Proposed Guidance for the Establishment of Emergency Child Care Services for the School-Age Children of Essential Workers During the COVID-19 Pandemic

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This document has been the work of a great many individuals, all working to prepare resources for child care providers during a time of great uncertainty and shifting advice. Special thanks go to the following individuals and organizations that contributed in some way in its formation:

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Apologies to any that were missed in this lightning-fast crowd-sourced multi-state on-line collaboration.

This document has been a collaborative effort by programs and experts working in the school-age child care field, and as such represents best practices as they are identified today, April 10, 2020. However, because information on these issues is always evolving, we will continue to post addenda to this document as changes are identified. The final edit of this document was conducted by Michelle Doucette Cunningham, and therefore any mistakes are my own, however it is important that anyone using this information acknowledge that every child care program must use their own judgement in implementing this advice and the organizations and individuals who participated in the collecting of this advice are not liable for its implementation. Additional questions can be forwarded to Michelle Doucette Cunningham at mdc@ctafterschoolnetwork.org.

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INTRODUCTION

Background and Rationale

Child care and youth development professionals join together with our frontline medical providers during this time of crisis to help combat this deadly virus. We know that together we will get through this national emergency. The guidance below has been developed in an effort to make child care and after school operations as safe as possible by limiting exposure and social interaction. This guidance will likely change, as we are learning more about this deadly virus with each passing day.

We recognize that these are unprecedented times. As the United States responds to the coronavirus pandemic, we recognize the unique role and contributions that child care providers and after school programs play throughout the United States.

Ensuring that children are cared for so that frontline medical providers can get to work is essential as we continue our efforts to combat this deadly virus. Childhood experts are rising to the challenge and serving their country as asked.

In return, we must ensure that these extraordinary workers are protected, compensated, and provided with the tools and guidance needed to safely perform their duties. Numerous studies have proven the effectiveness and impact of high quality child care. While this pandemic has certainly impacted our daily lives, we cannot simply toss aside years of research, evidence and efforts. We know that this crisis will have substantial impacts on the mental health of many, including that of children. Therefore, it is now more important than ever that we provide our children with services that excel in health, safety and quality.

Understanding the reality of the strain on the healthcare system, child care professionals are rising to the task and serving their communities to ensure front line medical workers can continue to provide treatment. It is essential that we provide an environment that is safe, healthy, and of the highest quality for their children.

In order to do so effectively and safely, child care professionals need to be considered part of a community's emergency management team, and should have similar supports such as training, resources, supplies and equipment. This includes access to cleaning supplies as well as personal protective equipment such as masks and gloves. It should also include child care staff

as essential workers, and provide them with the same employer supports as others on the front-line of this crisis, such as adequate health insurance, hazard pay, paid sick leave if they become ill or exposed, and where provided to other service workers, access to quarantine housing as necessary.

SECTION 1 - PLANNING AND COORDINATION

Determining need for services

At the outset of planning to address child car needs, there are a number of essential questions that need to be answered to determine if a program is needed, and if so, if a particular provider is ready to open (or re-open if they have been closed). Please review the "Am I Ready?" checklist in the Additional Resources section for a list of some of these questions.

For centers providing services exclusively to hospital staff, the hospital human resources department should determine the need for services, ages of the children who need care, and establish a schedule in coordination with the child care provider to ensure appropriate and adequate staffing.

For programs serving a broader population, programs should prioritize slots for those children whose parents provide essential services, if demand for services exceeds the current supply. The list of businesses deemed essential in Connecticut can be found in the Governor's Executive Order 7H here: https://portal.ct.gov/DECD/Content/Coronavirus-Business-Recovery/Business-Exemptions-for-Coronavirus.

We also recognize that this caring for the sick does not end at 5:00 p.m. therefore child care programs must be adaptive and be ready to offer extended hours, including having contingency plans that include 24-hour operations should the crisis demand this of our health care providers.

It is likely that in many communities, center-based group care for children will not meet all of these needs for all families, and will need to employ a variety of approaches in combination to ensure children are safe and cared for. For example, a center open for nine or ten hours can meet the needs of people who work an eight hour daytime shift, but for a subset of families who work 12 hour shifts, a second caregiver may have to pick up the child from the center and care for them at their home for the evening hours.

Indeed, for the majority of families, a parent or relative caregiver is already providing care for children. But even these families need a backup in case a caregiver becomes ill. The benefits of children to be amongst their peers has long been recognized. However, during this time of a global pandemic, public health officials urge physical distancing to prevent the spread of disease. Therefore, our normal operations need to be modified. Those front line workers who have other viable child care options, including having the child stay with family at home, are encouraged to do so.

