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Introduction

Background and Rationale: The guidance below has been developed to make the Lighthouse for Children Child Development Center (LFC CDC) as safe as possible during the COVID 19 pandemic. The office of Fresno County Superintendent of Schools is committed to supporting the health and safety needs of our children, families, and staff while making every effort to maintain high quality standards during the pandemic. This document provides information regarding physical distancing and safe and healthy practices to prevent the exposure to health-related illnesses, effective July 1, 2020, until further notice. It is important to recognize that as a public entity the LFC CDC must comply with more rigorous requirements if required by federal, state, or local authorities. The guidance provided within this document is subject to change as updates are received from the Public Health Department and Superintendent Yovino.

We recognize that these are unprecedented times. As the United States continues responding to the coronavirus pandemic, the LFC CDC has a responsibility to continue providing quality care and education services for families in need of childcare. Numerous studies have proven the effectiveness and impact of high quality childcare. While this pandemic has certainly affected 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 children. Therefore, it is now more vital than ever that we provide our children with services that excel in health, safety, and quality. We ask for patience, support, and understanding from all staff as it essential to ensure we bring the guidance within this document to fruition in support of enhanced health and safety practices.

Section 1 - Planning and Coordination
Please review the "Am I Ready?" (pg.31).

Section 2 - Staffing
FCSS Employee Toolkit
Staff serving these programs should be deemed ‘essential’ and will follow all guidelines for all FCSS staff as outlined and updated regularly in the FCSS Employee Toolkit found here.

Health Champion - Site Supervisor or Center Director
Although health and safety is the responsibility of all the LFC CDC staff, the Health Champion will oversee all health and safety practices at the LFC CDC. The Health Champion is responsible for ensuring the safety of all staff and children in the LFC CDC and is responsible for reminding/monitoring staff and children to do simple things like washing hands, covering a cough, physical distance, etc. The Health Champion should be mindful of the mental health of staff and children while providing support in upholding the guidance provided within this document.

On-Site Infection Control Staff
This position will ensure high traffic areas in the LFC CDC are cleaned, sanitized, and frequently disinfected to ensure infection control. This position goes beyond regular cleaning/janitorial services, and includes any shared spaces such as the entrance lobby, health service room, hallways, break room, staff lounge, CDC conference room, and
restrooms.

**Required Staff Education and Training**

All LFC CDC staff will be educated on the following high-quality health and safety practices including COVID-19 basic guidelines for the operations of essential childcare facilities:

- Prevention of infection and spread of the disease
- Hand washing
- Hygiene
- Personal protective equipment
- Signs and symptoms of coronavirus infection
- Avoid touching eyes, nose, and mouth.
- Limiting close contact with others as much as possible and maintaining more than six feet of separation.
- Coughing and sneezing etiquette.
- Safely using cleaners and disinfectants on surfaces and objects, which includes:
  - The hazards of the cleaners and disinfectants available for use at the worksite.
  - Wearing personal protective equipment (such as gloves).
  - Ensuring cleaners and disinfectants are used in a manner that does not endanger employees or children at the facility.
- The importance of staying home if they have a frequent cough, sneezing, fever, or difficulty breathing.
- The employer’s plan and procedures to follow when children become sick at the facility.
- The employer’s plan and procedures to protect employees from COVID-19 illness.

In an effort to ensure all LFC CDC staff, receive the training needed to maintain the high quality health and safety practices described above all LFC CDC staff are required to complete the following health, safety, and COVID-19 training on the California Childhood Online Website (CECO) at [https://www.caearlychildhoodonline.org/](https://www.caearlychildhoodonline.org/) including the following modules:

- Health and Safety
  - Safe Spaces in Child Care Module
  - Handling Hazardous Materials Module
  - Infectious Diseases in Childcare Module
  - Emergency Preparedness in Childcare Module
- COVID-19 Health and Safety

**Required Education for Children**

- The LFC CDC teaching staff must ensure curriculum and educational methods include teaching children how they can help prevent the spread of COVID-19, including but not limited to the following:
  - Frequent hand washing and procedures.
  - Avoiding close and direct contact with other children and facility staff.
  - Communicating with their teacher as soon as possible if they feel sick.
  - Coughing and sneezing etiquette (cover coughs and sneezes with a tissue or sleeve; not hands).
- Discouraging children from sharing food, drinking cups, eating utensils, paper towels, etc.

**Temporary Reduction in the LFC CDC Hours of Operation/Group Sizes**
The LFC CDC will temporarily modify the hours of operation to 7:30am – 5:30pm to allow for adequate time at the beginning and end of the day for LFC CDC staff to clean, sanitize, and/or disinfect daily. The Site Supervisor will work with staff to modify their employment schedules until further notice to meet the needs of the center. If available teacher assistants may be asked to temporarily increase their employment hours to meet the needs of the center.

Additionally, the LFC CDC may temporarily reduce the number of children in each classroom and gradually increase the numbers over time in consultation with the Fresno County Public Health Dept.

**LFC CDC Staff Breaks**
Staff break schedules will be staggered when possible to limit the number of staff using the staff break room/staff lounge. The LFC CDC Master Teachers will cover staff breaks in their classroom when possible to limit the need for other adults to enter the class.

If a classroom needs support with covering their 15 minutes breaks due to child/teacher ratios, Master Teachers are responsible for ensuring the Lead Master Teacher is notified to provide coverage or alternatives. If staffing is limited due to unforeseen circumstances, teacher assistant breaks will be prioritized.

All 6-hour Teacher Assistants will be provided with a 45-minute lunch break in the middle of their shift. If staffing is limited due to unforeseen circumstances, the Lead Master Teacher will inform Teacher Assistants of any plans to modify their break schedule. This modified schedule includes the 6-hour Teacher Assistants taking a 15 minutes break (AM/PM depending on schedule) followed by a 30-minute lunch break.

**Plan for Staff Absences during the COVID 19 Pandemic**
If the LFC CDC encounters an unforeseen increase in CDC staff absences related to COVID-19, the Site Supervisor will consult with the Senior Director to request the support of other Early Care and Education staff to ensure teacher/child ratios and cleaning practices are maintained.

**Section 3 - Access Control**
People at Increased Risk for Serious Complications of COVID-19
Individuals who are over 65, pregnant, or have underlying health conditions, including those with compromised immune systems or respiratory conditions like severe asthma, are at higher risk of developing complications from this virus.

FCSS employees who are sick with any illness, are exhibiting signs or symptoms of flu-like illness, have tested positive for COVID-19, or suspect that they may have been exposed to the virus must stay home, contact the Site Supervisor and the office of FCSS Benefit Specialist. As a daily best practice, it is recommended to document and track all known incidents of possible exposure to COVID-19.
Modified LFC CDC Entry Plan
As part of our strategy to limit the spread of coronavirus, visitors to the LFC CDC will be suspended until further notice including non-essential activities. Signs will be posted at the entry of the LFC CDC that clearly states only essential personnel will be admitted into the program space. All children, staff, parents, guardians, or any other person showing flu-like symptoms, have been in contact with someone with COVID-19 in the last 14 days will be denied entry to the LFC CDC. In addition, if children/parents/staff have traveled from another country or other specified locations identified by the Center for Disease Control and Prevention; they should self-isolate for 14 days to make sure they are free of infection or flu-like symptoms. Contact the office of FCSS Health Services Director and Human Resources for more guidance.

To keep the safe and children safe parents/guardians, and other visitors will not be permitted inside the CDC classrooms or observation rooms until further notice and any person requesting entry/access to the LFC CDC including but not limited to FCSS employees, building maintenance, delivery personnel, janitorial staff, food service deliverer, etc.) must pass the corresponding “FCSS Health Screening Questions below:

Employee Health Screening
All FCSS employees who report to an FCSS work site/location (in-person) are required to “self-certify” their health by answering the questions below prior to entering their assigned work location:

1. Do you have a fever?
   i. Employees: Temperature check to be self-administered by accessing thermometer located at Health & Sanitation Stations or designated area at your work location.
2. Do you have chills?
3. Do you have a new or worsening cough?
4. Do you have shortness of breath?
5. Do you have loss of taste or smell?
6. Do you have nausea/vomiting or diarrhea?
7. To your knowledge, have you had close contact with anyone diagnosed with COVID-19 in the past 14 days? (Close contact is considered as being within six feet of someone, unmasked, for more than 15 minutes at one time.)

