVID-19 concerns. Employees should know who this person is and how to contact them.
❑ Ensure all staff have adequate sanitizing supplies and PPE equipment.
❑ Keep a daily checklist of cleaning and sanitizing responsibilities to be used by employees.
❑ Train all employees on leave benefit options and policies.