In addition, families should be informed of the Family and Medical Leave Act (FMLA) and the new and expanded leave policies provided by the Families First Coronavirus Response Act (FFCRA), which requires certain employers to provide their employees with paid sick leave and expanded family and medical leave for specified reasons related to COVID-19. The FFCRA includes up to two weeks of fully paid or twelve weeks of partially paid sick leave for coronavirus related issues, including for an individual who is caring for his or her child whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons. Further information including which employers are included under FMLA and FFCRA can be found at the US Department of Labor's coronavirus website: https://www.dol.gov/agencies/whd/pandemic

Partnering with existing providers, schools and community organizations

In light of school closures, child care centers providing care for school-age children are being asked to support the on-line/distance learning objectives of school districts. Centers that are located near an employer will likely serve children attending different schools, and even different school districts, each with their own policies, procedures, and expectations.

Programs are encouraged to establish relationships with all of the schools that the children in their care would normally attend, and help staff to coordinate with parents and teachers around expectations, communication, passwords and on-line access. It is important that program staff understand which academic activities are required, which are optional, which have specific timing (such as for live-stream content) or equipment needs, and then build daily and weekly schedules to coordinate all of the students' various on-line/distance learning needs.

For those districts implementing on-line learning, it is recommended that each student have access to a laptop or desktop computer and that devices are not shared between children other than siblings. Computers may be brought from home with the students or provided by the program, or a combination, so long as devices are assigned 1:1 to a child/family. Regardless, keyboards should be disinfected frequently, at a minimum at the start and end of the day, and before lunch and snack times. Programs will also need to plan for this when serving school-age children and ensure that adequate access to wifi and electrical outlets are available.

Children may have additional special needs that are not easily addressed in a child care center setting, and providers may also need to build partnerships with other community providers to meet the particular needs of any specific child. Because teachers and schools are still figuring this out there will need to be flexibility on all sides to promote what's best for the students.

Coordination with Local Officials
Child serving organizations should be in contact with local officials throughout this public health emergency. Discussions with emergency management agencies, child care licensing, first responder organizations, hospital associations, healthcare coalitions and public health departments will allow for a greater understanding of the number of children that may need care. Further, these partnerships are vital to ensure open communication about priorities, as well as to inform changes in emergency response tactics and provide new information about the best practices for health and safety.

Planning Activities
While participating in on-line or distance learning will be an important part of each day for school age students, in most cases this is significantly fewer hours than a traditional school day. Program staff will need to establish a schedule for each student each day, meeting any specific timing needs for live-streaming or virtual class meetings, while also having time for shared recreation, enrichment and physical activity throughout the day.

It is important that staff consider how to have developmentally appropriate recreation and physical activities while maintaining distance between students and staff, as well as a balance of quiet and active periods and online/distance learning, while also keeping background noise to a minimum while students are on-line. It is also essential to limit the sharing of toys and learning materials, as each need to be disinfected between uses by different students. Consideration should be given to activities that support children's mental health and help build of social and emotional skills, especially those that address children's fear during this dangerous time.

A separate resource list of activities that can be conducted in small group settings while maintaining physical distance is available soon on the Connecticut After School Network website http://www.ctafterschoolnetwork.org.

SECTION 2 - SELECTING AND PREPARING FACILITIES

Size and Location
It is essential that adequate space be available for the number of children to be served. Due to increased square footage requirements for social distancing, existing programs may not be able to implement these new recommendations. Further, existing programs may be shuttered or contaminated. Where it is not possible to utilize existing licensed space, vacant buildings be considered for emergency child care programming.

Depending on the size of the program, locations with large footprints, such as schools, churches, universities, convention centers, and sporting stadiums should be considered. These larger footprints will allow for children and staff to spread out and limit the interaction between the various groups of providers and children. As many of these buildings are government owned, it is recommended that state and local officials work directly with child-serving organizations, such as child care resource and referral agencies to convert these spaces into

emergency child care assistance locations. Consideration should be given to locations that are in close proximity to other essential service organizations - such as police and fire stations and hospitals. Identification of these spaces should be done in consultation with local officials to ensure they are best meeting the needs of the community. Further, child care licensing - and perhaps the fire marshall - will need to issue emergency licensure or provisional permits approving these new spaces. Close coordination with licensing agencies is of paramount importance. For communities not yet impacted by coronavirus, these discussions should begin now.

All programs, including those using their own existing facilities should use the biggest classrooms and gymnasiums available, with one group per space, keeping in mind that a minimum of twelve feet should be kept between students' workspaces that allow six feet on either side of a staff passing between two students. When outdoors, groups should use the largest outdoor space available such as a large athletic field.