If employee answers “no” to the questions above and temperature is less than 100.4, they can report to work. FCSS employees will be expected to adhere to the following precautions:
- Wash hands with soap and water or alcohol-based sanitizer before starting work and frequently throughout the day
- Practice social distancing, sit and/or stand at least six feet from other people
- Do not shake hands or hug people, and do not share food or drinks
- Avoid touching eyes, nose and mouth with unwashed hands
- Sanitize work area before leaving each day
- Practice good respiratory etiquette (cover cough and sneezes with a tissue or into sleeve)
- Contact immediate supervisor and leave work immediately if employee starts to
feel feverish or have respiratory symptoms

If employee has any listed symptoms but NO temperature:
• If symptoms secondary to underlying disease (such as allergies or asthma) or dietary condition(s) and not worsened compared to baseline, then employee can continue to work and follow precautions as stated above
• If symptoms are new, stay home and contact immediate supervisor for further instructions

If employee has fever of 100.4 or higher:
• Stay home and contact your immediate supervisor for further instructions

Supervisors and managers will utilize and consistently apply the COVID-19 Health Screening Decision Tree for Supervisors to determine whether the employee should stay home or report to work.

The LFC CDC staff will self-screen using the above criteria and questions before entering the LFC CDC daily. The LFC CDC staff must also take their temperature every day before arriving to work. If you are taking your temperature orally, do not eat or drink anything for 15 minutes prior to taking your temperature. Any temperature or COVID-19 exposure needs to be reported to the Site Supervisor immediately. Next, staff would remain home and contact their healthcare provider. If a staff member begins to feel ill after beginning their workday, they will report to the Site Supervisor immediately.

Child Screening
Parents/Guardians will be educated on the need to certify their child’s health before their child reports to school daily including a temperature check. Additionally, upon entry into the LFC CDC the child must pass a daily health check including a temperature check before the child is accepted. The daily health check will be completed by an authorized LFC CDC represented.

Parent/Guardians are asked to observe the symptoms outlined by public health officials and ask themselves the following questions:

1. Is my child feverish?
2. Does my child have chills?
3. Does my child have a new or worsening cough?
4. Does my child have shortness of breath?
5. Do you have loss of taste or smell?
6. Does my child have nausea/vomiting or diarrhea?
7. To my knowledge, has my child had close contact with anyone diagnosed with COVID-19 in the past 14 days? (Close contact is considered as being within six feet of someone, unmasked, for more than 15 minutes at one time.)
• If the parent answers “no” to all questions, they can allow their child to come to school.
• If the parent answers “yes” to any of the questions, they will need to stay home and consult with their doctor.

Additionally, the LFC CDC staff are responsible for observing signs and symptoms of illness
for children throughout the day and must report any observed illnesses to the Site Supervisor immediately, then isolate the child, and contact his/her parent/guardian for pick up as soon as possible. When the child’s parent/guardian cannot be reached the LFC CDC, staff must use the child’s Identification and Emergency Form to contact another authorized representative to pick up the child.

**Visitor Screening**

Visitors, outside of family authorize for drop-off and pick-up, will be admitted to the center on rare occasions. When possible, any visitor coming will be educated on the need to certify their health before coming to the LFC CDC.

Questions that visitors are expected to answer regarding their own health:

1. Do you have a temperature?
2. Do you have chills?
3. Do you have a new or worsening cough?
4. Do you have shortness of breath?
5. Do you have loss of taste or smell?
6. Do you have nausea/vomiting or diarrhea?
7. To your knowledge, have you had close contact with anyone diagnosed with COVID-19 in the past 14 days? (Close contact is considered as being within six feet of someone, unmasked, for more than 15 minutes at one time.)

- If the visitor answers "no" to all questions, they may enter the LFC CDC
- If the visitor answers "yes" to any of the questions, they need to stay home and entry will be denied

The department designee who greets the visitor at the front desk shall ask the same health screening questions as stated above prior to escorting the visitor to their destination. Temperature check will be administered by site designee. If the visitor’s temperature is 100.4 or above, the visitor will be asked to exit building immediately and reschedule their appointment.

**COVID-19 Parent Exposure**

It is possible that some parents/guardians will be exposed to the coronavirus while at work. Upon the LFC CDC reopening, all parents/guardians are required to update their child’s Identification and Emergency Information form (LIC700). Parents/guardians must identify at least two back up adults that could pick up their child/ren in the event of the following:

a) the parent shared they were exposed to COVID-19 or
b) is suspected to have been exposed to COVID-19

The parent/guardian should not pick up their child/ren from the LFC CDC. Instead, the identified back-up adult would pick up the child/ren and must show proper identification before the child is released.

**Communication with Parents**

Clear communication is essential to ensure that parents understand these policies. The parent handbook will reflect the expectations of staff regarding how to communicate
with parents. LFC CDC staff should inform parents and guardians that children should stay at home if:

- They are sick;
- Have been in contact with someone who has tested positive for COVID-19;
- If someone in the household has symptoms (cough, fever, nasal congestion, sore throat, shortness of breath, diarrhea, nausea or vomiting, fatigue, headache, or myalgia).

Parents should be aware that they have a continued responsibility to regularly screen their children for flu-like symptoms prior to arrival at the LFC CDC. Parents/guardians should be encouraged to share information about COVID-19 related symptoms with their child/ren as appropriate and in collaboration with LFC CDC staff if developmentally appropriate materials are needed/requested by the parent/guardian. Additionally, parents should be encouraged to share symptoms with the LFC CDC Site Supervisor if a parent/guardian keeps their child/ren home because they are sick. All families will be provided with information from the Center for Disease Control and Prevention regarding Coronavirus (pgs.33 – 34).

Parents/Guardians should inform the LFC CDC front desk of any contact information that has changed on the Identification and Emergency Information form (LIC700) including phone numbers of friends/relatives listed. Parents/Guardians will be provided with drop off and pick up procedures that will include the following:

- Physical distancing information
- Health screening questions
- Designated pick-up and drop-off area (LFC CDC lobby)
- Daily no contact thermometer checks before entering the LFC CDC.

**Physical Distancing**

Physical distancing requires the intentional creation of physical space between individuals who may spread contagious and infectious diseases. It also requires canceling or postponing the number of gatherings and group activities, reducing all group sizes, and maintaining six feet of distance between every individual, as much as possible.

Smaller ratios are encouraged. In an effort to support physical distancing, all classrooms must be divided into two halves with group sizes of no more than 3 children in each defined learning area. The learning areas must be cleaned and sanitized/disinfected prior to the use of another group of children. Children should be with the same group of children/staff daily until further notice. This will help reduce the spread of the virus and prevent a center or program-wide outbreak. See the ratio chart below:

Teacher to Child Ratios - subject to change at any time. Group sizes will vary based on public health recommendations.

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<tr>
<td>Toddler 1 &amp; 2</td>
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<tr>
<td>Preschool 1,2, &amp; Dual</td>
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When possible, groups of children should be kept together throughout the day and should not mix with other classrooms or combine in large groups (e.g., at opening and closing).

While accounting for the visual supervision of all children, LFC CDC teachers must arrange developmentally appropriate activities for smaller group activities, rearrange furniture, and play spaces when possible. Furthermore, teachers should find creative ways to use shelves as dividers, masking tape, or other materials for children to create their own space. If groups of children are moving from one area to another in shifts, LFC CDC teacher must ensure cleaning measures are complete before the new group enters any used area. Please follow the guidelines below to maintain optimum physical distancing in the LFC CDC:

- Master Teachers should separate children based on their primary care groups when possible and children should remain in that group daily until further notice. Therefore, large gatherings will be eliminated until further notice.
- Limit the number of children in defined areas of the classroom to not more than 3 children including table activities and mealtimes. One person should be seated on each side of the table to increase the distance between children/staff during table work/meals.
- Plan activities that do not require close physical contact between multiple children.
- Limit items sharing. If items are being shared, remind children not to touch their faces and wash their hands after use. To limit the shared use of materials, use trays to provide children with adequate materials in defined areas at tables.
- The use of water activities, sensory tables, sand play, play dough, and other sensory items will require prior approval by site supervisor.
- LFC CDC teacher must minimize/eliminate time standing in lines by planning for time efficient transitions and ensure physical distance is maintained.
- Outdoor playtime will be on a staggered schedule. The staggering schedule allows for small outdoor groups, time for classrooms to be clean, sanitize, and/or disinfect toys/materials used, tables, shelves countertop, etc.
- If multiple groups are outside at the same time, they should have a minimum of six feet of open space between outdoor play areas or visit these areas in shifts so that children are not congregating. Maintain active supervision to ensure that groups are not intermingling with each other. Always have children/staff wash hands immediately after outdoor playtime.

How to Talk to Young Children about Physical Distancing:
- Use carpet squares, mats, or other visuals for spacing.
- Implement strategies to role-play and model what physical distancing looks like by demonstrating the recommended distance when interacting with children, families, and staff.
- Give frequent verbal reminders to children.
- Create and develop a scripted story around physical distancing, as well as handwashing, proper etiquette for sneezes, coughs, etc.
- Send home a tip sheet for parents and caregivers to learn more about physical
Maintaining Physical Distancing During Napping

- Space cots 6 feet apart from each other.
- Arrange the head of each bed alternately, in opposite directions, to lessen the possible spread of illness between children from coughing or sneezing.

