

All Indiana child care programs should take measures and institute safeguards to ensure a safe environment for their employees, children and families. This includes any child care programs that have remained open during the Stay-at-Home order, as well as those opening in the coming days and weeks. In addition, programs that wish to utilize space in a public or private school building that either receive funding from FSSA, are licensed and/or regulated through FSSA and/or meet an exemption as outlined in Indiana Code 12-17.2-2-8 are permitted to do so. The use of buildings, grounds and facilities for other activities consistent with current regulations and the governor's executive orders are permissible.

The safeguards below are based on the recommendations of the CDC and are meant to align with Governor Holcomb's Back on Track plan. For child care programs that have been temporarily closed, these guidelines are meant to provide information on how to safely re-open.

### Monitoring and Preparing

**Vulnerable Employees:** Those 65 and over and individuals with identified high-risk medical conditions who are early care and education teachers, caregivers, and child care operators should limit exposure at work and in their communities. For educators who return to work prior to stage 5, programs should consider giving them a role that minimizes their contact with younger children and allows them to maintain a safe distance from others. Those operators who are 65 and older should consider whether their age or any underlying health conditions might prevent them from being able to operate their child care safely prior to stage 5.

**Employee Screening Procedures:** Conduct daily health assessments by implementing screening procedures for COVID-19 symptoms for all employees reporting for work. Examples include self-assessment of symptoms before arrival in the workplace, screening questions upon arrival, and daily temperature checks. In order to minimize missed infections, at least two procedures should be implemented every day. Child care programs should have a plan in place if an employee presents with symptoms that results in their being sent home. Resources for testing are available in Indiana through medical providers and OptumServe. These procedures should remain in place through stage 5.



*Information for testing sites can be found [here](#)*



*If possible, arrange for administrative staff to telework from their homes. This procedure should remain in place through stage 3, but re-evaluated in stage 4.*



*Programs should consider updating employee handbooks to include flexible sick leave policies and updated human resource policies. For support with templates or examples of policies and communication strategies please contact SPARK Learning Lab at 1-800-299-1627.*

**Arrival/Pick-Up Procedures:** Arrival and pick-up procedures should include staggering times and/or having child care staff meet families outside, or at the facility entrance, to escort the children as they arrive and depart. Plans for drop off and pick-up should limit direct contact between parents and staff. These procedures should remain in place through stage 4, and be re-evaluated in stage 5.



*Families should be informed of any new policy in writing and programs can use*

*the template provided by OECOSL to make this notification.*

**Child Screening:** All child care providers should immediately institute the practice of checking the temperature of each child and conducting a brief verbal health assessment as they are dropped off, before the parent leaves. For examples, please see the CDC guidance [here](#) under the heading “screen upon arrival”. If a child presents with a temperature of over 100.4, the child should not remain at the child care and must return home with the parent.

Children who have had COVID-19 like symptoms as described [here](#) or have tested positive for COVID-19 should be advised to self-isolate at home and not return to child care until they have been fever-free for at least 72 hours (3 days) without being given fever-reducing medications AND have had improvement in their symptoms AND at least 10 days have passed since their symptoms first appeared. These procedures should remain in place through stage 5.

Identify an area to separate anyone who exhibits COVID-like symptoms during hours of operation, and ensure that children are not left without adult supervision.



*Families should be informed of any new policy in writing and programs can use the template provided by OECOSL to make this notification. The OECOSL template can be found [here](#).*



*Programs should have a designated space within the childcare to separate any child who is sick until such time that the child can be picked up. Programs should evaluate their staffing plans to ensure that supervision and support can be provided to the sick child while waiting for the parent/guardian to arrive and that a physical space that allows for isolation is available. Information about what employees should know about caring for patients with confirmed or possible cases of COVID-19 can be found [here](#).*

**Visitor entry:** In addition to the social distancing guidelines described above, screening (also described above) should occur for all visitors at the child care entrance. This should remain through stage 5.

**Deliveries Visitors** (including those making deliveries) should adhere to screening protocols through stage 5.

**Personal Protective Equipment:** It is recommended adults and children ages 2 years and up wear face coverings through stage 3. Cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance. The cloth face coverings recommended are not surgical masks or N-95 respirators. Those are critical supplies that must continue to be reserved for healthcare workers and other medical first responders, as recommended by current CDC guidance.

Child care providers supporting infants and toddlers can protect themselves by wearing an over-large, button-down long-sleeved shirt and by wearing long hair up off the collar in a ponytail or other up-do. They should change the button-down shirt, if there are secretions on it, and wash their hands again. Child care providers should wash their hands, neck and anywhere touched by a child’s secretions such as nasal drainage or spit up.