Use of FEMA's Public Assistance Program

Where child care is needed for essential employees, it should be coordinated by state or local governments. FEMA's Public Assistance Program should be requested and used by States to fund this effort and provide payments to staff working in these programs. Typically this request would be made through your local emergency management office. This program, which is used during emergencies, allows for child care costs to be reimbursed by FEMA. This includes payments to early childhood professionals, some who would otherwise be out of work, along with the supplies and equipment needed. Under the terms of this program, government entities may provide and coordinate these services directly or they may also contract with private entities or voluntary organizations for this service. More information may be found at: https://www.fema.gov/media-library-data/1525468328389-4a038bbef9081cd7dfe7538e7751aa9c/PAPPG_3.1_508_FINAL_5-4-2018.pdf

Ensuring Spaces are Child Friendly

FEMA's Public Assistance Program allows for the cost of the labor, facility, supplies, and commodities. FEMA defines child care services such as providing assistance for child care for children and also before- and after-school care. Supplies and equipment necessary for establishing a child-friendly space can be found in the ACF Guidance document, at: https://www.acf.hhs.gov/sites/default/files/ecd/ech_family_shelter_self_assessment_tool_120114_final.pdf

SECTION 3 - STAFFING

Required Education and Training

All staff should be educated on coronavirus basics, including the prevention of infection and spread of the disease, hand washing, hygiene, personal protective equipment, signs and symptoms of coronavirus infection and the guidelines for operations of essential child care

facilities. Staff will be required to take an online course that provides information on coronavirus along with general health and safety within 48 hours of their first shift (please see list of resources for suggested training courses on page xx).

Health and Safety

Upon reporting to work, staff will be required to undergo a daily health check. Staff members who are sick with any illness, are exhibiting signs or symptoms of COVID-19 like illness, have tested positive for COVID-19 or suspect that they have been exposed to the virus should stay home, and adequate sick time must be provided to accommodate this need. Access to testing is essential for program's to operate successfully, and expedited access to testing should be provided for all emergency care front-line staff, child care staff included. In addition, a doctor's note may be required from those who are known to be immunocompromised or may be at significantly greater risk of complications of COVID-19, or have tested positive, before working (or returning to work) in a direct service setting.

Ratios and Group Size

The smaller the ratio the better. Guidance from the US Centers for Disease Control and Prevention (CDC) recommend limiting group sizes to a maximum of 10 people per room, 2 staff and eight children while still maintaining physical distancing guidelines of staying six feet apart. Some states, such as Connecticut have imposed different group sizes, and this directive must be resolved with child care licensing. Children should be divided up into small cohorts and paired up with the same child care workers each day. When at all possible, school age students from the same family should be kept in the same room to lower the exposure that separate groups would incur. Class cohorts should stick together each day and limit interaction with other groups as much as possible. This will help reduce the spread of the virus and help prevent a center or program-wide outbreak.

Program Hours

We recognize the need for expanded hours, and in some cases 24 hour care for children - as front line workers are working extended shifts and providing 24 hour health care services. As such, child serving programs may need to provide care 24 hours per day. We recognize that this will be different for different communities but plans should be in place for this contingency if and when it happens. This is not optimal but needs to accommodate the changing needs of health care and other emergency services personnel.

Child Serving Staff are Essential

Staff serving these programs should be deemed 'essential' and allowed to traverse through local road blocks and check points on their way to and from work, if and when checkpoints, closures, or stay at home orders are implemented. Further, these programs should be included in the groups that are allowed to access essential supplies. Supply chain disruptions are likely to occur, and it is important that access to food, diapers, baby wipes, thermometers, gloves, cleaning supplies and other critical supplies are maintained.

On Site Safety Officer
It is recommended that a position be established at each facility to provide oversight of health and safety practices. This position's primary duty is to ensure the safety of all staff and children at the facility. This includes both mental and physical health. The Safety Officer should have the authority to suspend any operations if doing so would be in the best interest of the health and safety of the staff and/or children. Further, the Safety Officer should be mindful of the mental health of the staff, and ensure staff are receiving adequate support and rest.

