

Worksite Specific COVID-19 Prevention Plan County of Ventura, State of California			
Business Name: _____	Business Sector: Childcare Programs and Providers	Person Responsible for Implementing Plan: _____	
COVID-19 General Checklist Items for Employers (Release May 12, 2020)	Procedure (write a short statement on how you will address the checklist item)	Frequency (hourly, daily, etc...)	Resources Needed (gloves, signage, barriers etc...)
1. Essential Protective Equipment and Supplies			
1 Mandatory and proper use of face coverings for childcare workforce, including: (1) Face coverings do not protect the wearer and are not personal protective equipment (PPE). (2) Face coverings can help protect people near the wearer, but do not replace the need for physical distancing and frequent handwashing. (3) Face coverings must cover the nose and mouth. (4) Employees should wash or sanitize hands before and after using or adjusting face coverings. (5) Avoid touching eyes, nose, and mouth. (6) Face coverings should be washed or discarded after each shift. (7) Child protocols: <u>Never place face coverings on babies or children under 2 because of danger of suffocation.</u> Some counties require children over the age of 2 to wear facial coverings in places of businesses: e.g. child care facilities.			
2 Child care workforce must use gloves for tasks such as serving food, handling trash, handling commonly touched items, or using cleaning and disinfectant products. Children are not required to wear gloves.			
3 Hand sanitizer should contain at least 60% ethyl alcohol (preferred) or at least 70% isopropyl alcohol (a neurotoxin and eye irritant). Use is optional by child care workforce in lieu of frequent handwashing, which has been found to be more effective than the use of hand sanitizers.			
4 Children may use hand sanitizer under adult supervision; such products must be kept out of children's reach. Cal Poison Control should be contacted at 800-222-1222 if consumed. Frequent handwashing should be followed by children, with assistance, due to being more effective than hand sanitizer. If sanitizer is used it must be rubbed into children's hands until they are completely dry. <u>Note: Hand sanitizer is not recommended for children under 24 months.</u>			
5 Provide training and required protective equipment, per manufacturer's recommendations to child care workforce. All disinfectant and cleaning products must be kept out of children's reach.			

6	Masks or face shields may also be worn. Note that local guidance may apply. Recommendations from the local or county health department should be consulted.			
7	The Healthy Schools Act requires that anyone using disinfectants at child care centers complete annual California Department of Pesticide Regulation-approved training. Online training can be found by going to https://apps.cdpr.ca.gov/schoolipm/ . This does not apply to family child care homes.			
2. Planning				
1	Have plans in place to protect and support staff, children, and their family members who are at higher risk for severe illness.			
2	Establish plans for sharing information and guidelines with parents and caregivers in their preferred language.			
3	Train all staff and communicate with families on the following: <ul style="list-style-type: none"> o Enhanced sanitation practices o Physical distancing guidelines o Use of face coverings o Screening practices o COVID-19 specific exclusion criteria. 			
3. Cleaning				
1	Introduce fresh outdoor air as much as possible, for example by opening windows. When cleaning, air out the space before children arrive; plan to do thorough cleaning when children are not present. If using air conditioning, use the setting that brings in fresh air. Replace and check air filters and filtration systems to ensure optimal air quality.			
2	Implement procedures to frequently clean and disinfect all high-touch surfaces, such as sink knobs, toilet handles, tables, door handles. (Some programs have one designated staff responsible for routinely cleaning, sanitizing, and disinfecting the site.)			
3	Designate a container for toys that need to be cleaned, sanitized, or disinfected before being introduced back into the classroom environment.			
4	Have multiple toys and manipulatives accessible that are easy to clean and disinfect throughout the day or provide individually labeled bins with toys and belongings for each child. Toys that may be put in a child's mouth should be cleaned and sanitized. Ensure toys that are difficult to clean (e.g. soft toys) are either removed from the classroom or carefully monitored for use by individual children only.			

5	<p>When choosing cleaning products, use those approved for use against COVID-19 on the Environmental Protection Agency (EPA)-approved list “N” and follow product instructions.</p> <ul style="list-style-type: none"> o To reduce the risk of asthma related to disinfecting, programs should aim to select disinfectant products on the N list with asthma-safer ingredients (hydrogen peroxide, citric acid or lactic acid). o Avoid products that mix these ingredients with peroxyacetic acid, sodium hypochlorite (bleach) or quaternary ammonium compounds, which can cause asthma. o Use disinfectants labeled to be effective against emerging viral pathogens, following label directions for appropriate dilution rates and contact times. Provide employees training on manufacturer’s directions, on Cal/OSHA requirements for safe use and as required by the Healthy Schools Act training (for child care centers only). o Workers using cleaners or disinfectants should wear gloves and/or eye protection as required by the product instructions. o All products must be kept out of children’s reach. 			
4. Hygiene				
1	<p>Implement and enforce strict handwashing guidelines for all staff and children. Wash hands for 20 seconds with soap, rubbing thoroughly after application, and use paper towels (or single use cloth towels) to dry hands thoroughly. It may be helpful to sing a 20-second song while children wash.</p>			
2	<p>Use bathroom time as an opportunity to reinforce healthy habits and monitor proper handwashing.</p>			
3	<p>Teach children to avoid contact with one’s eyes, nose and mouth, and use tissue to wipe their nose and to cough/sneeze inside their elbow. Model and practice handwashing before and after eating, after coughing or sneezing, after playing outside, and after using the restroom.</p>			
4	<p>Discontinue brushing teeth during class.</p>			
5	<p>All personal items should be labeled and kept in a separate bag to ensure personal items are separate from others. Personal toys and blankets should either be sent home with the family each day or washed daily by the provider.</p>			
6	<p>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.</p>			
5. Arrival Procedures				
1	<p>If a parent/caregiver is entering the classroom, ask them to wash their own hands and assist in washing the hands of their children before dropping off, prior to coming for pick up, and as soon as they get home.</p>			
2	<p>Ask parents/caregivers to meet at the facility entryway for pick-up and drop-off of children whenever possible and to be as brief as possible.</p>			
3	<p>If parents/caregiver must enter, ask them to enter and exit the room one person at a time to allow for social and physical distancing. Consider asking them to wear face coverings.</p>			