*Programs should identify how personal protective equipment will be used including but not limited to face coverings. These expectations should be clearly communicated to staff, families, and children in writing. The employee and parent handbooks should be updated accordingly.*



*For information related to making masks please see guidance [here](#).*

**Social Distancing:** Close physical contact should be avoided when possible. It is recommended that the same children be placed with each other each day, and with the same teacher each day. This will be referred to as a “unit” throughout the remainder of this document. Units should be kept together, as much as possible, while doing activities indoors and outdoors each day. If you are supporting children of health care workers or others who work in close contact with infected or potentially infected, individuals, consider creating a separate classroom or unit for those children. This practice should remain in place through stage 3.

**Communication:** Create a communication system or plan for staff and families for self-reporting of symptoms, and providing notifications.

## Daily Activities

### Field Trips

Field trips are not permitted in Sage 2 unless the field trip can be accessed through walking or public transportation. Field trips during Stage 2 would only be permitted to environments such as restaurants, malls, and libraries.

Field trips in stage 3 to destinations such as playgrounds, community pools (if open in accordance with local and CDC guidelines) would be permitted, provided that the child care can transport children while maintaining social distancing practices such as sitting one child per seat.

Field trips in stage 4 to destinations such as museums, zoos, bowling alleys, aquariums and like facilities would be permitted provided that the child care can transport children while maintaining social distancing practices such as sitting one child per seat.

Beginning in stage 5, field trips can resume to destinations like fairs, festivals, amusement parks and like events, provided that the child care can transport children while maintaining social distancing practices such as spacing children appropriately.

- The vehicle ventilation fan(s) should be placed on high, in non-recirculating mode, to maximize the intake of outside air, and to minimize the recirculation of inside air.
- After each use of the vehicle it should be cleaned using any product that meets the EPA’s criteria against SARS-CoV-2, the virus that causes COVID-19. After transporting children, leave the rear doors of the transport vehicle open to allow for sufficient air changes to remove potentially infectious particles. Consideration must be given to ensure vehicle safety if staff is not able to stay with the vehicle.



*Programs should update their field trip policy and clearly communicate to families in writing. Programs should also evaluate if transportation can be provided while maintaining social distancing safely. For support in analyzing transportation and social distancing programs, contact your OECOSL licensing consultant.*



*For a list of cleaning products that meet the standard set by the EPA for COVID-19, please visit this [link](#)*

**Special Events:** Special events such as festivals, holiday events, and special performances should be canceled or postponed through stage 4. Special events are permitted beginning in stage 5 so long as group size and social distancing guidelines are followed. Face coverings are optional and it is recommended that individuals with identified medical conditions or who are over 65 years old not be in attendance.



*Programs should evaluate whether to alter or halt daily group activities that may promote the spread or transmission of COVID-19 and communicate with families any disruption to typical scheduling.*

**On-Site Playgrounds and Special Activities:** Limit the mixing of units, such as staggering playground times and keeping units separate for special activities such as art, music, and exercising. One unit at a time should occupy outdoor spaces such as playgrounds and indoor spaces such as gyms, cafeterias, or auditoriums through Stage 2.

Beginning in Stage 3, playgrounds on the day care site can be occupied by multiple units, so long as social distancing is being practiced and the program is following disinfecting practices.

Playground structures should be disinfected after each unit leaves the playground.



*Information on cleaning and sanitizing can be found [here](#).*

**Nap Time:** During nap time, children's naptime mats (or cribs) should be spaced out as much as possible, ideally 6 feet apart. Consider placing children head to toe in order to further reduce the potential for viral spread. This procedure should remain in effect through stage 3. Beginning in stage 4, distancing between naptime mats and cribs should follow licensing rules, though 6 feet is still encouraged when possible.

**Meal Service:** If a cafeteria or group dining room is typically used, meals should be served in classrooms instead. Programs should not participate in family style meals and should practice social distancing during meal times, ideally 6 feet apart. Programs should maintain units during meal times as well. Bagged or boxed meals with all necessary utensils, condiments, napkins, etc. included would be the preferred method. In addition, prior to any meal service, all children should utilize hand washing or sanitizing to ensure safe eating practices. These procedures should remain in effect through stage 5.

**Classroom Arrangement:** It is recommended that seats/desks be spaced at least six feet apart when possible. This should last through stage 5.

**Pool usage:** Per the CDC, programs should follow local and state guidance that may determine when and how recreational water facilities may operate. Individuals should continue to protect themselves and others at recreational water venues both in and out of the water by practicing social distancing and good hand hygiene. This should continue through stage 5.

**Social Emotional Learning:** Heightened attention to Social Emotional Learning will be critical during this period, and should be made available to all children and staff as part of the daily curriculum. Additional, age appropriate, learning about the medical and public health implications of COVID-19 will also be critical, and should likewise be made available to all children and staff. Children with disabilities and special educational needs are at elevated risk during this time, and careful attention should be paid to ensuring continued learning and wellbeing. This should continue through stage 5.

### Maintain Healthy Operations

**Workplace Cleaning and Disinfection:** Toys that can be put in the mouth should be cleaned and sanitized (see below). Other hard surfaces, including diaper changing stations, door knobs, and floors

should be disinfected. The following guidance regarding cleaning and disinfection should remain in effect through Stage 5.