On Site Nurse or Healthcare Provider
Having an onsite healthcare provider is preferred. However, during this time of crisis, many healthcare providers have been called to service directly treating COVID-19 patients. Communities are encouraged to reach out to local community resources - such as the local public health department and/or local school district nursing staff to learn what resources may be available. In the absence of an on-site healthcare provider, it is recommended that programs utilize a combination of 1) an on-site staff who is responsible for ensuring an adequate supply of health and first aid materials on hand as needed for the specific children in their care (e.g. thermometers, EpiPens, Children's Benadryl and Tylenol, band aids, etc.) and 2) an on-call healthcare provider that they could reach quickly with any questions. Many local health departments have established coronavirus help/information lines, which may be an option. Further, telemedicine options (such as using Facetime or other video conferencing apps) should be explored.

On Site Infection Control Staff
Having on-site infection control staff responsible for cleaning, sanitizing and disinfecting facilities and materials is optimal. This is above and beyond regular cleaning/janitorial services, and would include any shared spaces such as the entrance lobby, sick room, hallways and restrooms. To minimize exposure of students to additional people, classroom teachers should be responsible for disinfection within their own classrooms during the day, and provided with adequate supplies to do so.

SECTION 4 - ACCESS CONTROL

Denial of Entry
As part of our strategy to limit the spread of coronavirus, it is recommended that visitors to the program be suspended. Signs should be posted at the entry of the facility that clearly state only essential personnel will be admitted into the program space. Suspend all unnecessary visits and postpone non-essential activities. For a multiple use building, the child care space must be clearly designated and not used by others in the building. For example, a school cafeteria may be utilized to prepare both meals for the child care students and staff, as well as for pick-up or drop-off meals for at-home students, but the meals should then be brought to the child care space and handed off to be eaten in the classrooms.

For those occasions when contractors or support staff need to enter the building, every attempt should be made to limit entry to one person at a time, with no exception being made to allow more than 5 at one time per state order. https://portal.ct.gov/coronavirus

Pick up and Drop off
Parents should drop off and pick up children outside the building. Parents should call the program to let them know of their arrival and the children will be escorted in/out of the building. Sign in and sign out procedures should be handled in a way that minimizes transmission. Common items, such as pens or pencils should not be used. Where possible, have the staff member conduct the sign in and sign out - so that parents are not needlessly touching papers, pens, clipboards, etc. Where tablets are used, again the staff should sign the child in and out on behalf of the parents. If tablets or keyboards are used by multiple staff, they should be disinfected between each use. See the Additional Resources section on page xx for sample drop off protocol.

Exposure of Parents / Guardians During Their Workday
As these programs exist to serve individuals working on the front-lines of the coronavirus pandemic, it is possible that some parents/guardians will be exposed to the coronavirus while at work. Upon enrollment of the program, it is important for parents/guardians to identify at least two back up adults that could pick up children. In the event that a parent is exposed or is suspected to have been exposed, the parent/guardian should not pick up the child from the program. Instead, one of the back up adults should be used.

Transportation of Children
It is recommended that programs temporarily cease transporting children. Children should be transported by their parents or guardians to and from the child serving program.

Communication with Parents
Clear communications are essential to ensure that parents understand these policies. Parent handbook to set up the expectations and staff to talk with parents at check-in and check-out times, virtual meetings such as Zoom, Facebook live events during the day if they (photo release forms and liability forms) a few times per week.

SECTION 5 - HEALTH AND SAFETY

Who Can Get Coronavirus?
It is important to note that everyone can potentially get coronavirus. New research has shown that it is likely that approximately 50% of those who get coronavirus will not show any signs or symptoms. In China, as many as 80% of confirmed cases became infected by someone who did not know they had the virus. In short, we must act as though everyone is potentially infected with the virus - that is why physical distancing is so important. Coronavirus does not just impact

the elderly. In California, 72% of confirmed cases were adults aged 18-64. In New York, 54% of cases were individuals between the ages of 18 and 49.

Understanding how the virus is spread

Current research suggests that the virus is mainly spread through respiratory droplets. However, transmission is also possible by touching a surface or object that has the virus on it and then touching your mouth, nose, or eyes. Coronavirus can live on:

- Plastics for 2-3 days
- Glass for up to 96 hours
- Cardboard for up to 24 hours
- Copper for up to 4 hours
- Steel for 2-3 days

Refer to the section on cleaning, sanitizing and disinfecting for more information.

Coronavirus in Children

Children are at risk for getting the coronavirus. Evidence does not suggest that children are at a higher risk for getting coronavirus than adults. Children generally show little, none or mild symptoms. These symptoms include fever, runny nose, and cough. Vomiting and diarrhea have also been reported.