Section 4 - Health And Safety

Who Can Get Coronavirus?

It is important to note that everyone can potentially get coronavirus. New research has shown that approximately 50% of those who get coronavirus will not show any signs or symptoms. In short, we must act as though everyone is potentially infected with the virus; therefore, physical distancing is essential. Coronavirus does not just affect the elderly.

Coronavirus in Children

Children are at risk of getting the coronavirus. Evidence does not suggest that children are at a higher risk for of getting coronavirus than adults. Each child that attends the program will undergo a daily health screening and be monitored throughout their stay for the following:

- Fever of 100.4 or higher
- 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
- Other signs and symptoms as needed based on public health recommendations

Hygiene

Avoid unnecessary contact. For adults, this includes hugs, shaking hands, patting on the back, or 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 over an alcohol-based hand sanitizer. All staff and children are washing hands for at least 20 seconds - scrubbing their fingers, under the fingernails, and between the fingers. LFC CDC staff should 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:

- When employees/children arrive at the facility and before they leave the facility.
- Before and after handling food, feeding a child including giving a child a bottle, or eating.
- Before and after using the toilet, changing a diaper, or helping a child use the bathroom (also wash the child’s hands after helping the child use the bathroom or changing their diaper).
- After helping a child wipe their nose or mouth or tending to a cut or sore.
- After working in children’s play areas.
- Before and after administrating medication to a child.
• After handling wastebaskets or garbage

On occasions, when soap and water are not immediately available, hand-sanitizing products with at least 70% alcohol may be used. It is critical to store hand sanitizer out of reach of children. Even after using sanitizer, hands should be thoroughly washed with soap and water as soon as possible.

**Tooth brushing**

All tooth brushing for children in the LFC CDC will be suspended until further notice. However, the LFC CDC staff will encourage parents/guardians to regularly brush their child’s teeth at home.

**Breastfeeding in Classrooms**

The LFC CDC is committed to providing ongoing support to breastfeeding mothers. Mothers are welcomed and encouraged to breastfeed on-site at the center throughout the day. However, breastfeeding inside classrooms will be suspended until further notice. When a parent enters the LFC CDC to breastfeed her child, his/her teacher will bring the child out of the classroom. The Health Service office is designated as a breastfeeding room. When the child’s mother is done breastfeeding, the child’s teacher will take the child back to his/her classroom. Then the designated onsite infection control staff will clean and disinfect the room.

**Temporary Classroom Modifications Indoors/Outdoors**

- Small group time should be limited to 3 children (1 teacher with 3 children) if you have adequate staffing/supervision of other children.
- When reading to children the group size should be limited to no more than 3 children at a time.
- Defined areas of each classroom will be limited to 3 children at a time, depending on space. The number of accessible materials should be set up for a max of 3 children. The teacher will rotate materials more frequently to maintain the interest of all children.
- The LFC CDC teaching staff should plan for 3 to 5 items in each defined area at one time. You can adjust the number of materials as needed. Think about the children’s preferences, skill levels, etc. as you decide what to put in each area.
- Do not add materials such as playdough, water play, sand play, hats, helmets, dress-up clothes, puppets, animals or pillows in the indoor or outdoor environment without prior approval from the Site Supervisor.
- In the outdoor environment, place activities in different parts of the playground so the children are not congregating in one area.

**Wearing of Face Coverings**

Simple cloth-based face coverings (like bandanas or handkerchiefs) can limit the spread of the virus is placed on an individual, as this will limit the water droplets expelled from their mouths. Currently, the research suggests that wearing face coverings is more about preventing people from spreading the virus than catching it.

Face covers are required for all FCSS employees while at work except while supervising children outdoors on the play yard or eating. The following guidance regarding face
covers must be followed at all times:

- Wash hands;
- Put on face covering;
- Do not touch the face covering at all after putting it on;
- Remove your mask touching only the straps;
- Wash your hands;
- Cloth face coverings must be washed, at the end of the day. When cloth face covers are changed, place it in a bag or bin until it can be laundered with detergent and hot water and dried on a hot cycle. If you must readjust your cloth face covering while wearing it, wash your hands immediately after putting it back on and avoid touching your face.

Discard cloth face coverings that:

- No longer cover the nose and mouth;
- Have stretched out or damaged ties or straps;
- Cannot stay on the face;
- Have holes or tears in the fabric.

Face covers are expected to be worn for all children 3 years old and up however they are not required to be worn if it becomes a violation of a child’s personal rights or there are other health and safety concerns. The LFC CDC staff must include face-covering activities as part of classroom curriculum to teach children how to where face covers, their purpose, allow children to become comfortable wearing face coverings consistently, removal, etc. If a parent requests their child wear a face cover all day, teachers should remind parents/guardian of the following:

- Children can be encouraged to wear a face cover but the LFC CDC staff cannot force a child to wear a face cover.
- If the child’s face cover becomes contaminated, it will be removed and placed in a zip lock bag in the child’s cubby. At the end of the day, the parent will take the face cover home to wash. If the child has an extra face cover, the child’s teacher will support the child with putting it on.
- If the child continuously touches his/her face, the child’s face cover maybe removed due to additional health concerns.
- Children will not be permitted to wear face covers during the resting period.
- Children under 2 years old will not be permitted to wear face covers at the LFC CDC due to the Center for Disease Control and Infection and American Academy of Pediatrics (APP) recommendations.

Child Health Screening Upon Entry

- Only one adult per family will be permitted inside the LFC CDC lobby to drop off children.
- To the extent possible, the same parent or designated adult should drop off and pick up the child every day.
- Parents should drop off and pick up children outside of LFC CDC in the LFC lobby. While waiting, families must stand 6 feet apart.
- Designated FCSS staff will be available in the LFC CDC lobby from 7:30 am – 8:30 am daily to complete health screenings. If parents arrive and a designated staff person is not outside to complete a health screening, parents will receive
instructions to call the LFC CDC for assistance.
  o As a daily best practice, Health Screening staff/Site Supervisor will document and track all known incidents of possible exposure to COVID-19.
  • When possible, the designated staff person accepting the child after passing the Health Screening will be the child’s primary teacher or other familiar adult. The primary teacher will be called upon arrival of one of their children to stand by until the health screening is complete. Upon completion of the child’s health screening, the child’s primary teacher will walk the child to their class.
  • Parents must wash their hands or use hand sanitizer before and after signing the child in/out and passing a child that cannot walk on their own to the designated teacher.

Drop Off Procedures
1. Parents/Guardians should report to their child’s designated drop off area in the LFC CDC lobby. Parents should be spaced 6 feet apart from each other in their designated drop off area.

2. Families will be approached using “first come first serve” basis maintaining a 6 feet distance. A designated FCSS staff member will approach the family with the child’s folder that includes the child’s sign in sheet, daily health observation log, and a pen. The designated FCSS staff member will complete the Health Screening (see # 3) including a no contact temperature check.

After taking child inside his/her classroom, the designated staff person and child should wash hands with soap and water immediately.

The staff person at the front desk will call the child’s classroom and the designated staff member will meet the family in the designated drop off location. If the child passes the Health Screening, the parent/guardian will sign the child in and the designated staff member will walk the child to his/her class. If the child can walk toward the teacher on their own, they should do so. If the child cannot walk, the teacher should take the child from parent’s arms with the least amount of contact possible.

When possible, the designated staff member will be a Master Teacher or Teacher Assistant to allow important information to be shared at the beginning of the day.

3. As part of the Daily Health Observation log (pg. 32) for question the designated FCSS staff member will conduct a health screening from a safe distance including a temperature check and ask the parent/guardian the following questions which will be documented on the child’s health observation log:
   a. Is your child feeling sick today?
      i. IF YES, is there a behavior? - lethargic, poor appetite, itching, unusually cranky etc.
      ii. Coughing, fever, sore throat? Were medications used to lower temperature?
   b. Has the child had contact with anyone that is sick?
c. Has anyone in your household been sick at all in the last few days?

Children, staff, parents/guardians who shared or show symptoms of COVID-19 or have been in contact with someone with COVID-19 in the last 14 days will not be permitted at LFC CDC.

If family answers “No” to all questions, the designated staff will take their child’s temperature (forehead) with a no contact thermometer. If the child’s temperature is higher than 100.4 degrees, entry will be denied.

Pick Up Procedures
Only one adult per family will be permitted inside the LFC CDC lobby to pick up children.