4	Ask parents/caregivers to bring their own pens when signing children in and out. When that is not possible, collect pens immediately after a single use, deposit them in the cleaning area, and provide a sanitized pen.			
5	Install hand sanitizers, out of the reach of children, near all entry doors and other high traffic areas.			
6	Take steps to reduce contact between children and adults, including other children's parents during pick-up/drop-off, classroom visits, volunteers.			
7	If possible, the same parent/caregiver should drop off and pick up the child every day, avoid designating those at high risk.			
8	Consider staggering arrival and drop off times.			
9	Consider designating a staff member from each class to escort in or out of facility (if parent/caregiver are comfortable with this option) and signing their child in and out for arrival.			
6. Health Screening				
1	Providers must implement screening procedures for all staff and children before they enter the facility. Ask all individuals about COVID-19 symptoms within the last 24 hours and whether anyone in their home has had COVID-19 symptoms or a positive test. Exclude anyone who has an affirmative response on any of these points.			
2	Document/track incidents of possible exposure and notify local health officials, staff, and families immediately of any possible case of COVID-19 while maintaining confidentiality as required by the Americans with Disabilities Act (ADA).			
3	Conduct visual wellness checks of all children upon arrival and ask health questions when concerned.			
4	Take children's temperature each morning with a no-touch thermometer. If a thermometer requiring a touch-method (under the tongue or arm, forehead, etc.) is the only type available, it should only be used when a fever is suspected. Thermometers must be properly cleaned and disinfected after each use.			
5	Monitor staff and children throughout the day for signs of illness; send home children with a fever of 100.4 degrees or higher, cough, or other COVID-19 symptoms after isolating from the general room population and notify parents.			
6	Child care programs must exclude any child, parent, caregiver, or staff showing symptoms of COVID-19. Staff should discuss with parent/caregiver and refer to the child's health history form and/or emergency card to identify if the child has a history of allergies, which would not be a reason to exclude.			
7	Establish procedures for safely transporting anyone sick home or to a healthcare facility, as appropriate.			
8	Advise sick staff members and children not to return until they met CDC criteria to discontinue home isolation.			

7. Coronavirus Symptoms			
1	<ul style="list-style-type: none"> Fever • Cough • Shortness of breath or difficulty breathing • Chills • Repeated shaking with chills • Muscle pain • Headache • Sore throat • New loss of taste or smell 		
8. Group Size and Staffing			
1	Children should remain in groups as small as possible. Should these guidelines differ from local health ordinances, follow the stricter guidance.		
2	It is important to keep the same children and teacher or staff with each group and include children from the same family in the same group, to the greatest extent possible.		
9. Classroom Space/Physical Distancing			
1	Arrange developmentally appropriate activities for smaller group activities and rearrange furniture and play spaces to maintain 6 feet of separation, when possible.		
2	For napping, place cots, cribs, and mats 6 feet apart, with heads in opposite directions.		
3	Use opportunities to reduce time spend indoors by bringing children outside, weather permitting while maintaining physical distancing.		
4	Offer more opportunities for individual play.		
5	Plan activities that do not require close physical contact between multiple children.		
6	Stagger indoor and outdoor play and adjust schedules to reduce the number of children in the same area.		
7	Ensure all outdoor play equipment is cleaned and disinfected between use by different groups of children.		
8	Develop spacing instructions in both indoor and outdoor spaces that are developmentally appropriate and easy for children to understand.		
10. Meal Times			
1	Utilize more tables to spread children out or use name cards to ensure adequate spacing of children.		
2	Practice proper handwashing before and after eating. Use paper goods and disposable plastic utensils when possible, following CDC and CDPH COVID-19 food handling guidelines.		

3	Do not allow children or staff to share or touch each other's food.			
4	Immediately clean and disinfect trays and tables after meals. Avoid family- or cafeteria-style meals, ask staff to handle utensils, and keep food covered to avoid contamination.			
5	Ensure meals are provided in individual portions and are delivered by staff wearing gloves.			
6	Implement outdoor meal times if space and weather allow.			
11. Resources				
1	California Department of Social Services, Community Care Licensing, Child Care Page: https://www.cdss.ca.gov/inforesources/child-care-licensing .			
2	California Division of Occupational Safety and Health (Cal/OSHA): https://www.dir.ca.gov/dosh/Coronavirus/COVID-19-Infection-Prevention-in-Childcare-Programs-Guidance.pdf			
3	California Coronavirus (COVID-19) Resources: https://covid19.ca.gov/			
4	California Department of Pesticide Regulation Health Schools Act information: https://apps.cdpr.ca.gov/schoolipm/			
5	Centers for Disease Control and Prevention (CDC): https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html			

This document serves as notice of participation and compliance with the guidelines set forth by the State of California and the County of Ventura. This checklist and procedures shows how our firm complies with orders to reopen our business in compliance with State and county orders regarding the Covid crisis.

Signature: _____

Date: _____