Hygiene

No unnecessary contact should be permitted. For adults, this includes hugs, shaking hands, patting on the back, any type of unnecessary touching. Hands must be washed frequently. All individuals should be discouraged from touching their eyes, ears, mouth and face. Hand washing with soap is preferred. Ensure all staff and children are washing hands for at least 20 seconds - scrubbing their fingers, under the fingernails and between the fingers. Make this a fun activity for children by singing songs or playing games. Increased hand washing is one key at slowing the spread of this virus. Hands should be washed frequently throughout the day, including: immediately upon drop off to the program, after any contact with bodily fluids, before and after playtime or any touching of toys, after any coughing or sneezing, before and after meal or snack time, when returning inside from any outside activity, before leaving at the end of the day. For occasions when soap and water are not immediately available, hand sanitizing products with at least 70% alcohol may be used. It is important to store hand sanitizer out of reach of children when not in use. Even after using sanitizer, hands should be thoroughly washed with soap and water as soon thereafter as possible.

Sick Child

Programs should conduct a daily health check for all staff and children entering the facility (see Access Control section on page xx). Any child or adult that is experiencing signs or symptoms of illness should stay at home (see symptom screening questions under the Additional Resources section on page xx).

If an individual is discovered with signs or symptoms while at the program, they should be sent home as soon as possible. If possible, isolate the individual to limit exposure to others. If possible and available, place a facemask on the sick individual to limit the possibility of spreading the virus. Coughs and sneezes should be covered. Should a child show signs of illness, parents will be contacted for immediate pick up.

An isolation room to be staffed by an adult should be set up with separate access, for example near a back door, to contain the spread of any possible infection. We recommend that a cot be in this room, as some parents may not be able to immediately pick up the child.

Parents will be asked to come to this separate entrance to pick up the child showing symptoms. It is unknown how long the air inside a room occupied by someone with confirmed COVID-19 remains potentially infectious, so the isolation room should have windows that open to allow in fresh air. Improving ventilation in an area or room where someone was ill or suspected to be ill will help shorten the time it takes respiratory droplets to be removed from the air.

Ideally, a no-touch digital thermometer should be used to obtain temperature readings. If not available, other methods are permissible. For infants and young children, temperature can be taken by axillary (under the arm). For children over age four, temperature can be taken orally (under the tongue). Single use thermometers or individual plastic covers should be used on oral thermometers with each use or thermometers should be cleaned and sanitized after each use according to the manufacturer's instructions. Another option for children ages six months and older is an ear or forehead thermometer with a disposable cover that is changed after each reading. Temperature should not be taken rectally in a child care setting.

Emergency medical attention
If any child is experiencing: difficulty breathing, inability to keep down any liquids, chest pain or pressure, confusion or inability to awaken or bluish lips, staff should call 911 immediately and request emergency medical assistance.

Wearing of Masks
Individuals that are sick or expected to have the coronavirus should wear a facemask, especially if they are around other people. Simple surgical masks and cloth-based masks (like bandanas or handkerchiefs) can limit the spread of the virus if placed on a sick individual, as this will limit the water droplets expelled from their mouths. Currently, the research suggests that for masks - it is more about preventing people from spreading the virus than catching it.

For example, most infections start with water droplets, tiny globes of water 5 microns or less in size. An average cough can produce as many as 3,000 droplets and a single sneeze can make up to 40,000 - which makes covering sneezes and coughs very important. N95 masks provide the most protection from this virus. However, these are in short supply due to the increased demand by front line medical workers. It is important to note that facemasks are used to keep

the virus from spreading from an infected individual. Even when masks are used, it is important to maintain physical distance of at least six feet.

SECTION 6 - FOOD SAFETY

Food and Feeding Options
Currently, no evidence suggests food is associated with the transmission of the coronavirus. Unlike foodborne viruses such as norovirus and hepatitis A, which often spread through contaminated food, coronavirus is a virus that causes respiratory illness. Foodborne transmission is not expected. That being said, individuals handling food should continue to practice standard food safety hygiene practices, including washing hands often with soap and water for at least 20 seconds and staying home when sick. Food handlers should increase the frequency of cleaning and sanitizing per CDC Environmental Cleaning and Disinfection guidance of all hard surfaces, including tables and countertops that are being utilized by employees for food preparation.

Options for providing meals to children and staff:

Preparing meals on site
Preparing meals on site gives you the most control of your food safety practices. You will be able to monitor food handler health and hygiene to include frequent hand washing and no bare hand contact with ready to eat foods. Gloves are a good way to protect food but remember hands must be washed before putting on gloves and in-between tasks. A consideration with this approach is how to obtain food. Ideally, limiting the amount of time an individual is in spaces with more than 10 people is ideal. Therefore, consideration must be given to the number of trips taken to the grocery store. If food is delivered, care must be given when receiving the food. Keeping in line with other recommendations, try to limit the number of individuals entering the child care or afterschool program space.