- Intensify cleaning and disinfection efforts: Facilities should develop a schedule for cleaning and disinfecting including at least one hour a day of deep cleaning when children are not present.
- Routinely clean, sanitize, and disinfect surfaces and objects that are frequently touched, especially toys and games. This may also include cleaning objects/surfaces not ordinarily cleaned daily such as doorknobs, light switches, classroom sink handles, countertops, nap pads, toilet training potties, desks, chairs, and cubbies. Use the cleaners typically used at your facility.
- Use all cleaning products according to the directions on the label. For disinfection, most common EPA-registered, fragrance-free household disinfectants should be effective. If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection. Follow the manufacturer's instructions for concentration, application method, and contact time for all cleaning and disinfection products.
- If possible, provide EPA-registered disposable wipes to staff members so that commonly used surfaces such as keyboards, desks, and remote controls can be wiped down before use. If wipes are not available, please refer to CDC's guidance on disinfection for community settings.
- All cleaning materials should be kept secure and out of reach of children.
- Cleaning products should not be used near children, and staff should ensure that there is adequate ventilation when using these products to prevent children from inhaling toxic fumes.



For a list of products that the EPA has found to be effective against COVID-19 please visit this [link](#).

**Hygienic Diapering and Clean Up:** In order to avoid any fecal transmission of COVID-19 the following diapering procedures should be followed through Stage 5.

- Wash hands with soap and warm water and dry with disposable paper towel
- Gather needed supplies and place on diapering area
- Spread wax paper on changing table covering the entire length and width of the pad
- Put on gloves after placing the child on the changing table
- Release the soiled diaper
- Place soiled diaper and wax paper into a plastic bag
- Wash the child's bottom
- Remove gloves

- Place clean diaper on child
- Wash the child's hands
- Take the child to a safe area where he or she can be supervised
- Discard the soiled diaper, washcloth and towel, and wax paper into a tightly covered sanitary waste container lined with a plastic bag
- Sanitize diaper changing pad and table
- Wash hands with soap and warm water and dry with disposable paper towel

**Clean and Sanitize Toys:** Toys that cannot be cleaned and sanitized should not be used. The following guidance regarding cleaning and sanitizing toys remain in effect through Stage 5.

- 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, and air-dry or clean in a mechanical dishwasher. Be mindful of items more likely to be placed in a child's mouth, like play food, dishes, and utensils.
- Machine washable cloth toys should be used by one individual at a time or should not be used at all. These toys should be laundered before being used by another child.
- Toys should not be shared among child care unit unless they are washed and sanitized before being moved from one unit to the other.
- Set aside toys that need to be cleaned. Place in a dish pan with soapy water or put in a separate container marked for "soiled toys." Keep dish pan and water out of reach from children to prevent risk of drowning. Washing with soapy water is the ideal method for cleaning. Try to have enough toys so that the toys can be rotated through cleanings.
- Children's books, like other paper-based materials such as mail or envelopes, are not considered a high risk for transmission and do not need additional cleaning or disinfection procedures.
- 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 uses.
- Avoid sharing electronic devices, toys, books, and other games or learning aids when possible.

**Clothing:** The following recommendations remain in effect through Stage 5

- Infants, toddlers, and their teachers should have multiple changes of clothes on hand in the child care. Child care providers should change children's clothes if secretions are on the child's clothes.
- Contaminated clothes should be placed in a plastic bag and sent home or washed in a washing machine.

**Clean and Disinfect Bedding:** The following recommendations remain in effect through Stage 5

- Use bedding (sheets, pillows, blankets, sleeping bags) that can be washed. Keep each child's bedding separate, and consider storing in individually labeled bins, cubbies, or bags. Cots and mats should be labeled for each child. Bedding that touches a child's skin

should be cleaned weekly or before use by another child.

**Personal Hygiene:** Ensure that employees, children and families have ready access to hand sanitizer, handwashing stations, or other disinfectant products. Hand Sanitizers are temporarily acceptable products for use in child care so long as they're kept out of reach of children at all times and administered by an adult. This practice will remain through stage 5.

## General Recommendations

*Monitor absenteeism to identify any trends in employee or child absences due to illness - This might indicate spread of COVID-19 or other illness. Have a roster of trained back-up staff in order to maintain sufficient staffing levels.*

*Implement plans for positive COVID-19 cases – Be in touch with your local health department and follow OECOSL guidelines regarding positive COVID-19 cases, which can be found [here](#).*

*Signage – Post signage about health policies and practices in common areas for employees and families to see. Resources for providers such as parent communication templates and policy templates are available at this [site](#).*

*Programs should consider updating employee and family handbooks to include things like sick leave policies, updated human resource policies and parent expectations. For support in templates or examples of policies or communication strategies please contact SPARK Learning Lab at 1-800-299-1627.*

*Families First Coronavirus Response Act- Employers and employees should be aware of the provisions of this act.*