1. Parents/Guardians should report to their child’s designated pick up off area in the LFC CDC lobby. Parents should be spaced 6 feet apart from each other in their designated pick up area.
2. The staff person at the front desk will call the child’s classroom and inform their teacher the parent has arrived to pick up their child/ren.
3. The designated staff member will wash their hands, obtain the child’s folder with their attendance sheet, and walk the child to his/her designated pick up location. The parent/guardian will sign their child out, information about the child’s day will be shared, and the designed staff member will encourage the parent to support their child with handwashing before departing. Then designated staff member will then wash their hands before returning to their classroom.

If the child can walk toward the parent on their own, they should do so. If the child cannot walk, the teacher should take the child to the parent arms with the least amount of contact possible.

No Contact Child Temperature Check Procedures
1. Perform hand hygiene by washing your hands with soap and water for 20 seconds. If soap and water are not available, use a hand sanitizer with at least 60% alcohol.
   a. Put on disposable gloves;
   b. Check the child’s temperature;
2. Thoroughly clean the thermometer with alcohol in between each check;
3. Remove gloves, wash hands;
4. Document temperature and health observation;
5. Accept child if temperature is below 100.4 degrees;
6. Wash hands.

Monitoring Children for Illness
- The LFC CDC teachers are responsible for monitoring children throughout the day for any signs of possible illness. If a child exhibit signs of illness, LFC CDC teachers must notify the Site Supervisor and contact the child’s parent/guardian immediately to pick up the child.
  o Sick children should be isolated in the health services office when possible or 6 feet away from other staff/children on a cot, near an open window for ventilation.
Strict handwashing must be followed for all staff and children and handwashing signs must be posted in restrooms and near sinks that show proper handwashing techniques.

Returning to the LFC CDC after Suspected COVID-19 Symptoms
If you have a child or staff member with suspected COVID-19 symptoms or a confirmed diagnosis, notify the Site Supervisor immediately who will follow FCSS procedures and contact the FCSS Health Director or other FCSS designee for further guidance.

Section 5 - Food Safety/Meal Service
Food Service/Preparation
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. Therefore, 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 the Center of Disease Control and Infection Environmental Cleaning and Disinfection guidance of all hard surfaces, including tables and countertops that are used by employees for food preparation and service. Have employees (not children) handle utensils and serve food to reduce spread of germs.

Preparing Meals on Site
LFC CDC staff who prepare meals must monitor food handler health and hygiene to include frequent hand washing and no bare hand contact with ready to eat foods. Gloves should be used as a way to protect food but remember hands must be washed before putting on gloves and in-between tasks.

Meal Service
Family style meal service until further notice and we will utilize a fixed meal service system which meals will be prepackaged for children.

As an additional health and safety measure, the LFC CDC will use disposable bowels, plates, cups, and eating utensils for all meals as needed until further notice. Do not allow children to share dishes, drinking cups, eating utensils – the infant room should not use disposable eating utensils. As a result, the LFC CDC teachers must wash all tableware and utensils using a commercial dish machine or by using soap and water in a three-compartment sink and dipping in a bleach solution then air-drying.

Here are some items to take into consideration for food safety:
- Keep food covered to avoid contamination.
- Stagger meal periods so that physical distance can be maintained.
- Arrange tables and chairs to allow for physical distancing. No more than three children and one adult per table.
- Utilize more tables to spread children out and ensure adequate spacing of children. One child should sit on each side of the table with one staff.
- LFC CDC teacher will need to ensure tables and chairs are washed and sanitized.
before and after meals.

- Adults and children must wash their hands (20 seconds with warm water and soap) before and after eating.
- Teachers will remove and discard all food from the table after meal’s
- The LFC CDC kitchen assistant will ensure the chemical dishwasher is functional with the appropriate amount of sanitizer or appropriate temperature rinse for sanitizing utensils.

**Section 6 - Cleaning And Disinfecting Considerations**

Staff must post and utilize the NAEYC Cleaning, Sanitizing, and Disinfection Frequency Table in their classroom that has been temporarily revised by the Site Supervisor to enhance cleaning, sanitizing, and disinfection (pg.37- 41) Staff cleaning should follow the disinfectant manufacturer’s instructions:

- Use the proper concentration of disinfectant.
- Maintain the sanitizer/disinfectant for the required wet contact time.
- Follow the product label hazard warnings and instructions for personal protective equipment (PPE) such as gloves, eye protection, and adequate ventilation.
- Use disinfectants in a well-ventilated space. Extensive use of disinfectant products should be done when children are not present and the facility thoroughly aired out before children return.
- Childcare facilities must have a Safety Data Sheet (SDS) for each chemical used in the facility.

**Washing Clothes, Holding, or Feeding a Child**

It is important to comfort crying, sad, and/or anxious infants and toddlers by holding them. When washing, feeding, or holding very young children:

- LFC CDC teachers must protect themselves daily by wearing a button-down, scrub top provided by the program. The scrub top must be washed after each use. Take off your scrub top before breaks or getting into your car to drive home. Place it in a laundry basket to launder at the end of the day.
- Change clothes when soiled or after comforting a child where secretions may have transferred onto your clothes. Bring a couple of changes of clothes to work.
- LFC CDC working directly with children or food, must wear hair up off the collar in a ponytail or other up-do.
- LFC CDC staff should wash their hands, neck, and anywhere touched by a child’s secretions.
- LFC CDC staff must change a child’s clothes if secretions are on the child’s clothes. Therefore, parents are required to maintain at least 2 changes of clothes in the CDC for their child in the event of an accident, which are to keep it in a child’s basket in their cubby and should not be shared with other children. Teachers cannot accept plastic bags from parent due to the safety hazard.
- Contaminated clothes must be placed in a bag or washed in a washing machine.
- LFC CDC staff must wash their hands before and after handling infant bottles prepared at home or prepared in the facility. Bottles, bottle caps, nipples, and other equipment used for bottle-feeding should be thoroughly cleaned after each use by washing in a dishwasher or by washing with a bottlebrush, soap, and water.
Cleaning, Sanitizing and Disinfecting Defined
Cleaning refers to the removal of dirt and impurities, including germs from surfaces. Cleaning alone does not kill germs. However, removing the germs decreases their number and therefore, 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.

Cleaning
LFC CDC staff should 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 it in the laundry basket after use, do not use on multiple surfaces. High-frequency touch areas should be sanitized every hour if possible, if not then as frequently 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, 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 but not limited to clothing, towels, any cloths used, etc.

Sanitizing
Reduces germs on inanimate surfaces to levels considered safe by public health codes or regulations. Sanitizing may be appropriate for food service tables, high chairs, toys, and pacifiers.

Disinfecting
Destroying or inactivating most germs on any inanimate object, but not bacterial spores. Disinfecting may be appropriate for diaper tables, door and cabinet handles, toilets, and other bathroom surfaces.

LFC CDC staff must 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.

Playgrounds
LFC CDC staff should ensure children play in areas that are less likely to be contaminated and areas where children can spread out and maintain physical distancing while maintaining active supervision. Outdoor playtime should be structured in a way to minimize the mixing of student/teacher groups. Children should not be allowed to play
with children from other classrooms and must be 6 feet apart from other groups. Playground equipment must be sanitized between group uses. LFC CDC teachers should pay special attention to high touch areas like handrails and faucet handles.

Carpets
Disinfecting carpets is not necessary or recommended for respiratory viruses. Viruses do not live long on soft surfaces. Thorough vacuuming with HEPA filter equipped vacuums will help remove dust and particles. Teachers should thoroughly clean and disinfect carpets with appropriate chemicals if there is blood, urine, feces, or vomit.

Ventilation
Ventilation is an essential part of maintaining good indoor air quality. To ensure adequate ventilation, LFC CDC teachers should air out classrooms by opening windows (using window locks to secure windows) before and after children are present.

Shared Hands-On Teaching Materials
The LFC CDC staff need to following the NAEYC Cleaning, Sanitizing, and Disinfection Frequency Table (pg. 37 – 41) to minimize the potential for the spread of germs in the program. Additionally, LFC CDC teachers must temporarily remove toys that cannot be easily cleaned including but not limited to manipulatives and toys such as stuffed animals, pillows, sensory table, water table, playdough or obtain consent for use from the Site Supervisor.

Bathrooms
- Sanitize the sink handles and toilet handles before and after each child’s use.
- Teach children to use a tissue when using the handle to flush the toilet.
- Wash hands for 20 seconds and use paper towels (or single use cloth towels) to dry hands thoroughly.

Toys and Other Equipment
Individual toys should be encouraged. Temporarily discontinue games that promote the use of shared toys or equipment such as balls, card games, board games, puzzles, etc. The LFC CDC will purchase a pencil box for each child and add crayons, scissors and pencils in each box. LFC CDC teachers will label the box with the child’s name. Toys with hard surfaces that are easily wiped down and clean are preferred. Soft materials, such as clothes or plush stuffed animals, must be avoided. Shared experiences, such as water play tables or sandboxes, cannot be used without prior approval from the Site Supervisor.