Catering in meals
Should you have meals catered, it would be important to ensure the catering company has high standards for food safety during preparation, packaging, and delivery. Further, it is important that catering companies follow guidelines, such as not allowing sick staff to work - these are standard food safety precautions - but it is important to reinforce them during this pandemic.

Using a catering company gives you a bit less control and direct supervision than preparing meals on site, however the company you use is required to follow the safe food practices implemented by their state or local health department. You should obtain a copy of the company's most recent health inspection report if possible. When delivering food, limit the movement of the catering staff – ideally keep them to just one area and maintain physical distancing of six feet. Entering through a back or side door into the kitchen, instead of walking through the entire facility is preferred.

Bringing food from home
Bringing food from home should be discouraged. During this pandemic, we want to limit the number of possible sources of contamination. Feeding children through onsite cooking or through catered foods is preferred, as it streamlines the operation. Further, those preparing food at home may lack proper food safety and hygiene training. A certified food handler or a food establishment with a valid health department permit will likely have better food safety and hygiene knowledge and experience.

Utensils and Plates
Do not share dishes, drinking glasses, cups, eating utensils. If possible, use disposable - single use - plates and utensils. If not possible, wash them thoroughly with soap and water using a three-compartment sink and dipping in a bleach solution then air-drying or put in the dishwasher immediately after use.

Here are some additional items to take into consideration for food safety:

- Offer non-congregate meals - meals should be eaten in the individual classrooms to prevent unnecessary contamination and spread
- If queuing for food is necessary, maintain a social distance between persons of at least 6 ft (try marking the floor tiles at 6 ft intervals)
- Stagger lunch periods so all children are not attempting to eat together at once
- Arrange tables and chairs to allow for social distancing
- Ensure trays, tables, and chairs are washed and sanitized between uses
- Require through hand washing (20 seconds with warm water and soap) for children (and adults alike) prior to eating and after eating
- Offer food items that require less handling and preparation such as offering pre-packaged foods
- Wipe down exterior surfaces of packaged foods with sanitizing wipes before opening
- Eliminate self-service options and buffet style food offerings – including common serving utensils which everyone must touch
- Pre-package or individually wrap (with clean hands) fruit and vegetable options
- Use disposable tableware
- Ensure your mechanical dishwashers are functional with the appropriate amount of sanitizer or appropriate temperature rinse for sanitizing utensils and food contact surfaces

For additional food safety information, please visit the National Environmental Health Association's Coronavirus Page.

SECTION 7 - CLEANING AND DISINFECTING CONSIDERATIONS

Cleaning, Sanitizing and Disinfecting Defined
Cleaning refers to the removal of dirt and impurities, including germs, from surfaces. Cleaning alone does not kill germs. But by removing the germs, it decreases their number and therefore any risk of spreading infection.

Disinfecting works by using chemicals, for example EPA-registered disinfectants, to kill germs on surfaces. This process does not necessarily clean dirty surfaces or remove germs. But killing germs remaining on a surface after cleaning further reduces any risk of spreading infection.

First, clean the surfaces, removing any contaminants, dust, or debris. You can do this by wiping them with soapy water (or a cleaning spray) and a hand towel or disposable paper towel.

Then apply a surface-appropriate disinfectant. The quickest and easiest way to do this is with disinfecting wipes or disinfectant spray.
https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html

- **Cleaning:** Cleaning physically removes germs, and dirt from surfaces of objects by using a mixture of soap and water. It doesn't necessarily kill germs but it reduces the amount of them.

  What product to use? Mix a teaspoon of fragrance free dish soap in a spray bottle of water and use the solution to spray surfaces. Then use a paper towel to rinse and wipe away any residue that is remaining. If a cloth was used to clean the area, place in the laundry after use and do not use again before being washed. High frequency touch areas should be sanitized every 30 minutes if possible, if not then as frequent as possible during the day.

  - Clean/sanitize only when children are not in the vicinity to reduce the risk of their exposure to the cleaning chemicals.
  - Clean/sanitize toys more frequently, preferably after the children move on to a new activity, every 30 minutes if possible, or before another group of children play with the toys.
  - Remove toys that are not easily cleaned like stuffed animals, toys with cloth, pillows, etc
  - Rotate toys out so that they can be cleaned frequently.
  - Clean the area once children are moved from the area, especially if a new group of children is going to use that same area.
  - Laundry should be washed frequently, including clothing, towels, any cloths used, soft toys, pillows, etc.

- **Sanitizing**: Sanitizing is reducing the amount of germs or viruses on the surface of an object to a safe level by either cleaning or disinfecting the surfaces or objects. You can

sanitize by cleaning or disinfecting the surfaces. Remember, sanitize means that the amount of the germs is at a safe level, not that the germs are completely gone or killed.

- **Disinfecting:** Disinfecting uses chemicals to kill germs and viruses on surfaces. It does not mean that it removes dirt or germs, it just means that it kills the germs or viruses on the surface or object.

  What product to use? Before purchasing and/or using a product, please check the label for the EPA registration number is included on the list found in the links below. The products may have different names and branding, but if they contain the EPA registered disinfectant on the list below, they are recommended for use against the coronavirus. Follow the directions on the label for proper use. https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2

  - Do not use disinfectant on children's toys or any materials that they can put in their mouths. It is safe to sanitize the toys, but not to disinfect them.

Products to Use
For cleaning, use a detergent or soap and water prior to disinfection.
For disinfecting, use products that are EPA-approved for use against coronavirus. This list can be found here:
https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2

Common disinfectants include:
Disinfecting wipes (Clorox, Lysol)
Disinfectant spray (Purell, Clorox, Lysol)
Isopropyl alcohol
Hydrogen peroxide

Follow the manufacturer's instructions for all cleaning and disinfection products for concentration, application method and contact time. If using wipes, pay attention to the directions on the label, as it will state how long the surface must remain wet to be effective. Note: keeping the surface wet may require several applications.

Bleach can also be used, if appropriate for the surface. Be sure the bleach has contact with the surface for at least 1 minute. Prepare a bleach solution by mixing: 5 tablespoons (1/3 cup) bleach per gallon of water or 4 teaspoons bleach per quart of water. Keep the bleach solution, and all chemical, out of reach of children and stored safely away when not in use.

Frequency of Cleaning
Clean and disinfect frequently touched surfaces throughout the day and, if open 24 hours, at night.These include tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks.

Toys and other equipment
Individual toys should be used, discontinue games or play that encourages the use of shared toys or equipment - such as crayons, footballs, basketballs, card games, board games, or puzzles. Toys with hard surfaces that are easily wiped down and clean are preferred. Soft materials, such as clothes or plush stuffed animals should be avoided. Avoid games that require close contact and/or touching. Shared experiences, such as water play tables or sandboxes, should not be used.

Ideally, each child will receive their own toy or, if older, computer/tablet. Individual toys/items, such as crayons can be brought with the child from home. Once the child has finished playing with the toy, it should be taken out of service for cleaning. Keep a designated bin for separating mouthed toys and maintain awareness of children's behaviors. When a child is done with a mouthed toy, remove it, place it in a toy bin that is inaccessible to other children, and wash hands. Clean and sanitize toys before returning to the children's area. In addition, clean and sanitize all toys at the end of the day.

When outside, the use of playground equipment is discouraged, as the virus can live on plastic for several days. Similarly, areas that contain surfaces that are touched by a lot of individuals, such as staircases, swings, monkey bars, etc. are discouraged. Consider having the children play in areas that are less likely to be contaminated and areas where children can spread out and maintain social distancing, such as large fields. Outdoor play time should be structured in a way that minimizes the mixing of student/teacher groups - children should not be allowed to play with children from other classrooms.

Shoes
Consistent with existing practices (*See Caring for Our Children 5.2.9.14),* adults and children should remove or cover shoes before entering a play area used by infants.

Laundry
In order to minimize the possibility of dispersing virus through the air, do not shake dirty laundry. Wash items as appropriate in accordance with the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely. Dirty laundry that has been in contact with an ill person can be washed with other people's items. Clean and disinfect hampers or other carts for transporting laundry according to guidance above for hard or soft surfaces.

If bedding is used in your program (sheets, pillows, blankets, sleeping bags). The CDC recommends (March 31, 2020 guidance) - 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.

For staff, it is recommended that you wash your clothes after each shift. Ideally, when arriving home, place work clothes directly in the washer. If a washer is not available, place work clothes into a garbage bag until they can be washed. Not wearing your work clothes inside your home helps keep any potential contamination contained.

When washing possibly contaminated items it is best to wear disposable gloves if possible and throw them away after each use. If you use reusable gloves, be sure to wear them only when cleaning and disinfecting items or surfaces that have been exposed to the virus. Then keep the gloves in a separate bag. After taking off the gloves, wash your hands for at least 20 seconds in soap and water. If you don't have gloves, do the laundry with your bare hands, and wash your hands thoroughly after you're done touching contaminated items. Also be extra mindful to keep your hands away from your face throughout this process.