Once a child has finished playing with a toy, LFC CDC should take it out of service for cleaning. Each classroom will be provided a designated bin for separating mouthed toys/toys for cleaning. 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 disinfect toys before returning to the children's area. In addition, clean and sanitize all toys at the end of the day.

Infant Room Shoe Covers
LFC CDC will continue our existing practices. Adults and children entering the Infant room must remove or cover their shoes before entering a play area used by infants.
Laundry

LFC CDC parents/guardians will be advised that blankets will not be brought back and forth from home. Instead, they will be encouraged to bring one blanket for their child to remain at the LFC CDC in the child’s cubby. If a parent/guardian does not bring a blanket, the child can borrow one from the LFC CDC. As a result, LFC CDC teaching staff will wash all child blankets as needed when dirty or soiled or as follows:

- Infants: Mondays
- Toddler 1 and 2: Tuesdays
- Preschool Classrooms: Wednesdays

Laundry should be commingled when possible to minimize washing small loads and increase the availability of the washing machine.

Dirty towels must be placed in the laundry room basket labeled dirty clothes by 3:45 pm each day. The LFC CDC teaching staff must not leave dirty laundry in classrooms overnight. The Onsite Infection Control staff will load the washer and wash the towel using hot water then place them in the dryer for teachers to retrieve as needed at the beginning of each day.

When handling laundry for children in care, staff should adhere to the following guidance:

- To minimize the possibility of dispersing virus through the air, do not shake dirty laundry. When transferring items from the laundry bin to the washer, shake items as little as possible in order to minimize virus dispersion.
- Launder items using the warmest appropriate water setting for the items and dry items completely.
- Clean and disinfect hampers or other carts for transporting laundry according to the guidance above for other hard or soft surfaces.
- Gloves should be worn when handling dirty laundry and hands must be thoroughly washed after touching contaminated items.
- While handling laundry, keep your hands away from your face throughout the entire process.
- It is okay to combine the laundry of multiple classrooms. Dirty laundry that has been in contact with an ill person can be washed with other people’s items as well. The Center for Disease Control and Prevention states that as long as you take measures to safely handle contaminated items, there is no need to do a separate load for those linens and clothes.
- Always set the washing machine using the sanitize option.

Electronics/Other Teacher Supplies

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

All LFC CDC staff will be provided individual pencil box with necessary office supplies to prevent shared use of materials, including pencils, pencils, scissors, glue, and a hole
puncher. Limit shared use of other office supplies. If using shared materials, avoid touching your face, eye, nose, and mouth and immediately wash your hands.

Considerations to Maintain a Clean Environment
- Implement procedures to ensure all frequently touched surfaces are clean.
- Designate a tub for toys that need to be cleaned and/or disinfected after use.
- Have multiple toys and manipulatives accessible that are easy to clean and sanitize throughout the day.
- Limit the amount of sharing.
- Offer more opportunities for individual play and solo activities, such as fine motor activities (i.e., drawing, coloring, cutting, puzzles, and other manipulatives).
- Plan activities that do not require close physical contact between multiple children.
- Stagger indoor and outdoor play and adjust schedules to reduce the number of children in the same area.

Section 7 – Distance Learning Plan
Plan to Provide Quality Services
During this unprecedented health crisis, our primary focus is staying connected with the children and families. When the LFC CDC reopens for direct services, we will continue to provide distance-learning services for families who choose to keep their children at home.
The LFC CDC priorities include:
1. Maintaining consistent and open communication with children and families.
2. Providing virtual learning opportunities for children.
3. Connecting families to community resources.

Additionally, the LFC CDC has adopted a Teach, Learn, and Connect model (TLC). Our Child Development Center staff will be using this model during the distance-learning period.

✓ **Teach:** Provide children with learning opportunities to the greatest extent possible, a minimum of twice a week.

✓ **Learn:** Expand your learning on available distance learning resources and future your knowledge on Early Childhood best practices.

✓ **Connect:**
  - Connect with Children: Establish communication with children.
  - Connect with Colleagues: Establish communication with colleagues.

Master Teachers and Teacher Assistants will continue reaching out to the children and families participating in distance learning services at minimum twice a week through various methods of communication such as:
1. Phone calls, Text, emails
2. Virtual meetings (whole class or one on one) via ZOOM, Microsoft Teams, or other virtual face-to-face platforms.
3. Sending messages or videos to parents/children via Learning Genie.
4. Sending activities to families via Learning Genie regularly.
5. Sending a Monthly Home Activity Plan to support children across all developmental domains including songs/chants, a nutritious recipe, and a parent resource.
Our goal is to stay connected with children and families to ensure that learning continues at home and families have support available in accessing essential resources and services during this distinctive time.

**Meeting the Needs of Families**
The LFC CDC staff will continue contacting families a minimum of twice a week. Staff are documenting outreach efforts by completing a communication log regularly. The communication log will be shared with the Site Supervisor as requested, who will support teachers in reaching families.

Additionally, the LFC CDC staff created a Parent Survey that will be sent out following random Classroom ZOOM Meetings and the survey includes the following question to support families with requested referrals:

Do you need a referral/resources for support with any of the following categories:

- a. Child’s learning, development, school readiness
- b. Basic family needs - food, water, counseling, electricity, etc.
- c. Medical/Dental
- d. Nutrition
- e. Other

If a parent requests a referral for services, the Site Supervisor/Master Teacher will work together to connect the parent with the requested resource(s). Teachers will work closely with families to ensure essential needs are being met with the support of the Site Supervisor. Family needs will be identified and addressed using the results of the survey and communication outreach notes indicated by Teachers on a Communication Log.

**Supporting Families with Educational Activities**
The LFC CDC teachers must:

- a. Create monthly developmentally appropriate home activity calendars for families that includes a daily activity to do with their children at home.
- b. Send out other activities daily via Learning Genie that families can do at home with their child/ren.
- c. Create individualized learning plans following every child assessment and share the plans with parents/guardian to continue supporting children at home in areas identified on the DRDP in need of further support. The family interest/input section and the Child Interest Parent Section must be complete with the parent/guardian to ensure planning is a collaborative process and parent input is added.
- d. Share the Home at Daily Routine created for families.

**Professional Development and Training**
During an emergency, the LFC CDC will primarily utilize the following online training platforms to support Master Teacher and Teacher Assistants with obtaining Professional Development hours though there may be other online platforms used.

- Quality Counts California
  https://www.cde.ca.gov/sp/cd/re/elcd covid19.asp
- California Early Childhood Online (CECO)-Health and Safety modules
  https://www.caearlychildhoodonline.org/
- DRDP webinars
  https://www.desiredresults.us/webinars
Professional development opportunities will be tracked in the following by: Using iPinwheel, which is an internal tracking system that tracks the professional development hours of our Master Teacher and Teacher Assistants.

Master Teachers and Teacher Assistants are also responsible for documenting professional development opportunities on their individual “Ongoing FCSS Telework Professional Development Log” as trainings are complete and add their training certificates to individual electronic folders created for each teacher that can be accessed by the Site Supervisor at any time.

If an effort to improve staff skills and quality of services during an emergency the LFC CDC will ensure professional development and training, meet the needs of child, families, and staff by requiring specific professional development trainings aligned with the emergency (ex. CECO Health and Safety Training and COVID-19) and using the online training platforms listed above. Some trainings will be require for all staff to complete and staff will have some autonomy to choose trainings that are meaningful to them or that they recognize as personal need for professional growth. Additionally, ongoing support and training will be available for staff to use various systems/platforms that may be used during emergency closure to support self, coworkers, children, and families including but not limited to the Learning Genie, Microsoft Teams, ZOOM, Fresno County Superintendent of Schools Website, YouTube, Google Drive, emails, Microsoft Outlook Calendar, etc.

Reflective practice meetings for teachers will also be scheduled to slow down, reflect and absorb content learned in professional development trainings with the goal of continued collaboration as teachers question and adapt both their own practice and that of their colleagues. Teachers will have the opportunity to team-up, draw on the expertise of their peers and offer each other’s support as needed.

Section 8 – Social Emotional Support for Children
Recommendations for LFC CDC teachers to support children during COVID 19 pandemic.

Child Reactions
Understand that reactions to the pandemic may vary. Children’s responses to stressful events are unique and varied. Some children may be irritable or clingy, and some may regress, demand extra attention, or have difficulty with self-care, sleeping, and eating. New and challenging behaviors are natural responses, and adults can help by showing empathy and patience and by calmly setting limits when needed. Focus first on secure relationships and emotional safety and prioritize social and emotional competence alongside academics is fundamental to quality education.
Responsive Caregiving is Essential
Ensure the presence of a sensitive and responsive caregiver. The primary factor in recovery from a traumatic event is the presence of a supportive, caring adult in a child’s life. Children can benefit greatly from care provided by sensitive and responsive teachers who can offer consistent, care that helps protect them from a pandemic’s harmful effects.