Wash contaminated clothes and linens as you normally would, but use the warmest appropriate water setting for the items and dry items completely. says. While the CDC (link to CDC page here) does not specifically recommend using a detergent plus bleach, the International Scientific Forum on Home Hygiene states that bleach may help inactivate viral microbes in the wash. So if you're washing whites and light colors, you could add bleach to the load. Or you could use a detergent that contains a color-safe bleach if it's appropriate for the fabric. The entire washing process itself should rid fabrics of the coronavirus as it is the combination of detergent, warm water, and physical agitation in the rinse and spin cycles that removes, inactivates, and washes away viral microbes. Once the washing is done, using a dryer may be better than hanging the clothes to dry because the heat may also help inactivate any viral microbes. In addition, dry fabrics are less likely to transfer germs than wet ones.

Electronics

For electronics such as tablets, touch screens, keyboards, cell phones, remote controls, and ATM machines, remove visible contamination if present. Follow the manufacturer's instructions for all cleaning and disinfection products. If no manufacturer guidance is available, consider the use of alcohol-based wipes or sprays containing at least 70% alcohol to disinfect touch screens. Dry surfaces thoroughly to avoid pooling of liquids.

For cell phones, ensure you pay special attention to the screen, buttons and case. Phones should be treated as other high-touch areas and cleaned frequently. Don't use bleach. Avoid getting moisture in any openings, and don't submerge your device in any cleaning agents. Wash hands once done.

ADDITIONAL RESOURCES
Checklist - Should my program re-open?

Do you have an adequate number of trained staff currently employed or on furlough that are covered by health insurance to staff the entire operation? (No program should include staff on-site that are not covered, such as new hires that have a waiting period until health care coverage starts)

Have I met with legal counsel and addressed liability matters for staff and participants and whether the fiscal grantee or funders have indemnified the program?

Do you have adequate space to spread out to meet physical distancing requirements?

Do you have control over the cleaning of a space, or if partnering with another entity that does, is there an agreement about who will be responsible for paying for and conducting:

a) An initial deep cleaning and disinfecting of the facility unless it has been entirely empty for 14 days
b) Regular nightly cleaning, sanitizing and disinfecting of all spaces and materials
c) Daily disinfecting of regularly used surfaces

Have you determined that there is need in your community for care, either by surveying recent child care clients or working with a local essential services employer?

Have you spoken with your local health department or regional health department to determine what their requirements are?

Staff Training Resources

Institute for Childhood Preparedness
The Institute for Childhood Preparedness has a staff of public and environmental health, pandemic preparedness and emergency preparedness experts. They have coronavirus specific resources - including online training in English and Spanish.
https://www.childhoodpreparedness.org/

Connecticut After School Network
The Connecticut After School Network is available to support school-age child care providers with free training and technical assistance during the COVID-19 crisis, including implementation of this guidance.

Care4Kids Health and Safety Training https://www.ccacregistry.org/

Other ATAC providers

Reference Statewide Afterschool Networks where they can find theirs

Signs, Symptoms and Risk Factors

To keep facilities, staff, children, and communities safe, child care programs should ask families to answer the following questions:

- Have you tested positive for COVID-19?
- Have you or anyone in your household been tested for COVID-19?
- Do you or does anyone in your household think they could have COVID-19?
- Do you or anyone in your household (including children) have these symptoms or have been in close contact with anyone with these symptoms?
    - Fever
    - Cough
    - Shortness of breath
    - Sore throat
    - Diarrhea

If any of the above answers are yes, entry to the program should be denied.

Some special types of child care programs may be designated to care for only children that are mildly ill, with consultation of a child care health consultant. If a program opts to provide this service, the program should reference http://nrckids.org/CFOC/Database/3.6.1.1 and http://nrckids.org/CFOC/Database/3.6.2.5.

Each child that attends the program will undergo a daily health check and be monitored throughout their stay for the following:

- Fever (this may be defined more specifically by licensing authorities)
- Shortness of breath
- Sore throat
- Fatigue, or being unable to participate in activities as normal
- Complaining of not feeling well
- Vomiting
- Abnormal stools such as diarrhea
- Runny nose or eyes
- Coughing

SAMPLE Daily Checklist for Programs

See our website here:
http://ctafterschoolnetwork.org/wp-content/uploads/2020/04/Sample-Daily-Checklist-YMCA.pdf

Checklist of ADDITIONAL Actions when a COVID Case has Occurred at a Camp Program

See our website here:

http://ctafterschoolnetwork.org/wp-content/uploads/2020/04/Additional-Checklist-after-COVID-case.pdf