Share Information with Children
Provide age-appropriate information. Children tend to rely on their imaginations when they lack adequate information. Adults’ decisions to withhold information are usually more stressful for children than telling the truth in age-appropriate ways. Adults should instead make themselves available for children to ask questions and talk about their concerns. For example, provide opportunities for kids to access books and other activities on COVID-19 that present information in child-friendly ways.

Create a Socially and Emotionally Safe Environment
LFC CDC staff should create a safe physical and emotional environment by utilizing strategies from the Teaching Pyramid and practicing the 3 R’s described below and:

1. Reassurance
   Teachers and other adults should reassure children about their safety and the safety of loved ones and tell them that it is adults’ job to ensure their safety.

2. Routines
   Teachers and other adults should maintain routines to provide children with a sense of safety and predictability by ensuring classroom staffing and daily classroom schedules for learning, play, and meals are consistent. Teachers should utilize Teaching Pyramid tools as needed to support children with their social emotional needs (i.e. feeling chart, social stories, visual schedules, etc.).

3. Regulation
   Teachers and adults should support children’s development of regulation. When children are stressed, their bodies respond by activating their stress response systems. To help children manage these reactions, it is important to both validate their feelings (e.g., “I know that this might feel scary or overwhelming”) and encourage them to engage in activities that help them self-regulate (e.g., exercise, deep breathing, mindfulness or meditation activities, regular routines for sleeping and eating). In addition, it is essential to both children’s emotional and physical well-being to ensure that families can meet their basic needs (e.g., food, shelter, and clothing).

Practice Self Care
LFC CDC staff should create opportunities to take care of themselves. The well-being of children depends on the well-being of their parents, teachers and other adults. Teachers must take care of themselves, so they have the internal resources to care for others. To this end, teachers can engage in self-care by staying connected to social supports, getting enough rest, and taking time for restorative activities (e.g., exercise, meditation, reading, outdoor activities). We need to pay close attention to our own social-emotional
needs in order to be the community of adults who best serve our young learners. If you find yourself overwhelmed by negative thoughts, find ways to reframe your thinking.

**Focus on the Positive**
Emphasize strengths, hope, and positivity. Children need to feel safe, secure, and positive about their present and future. Adults can help by focusing on children’s attention on stories about how people come together, find creative solutions to difficult problems, and overcome adversity during the epidemic, including the use of social stories. Talking about these stories can be healing and reassuring to children and adults alike.

**Encourage Creativity**
Providing opportunities for children to be creative is a great way to allow children to decompress when experiencing behavioral challenges, stress, or frustration. Consider activities such as arts and crafts, singing, dancing, drawing, listening to music, building, and any developmentally appropriate activity that might spark creativity and the use of a child’s imagination.

**Section 9 – Social Emotional Support for Teachers**
Recommendations to support self and others during the COVID 19 pandemic:

**Foster Supportive Adult Relationships**
All adults need opportunities to process emotions, share challenges, and offer support to one another. Your colleagues are also adjusting to new and difficult ways of working and taking care of our youngest learners. Adults can benefit from feeling connected with their co-workers. A safe space should be provided in the LFC CDC so that teachers can build on personal connections and mutual support from other staff who need to decompress during their breaks, upon arrival daily, or prior to departure at the end of each day. The Health Campion should also be available as needed to support the individual and group needs of the team.

**Build Connections by Prioritizing Relationships**
Connecting with empathetic and understanding people can remind you that you’re not alone in the midst of difficulties. Focus on finding trustworthy and compassionate individuals who validate your feelings, which will support the skill of resilience.

Accept help and support from those who care about you. Whether you go on a weekly date night with your spouse or plan a lunch out with a friend, try to prioritize genuinely connecting with people who care about you.

**Practice Mindfulness**
Mindful journaling, yoga, and other relaxation practices or meditation can also help people build connections and restore hope, which can help deal with situations that require resilience. When people journal, meditate, or ruminate on positive aspects of life and recall the things to be grateful for, even during personal trials.

**Look for opportunities for self-discovery.**
People often find that they have grown in some respect because of a struggle. For example, after a tragedy or hardship, people have reported better relationships and a greater sense of strength, even while feeling vulnerable. That can increase their sense of
self-worth and heighten their appreciation for life.

Four Strategies for Teacher to Facilitate Self-Care

1. **Encourage Teachers to Shorten their To-Do List**
   The job of an educator is more complex than ever before. When you are busy—which is pretty much all the time—it’s easy to think that everything matters equally. The problem with this approach is that there is not enough time in the day to do everything. Therefore, you must decide what matters most and spend the majority of your time doing that. The list of obligations and responsibilities assigned to you might be out of your control, but where you decide to focus is not.

   Start by making a list of their top ten priorities weekly. Then, rank them in order of importance. Finally, circle your top three and cross out the bottom seven. What you circled is what you will focus on. Extremists say that you should ignore anything that is not in your top three. It will be difficult, but allow yourself to give 95 percent of your focus to the top three and leave the remaining 5 percent of your energy to check in on the other seven items. This may allow you to get more accomplished, have more time for yourself, and worry less about getting everything done which equates to less stress.

2. **Encourage Teachers to Stop and Take Scheduled Breaks**
   Teachers spend most of their day juggling 10 different tasks and doing so rather calmly though it is important to remind teachers and other adults working with children to pause throughout the day and enjoy their scheduled breaks.

   As you go about your days, you’re encouraged to look for times to stop and relax your brain, even if it is only for a few minutes. If teachers are unable to pause occasionally, their body and mind might do it for them—whether you choose to or not.

3. **Embrace Vulnerability**
   Vulnerability is one of those things that sounds easier than it is. It can be particularly difficult for stressed teachers, already with their guards up against physical and emotional harm, to be vulnerable. Yet, embracing vulnerability may be just the thing to help teachers feel better. These are unique and uncertain times; teachers need support and understanding as they embrace the current changes in their classrooms including children, their classroom environment, and personal struggles with their current reality.

4. **Share the Umbrella**
   Teachers, hold an umbrella day in and day out, protecting children from everything that could possibly harm them or deter them from academic success. Teachers and parents collaboratively shield children with the support of supervisors and directors/managers. The problem is there comes a time when their arms get tired and their hands begin to shake. Continuing to hold the umbrella is almost impossible and can send us over the edge, physically and mentally.
Remind teachers that it is okay to share the umbrella so that they can rest and recover and, ultimately, take better care of themselves and our youngest learners. If one of your co-teachers reaches out to you and asks if you could hold their umbrella, you wouldn’t hesitate because that’s what you do. Take care of each other and you take care of your youngest learners.

**Section 10 – Supporting Parents During Covid-19 Pandemic**

The LFC CDC staff will ensure parents are well informed of CDC practices during the COVID 19 pandemic through:

**Open Communication**
- Sharing updated program policies and procedures with enrolled families 1-2 weeks prior to the CDC reopening to serve children. Send parents a survey for feedback on program policy changes.
- Maintaining open communication with parents regarding changes to program policies - temporary and permanent.
- Posting COVID 19 program guidelines in a designated location of the CDC that is visible for parents/guardians and other visitors.

**Cultural Sensitivity**
Maintaining culturally and linguistically sensitive and supportive relationships with parents to process emotions, share challenges, offer support, and collaboration of program changes during the COVID 19 pandemic. Remember that parents are also adjusting to new policies and procedures established by the LFC CDC due to the COVID 19 pandemic.
All LFC CDC information will be translated in the parents/guardians home language as needed.

**Parent Resources**
Provide parent with resources for various types of support such including but not limited to the following:
- The **Disaster Distress Helpline**, 1-800-985-5990, is a 24/7, 365-day-a-year, national hotline is dedicated to providing immediate crisis counseling for people who are experiencing emotional distress related to any natural or human-caused disaster. This toll-free, multilingual, and confidential crisis support service is available to all residents in the United States and its territories. Stress, anxiety, and other depression-like symptoms are common reactions after a disaster. Call **1-800-985-5990** or text **TalkWithUs to 66746** to connect with a trained crisis counselor.

- **Help Me Grow Fresno County** (Phone: 1-866-KIDS-HMG), can support you if you have questions about your child’s development, behavior, learning or health.

- Fresno County’s “**Information and Referral Helpline**” (Phone: 211) can provide you with community resources to assist your family, such as utility assistance and supplemental food and nutrition programs.

- **All 4 Youth** is a partnership program between The Fresno County Department of Behavioral Health and Fresno County Superintendent of Schools for children and
youth ages 0-22 years old experiencing difficulties that affect them at school and at home. All 4 Youth is designed to enable youth and their families to access behavioral health services at school, in the community or in the home. The goal of All 4 Youth is to remove barriers and increase access to a positive healthy environment in which to live and learn. Call (559) 443 – 4800 for more information.
Section 11 – Resources
Am I Ready Checklist

AM I Ready Checklist for CHILD CARE PROGRAMS DURING THE COVID-19 PANDEMIC

The purpose of this tool is to assist directors and administrators in making (re)opening decisions regarding child care programs during the COVID-19 pandemic. It is important to check with state and local health officials and other partners to determine the most appropriate actions while adjusting to meet the unique needs and circumstances of the local community.

Should you consider opening?
- Will reopening be consistent with applicable state and local orders?
- Are you ready to protect children and employees at higher risk for severe illness?
- Are you able to screen children and employees upon arrival for symptoms and history of exposure?

Are recommended health and safety actions in place?
- Promote healthy hygiene practices such as hand washing and employees wearing a cloth face covering, as feasible
- Intensify cleaning, sanitization, disinfection, and ventilation
- Encourage social distancing through increased spacing, small groups and limited mixing between groups, if feasible. For family child care, monitor distance between children not playing together and maintain distance between children during nap time.
- Adjust activities and procedures to limit sharing of items such as toys, belongings, supplies, and equipment.
- Train all employees on health and safety protocols

Is ongoing monitoring in place?
- Develop and implement procedures to check for signs and symptoms of children and employees daily upon arrival, as feasible
- If feasible, implement enhanced screening for children and employees who have recently been present in areas of high transmission, including temperature checks and symptom monitoring.
- Encourage anyone who is sick to stay home
- Plan for if children or employees get sick
- Regularly communicate and monitor developments with local authorities, employees, and families regarding cases, exposures, and updates to policies and procedures.
- Monitor child and employee absences and have a pool of trained substitutes and flexible leave policies and practices. For family child care, if feasible, have a plan for a substitute caregiver (provider or a family member in the home gets sick)
- Be ready to consult with the local health authorities if there are cases in the facility or an increase in cases in the local area

OPEN AND MONITOR

cdc.gov/coronavirus
Sample Visual Child Health Check Form

Daily Visual Health Observation Checklist and Temperature Log

Child's Name: __________________________

Questions to ask when receiving a child:

1) Is child feeling sick today?
   - If YES: Is there a behavior? Hesitant, poor appetite, itching, unusually cranky etc.
   - Is there coughing, fever? Were medications used to lower temperature?

2) Has anyone had contact with anyone who is sick?

3) Has anyone in your household been sick at all in the past few days?

4) Take non-contact temperature (forehead). Must be below 100.4 degrees for entry.
   Thermometer MUST be cleaned between uses. Alcohol wipe.

Daily Health Observation Guide:

Month/Year:

1) General Appearance: Extreme weight change, fatigue/lethargic, skin color (flushed or pale), cleanliness, change in behavior (suddenly constestive, too quiet, too sad, terrified, limping), unusual facial expression, bruising, cuts or scratches on face/body/external.

2) Eyes: Redness, tearing, puffiness, coordinated eye movement, sensitivity to light squinting, rubbing, sty, sores, or discharge.

3) Ears: Drainage, frequent earaches, bewildered looks or inappropriate response, lack of response.

4) Nose and Mouth: Nose appears runny, sneezing, frequent nosebleeds, rubbing or congestion. Mouth appears to be red, has spots or sores, or child has soothcath.

5) Chest and Abdomen: Watch for rashes, wheezing, labored breathing, shortness of breath, or coughing. Abdominal symptoms such as stomachache, diarrhea, vomiting.

6) Skin: Color, rash(es) (document diaper rash on the diaper-changing chart), bumps, any itching, sores, bumps, or lice on scalp.

<table>
<thead>
<tr>
<th>Day of Week</th>
<th>M</th>
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</tr>
</tbody>
</table>

Codes: ✓ =Okay  X = something wrong - If marked 'X' please explain and indicate date below:

<table>
<thead>
<tr>
<th>Date</th>
<th>Notes</th>
<th>Date</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>
Key Times to Wash Your Hands

KEY TIMES to Wash Your Hands

- Before
  - Eating or preparing food
  - Touching your face

- After
  - Using the restroom
  - Coughing or sneezing
  - Leaving a public place
  - Handling mask
  - Changing a diaper
  - Caring for someone sick
  - Touching animals or pets

[cdc.gov/coronavirus]
How to Protect Yourself and Others

Know how it spreads

- There is currently no vaccine to prevent coronavirus disease 2019 (COVID-19).
- **The best way to prevent illness is to avoid being exposed to this virus.**
- The virus is thought to spread mainly from person-to-person.
  - Between people who are in close contact with one another (within about 6 feet).
  - Through respiratory droplets produced when an infected person coughs, sneezes or talks.
  - These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.
- COVID-19 may be spread by people who are not showing symptoms.

Everyone should

Clean your hands often

- **Wash your hands** often with soap and water for at least 20 seconds especially after you have been in a public place, or after blowing your nose, coughing, or sneezing.
- If soap and water are not readily available, **use a hand sanitizer that contains at least 60% alcohol.** Cover all surfaces of your hands and rub them together until they feel dry.
- **Avoid touching your eyes, nose, and mouth** with unwashed hands.

Avoid close contact

- **Limit contact with others as much as possible.**
- **Avoid close contact** with people who are sick.
- **Put distance between yourself and other people.**
  - Remember that some people without symptoms may be able to spread virus.
  - This is especially important for **people who are at higher risk of getting very sick.** [www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html](http://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html)

[cdc.gov/coronavirus](http://cdc.gov/coronavirus)
Cover your mouth and nose with a mask when around others

- You could spread COVID-19 to others even if you do not feel sick.
- Everyone should wear a mask in public settings and when around people not living in their household, especially when social distancing is difficult to maintain.
  - Masks 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 mask is meant to protect other people in case you are infected.
- Do NOT use a facemask meant for a healthcare worker.
- Continue to keep about 6 feet between yourself and others. The mask is not a substitute for social distancing.

Cover coughs and sneezes

- Always cover your mouth and nose with a tissue when you cough or sneeze or use the inside of your elbow.
- Throw used tissues in the trash.
- Immediately wash your hands with soap and water for at least 20 seconds. If soap and water are not readily available, clean your hands with a hand sanitizer that contains at least 60% alcohol.

Clean and disinfect

- If surfaces are dirty, clean them: Use detergent or soap and water prior to disinfection.
- Then, use a household disinfectant. You can see a list of [EPA-registered household disinfectants here](http://www.epa.gov/registereddisinfectants).
Stop the Spread of Germs

Help prevent the spread of respiratory diseases like COVID-19.

- Stay at least 6 feet (about 2 arms’ length) from other people.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash and wash your hands.
- When in public, wear a cloth face covering over your nose and mouth.
- Do not touch your eyes, nose, and mouth.
- Clean and disinfect frequently touched objects and surfaces.
- Stay home when you are sick, except to get medical care.
- Wash your hands often with soap and water for at least 20 seconds.

[cdc.gov/coronavirus]
Detenga la propagación de gérmenes

Ayude a prevenir la transmisión de enfermedades respiratorias como el COVID-19.

- Mantenga al menos 6 pies (aproximadamente la longitud de 2 brazos) de distancia de otras personas.
- Cubrase con un pañuelo desechable la nariz y la boca al toser o estornudar, luego bótilo en la basura y lávese las manos.
- Cuando esté en un lugar público, use una cubierta de tela para la cara sobre su nariz y boca.
- Evite tocarse los ojos, la nariz y la boca.
- Limpie y desinfecte los objetos y superficies que se tocan con frecuencia.
- Quédese en casa cuando esté enfermo, excepto para recibir atención médica.
- Lávese las manos frecuentemente con agua y jabón por al menos 20 segundos.

cdc.gov/coronavirus-es
Cleaning, Sanitizing, and Disinfection Frequency Table

Definitions

- **Cleaning**—Physically removing all dirt and contamination, oftentimes using soap and water. The friction of cleaning removes most germs and exposes any remaining germs to the effects of a sanitizer or disinfectant used later.

- **Sanitizing**—Reducing germs on inanimate surfaces to levels considered safe by public health codes or regulations. Sanitizing may be appropriate for food service tables, high chairs, toys, and pacifiers.

- **Disinfecting**—Destroying or inactivating most germs on any inanimate object, but not bacterial spores. Disinfecting may be appropriate for diaper tables, door and cabinet handles, toilets, and other bathroom surfaces.

- **Detergent**—A cleaning agent that helps dissolve and remove dirt and grease from fabrics and surfaces. Soap can be considered a type of detergent.

- **Dwell Time**—The duration a surface must remain wet with a sanitizer/disinfectant to work effectively.

- **Germs**—Microscopic living things (such as bacteria, viruses, parasites and fungi) that cause disease.
# Cleaning, Sanitizing, and Disinfecting Frequency Table

Relevant to NAEYC Standard 5 (Health), especially Topic C: Maintaining a Healthful Environment

<table>
<thead>
<tr>
<th>Areas</th>
<th>Before each Use</th>
<th>After each Use</th>
<th>Daily (End of the Day)</th>
<th>Weekly</th>
<th>Monthly</th>
<th>Comments</th>
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<tbody>
<tr>
<td><strong>Food Areas</strong></td>
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<td>Food preparation surfaces</td>
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<td>Use a sanitizer safe for</td>
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<td>food contact</td>
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<td>Eating utensils &amp; dishes</td>
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<td>Clean, and then</td>
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<td>Clean, and then</td>
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<td>Use a sanitizer safe for</td>
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<td>food contact</td>
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<td>Countertops</td>
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<td>Clean, and then</td>
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<td>Clean with detergent, rinse,</td>
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<td>Disinfect</td>
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<td>Potty chairs</td>
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<td>disinfected after each use.</td>
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<td>Toilets</td>
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<tr>
<td>Areas</td>
<td>Before each Use</td>
<td>After each Use</td>
<td>Daily (End of the Day)</td>
<td>Weekly</td>
<td>Monthly</td>
<td>Comments^4</td>
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<td>Diaper pails</td>
<td>Clean</td>
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<td>Clean, and then Disinfect</td>
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<td>Damp mop with a floor cleaner/disinfectant</td>
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<td>Floors</td>
<td>Clean</td>
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<td>Clean, and then Disinfect</td>
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<tr>
<td>Child Care Areas</td>
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<tr>
<td>Plastic mouthed toys</td>
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<td>Clean</td>
<td>Clean, and then Sanitize</td>
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<td>Reserve for use by only one child; use dishwasher or boil for one minute</td>
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<tr>
<td>Pacifiers</td>
<td>Clean</td>
<td>Clean</td>
<td>Clean, and then Sanitize</td>
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<tr>
<td>Hats</td>
<td>Clean</td>
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<td></td>
<td>Clean after each use if head lice present</td>
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<tr>
<td>Door &amp; cabinet handles</td>
<td>Clean</td>
<td>Clean</td>
<td>Clean, and then Disinfect</td>
<td></td>
<td></td>
<td>Sweep or vacuum, then damp mop, (consider micro fiber damp mop to pick up most particles)</td>
</tr>
<tr>
<td>Floors</td>
<td>Clean</td>
<td></td>
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<td></td>
<td>Daily: Vacuum^5 when children are not present; clean with a carpet cleaning method consistent with local health regulations and only when children will not be present until the carpet is dry Monthly: Wash carpets at least monthly in infant areas and at least every three months in other areas, or when soiled</td>
</tr>
<tr>
<td>Carpets^5 and Large Area Rugs</td>
<td>Clean</td>
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<td>Clean</td>
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<tr>
<td>Small Rugs</td>
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<td>Clean</td>
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<td></td>
<td>Daily: Shake outdoors or vacuum Weekly: Launder</td>
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<tr>
<td>Machine washable cloth toys</td>
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<td></td>
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<td>Launder</td>
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<td></td>
<td></td>
<td>Launder</td>
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<tr>
<td>Play activity centers</td>
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<td>Clean</td>
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</table>

Cleaning, Sanitizing, and Disinfection Frequency Table
<table>
<thead>
<tr>
<th>Areas</th>
<th>Before each Use</th>
<th>After each Use</th>
<th>Daily (End of the Day)</th>
<th>Weekly</th>
<th>Monthly</th>
<th>Comments</th>
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</thead>
<tbody>
<tr>
<td>Drinking Fountains</td>
<td></td>
<td>Clean, and then Sanitize</td>
<td>Clean, and then Disinfect</td>
<td></td>
<td></td>
<td>Use sanitizing wipes, do not use spray</td>
</tr>
<tr>
<td>Computer keyboards</td>
<td></td>
<td>Clean, and then Sanitize</td>
<td>Clean, and then Disinfect</td>
<td></td>
<td></td>
<td>Use sanitizing wipes, do not use spray</td>
</tr>
<tr>
<td>Phone receivers</td>
<td></td>
<td>Clean</td>
<td></td>
<td></td>
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<tr>
<td>Sleeping Areas</td>
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</tr>
<tr>
<td>Bed sheets &amp; pillow cases</td>
<td></td>
<td>Clean</td>
<td></td>
<td></td>
<td></td>
<td>Clean before use by another child</td>
</tr>
<tr>
<td>Crib, cots, &amp; mats</td>
<td></td>
<td>Clean</td>
<td></td>
<td></td>
<td></td>
<td>Clean before use by another child</td>
</tr>
<tr>
<td>Blankets</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>Clean</td>
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</tbody>
</table>


2 Routine cleaning with detergent (see definition above) and water is the most useful method for removing germs from surfaces in the child care setting. Safer cleaning products are not only less-toxic and environmentally safer, but they also often cost the same or less than conventional cleaners. Green Seal and UL/EcoLogo are non-profit companies that research and certify products that are biodegradable and environmentally friendly.

3 Sanitizing and disinfecting can be achieved with a solution of chlorine bleach and water. However, the use of chlorine bleach for disinfecting and sanitizing is not a requirement; there are other EPA-approved sanitizing and disinfecting agents that can be used instead of chlorine bleach/water solutions. When purchasing products, look for an EPA registration number on the product label, which will describe the product as a cleaner, sanitizer, or disinfectant. When using sanitizing and disinfecting agents, it is important that manufacturers instructions for ‘dwell time’ (see definition above) is adhered to.

When sanitizing or disinfecting is warranted, staff use EPA-registered least-toxic disinfecting and sanitizing products. The easiest way to find least-toxic cleaning products is to use products that have been tested and certified by a third party group such as Green Seal, UL/EcoLogo, and/or EPA Safer Choice. For alternative methods and products to be used in lieu of chlorine bleach, please refer to the Green Cleaning Toolkit for Early Care and Education, a set of resources developed by the EPA.

Follow manufacturer instructions for how to mix chlorine bleach / water solutions for sanitizing and disinfecting. Refer to Caring for Our Children, Appendix J, [http://cfoc.nrckids.org/files/CFOC3_updated_final.pdf](http://cfoc.nrckids.org/files/CFOC3_updated_final.pdf) for instructions on how to identify EPA-registered sanitizing and disinfecting products (including chlorine bleach), and how to safely prepare chlorine bleach solutions.

4 In addition to the frequencies listed here, all items should be cleaned when visibly dirty.

5 It is best practice to use alternatives to installed carpets in the child care environment.

6 All area rugs and carpeted areas should be vacuumed with a HEPA filtered vacuum and according to instructions for the vacuum. Use proper vacuuming technique: (1) push the vacuum slowly; (2) do a double pass—vacuum in 2 directions, perpendicular to each other; (3) start at the far end of a room and work your way out (to avoid immediate re-contamination); (4) empty or replace vacuum bags when 1/2 to 2/3 full.

7 “Each Use” of computer keyboards should be defined as use by each group of children, not each individual child. Keyboards connected to computers should be cleaned daily if one group is in the room all day, or after each different group of children uses the room. These guidelines do not apply to keyboards that are unplugged and used for dramatic play.
### Frequency Table

**Adapted from Caring for Our Children, Appendix K, Third Edition, pub. 2011 in accordance with the NAEYC Accreditation of Early Learning Programs**

For Infant Care Only: Per State Code 101438.1

<table>
<thead>
<tr>
<th>AREA</th>
<th>Clean</th>
<th>Sanitize</th>
<th>Disinfect</th>
<th>Frequency</th>
<th>Staff Assigned:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walls/Partitions</td>
<td>X</td>
<td></td>
<td>X</td>
<td>Weekly, or when soiled</td>
<td></td>
</tr>
<tr>
<td>Floors</td>
<td>X</td>
<td></td>
<td>X</td>
<td>Daily, or sooner if soiled</td>
<td></td>
</tr>
</tbody>
</table>

In addition to the above information, the following High-Touch surfaces should be disinfected every hour (including items and surfaces found in staff areas):

- Water jug handle
- Soap dispensers
- Cabinet handles
- Phones
- Light switches
- Door handles
- Tabletops and countertops
- Computer keyboard and mouse

By signing below, I confirm that I understand all tasks above and that I will use this frequency table to meet the Cleaning, Sanitation and Disinfection needs of my classroom.

Master Teacher: ____________________________ Date: ________

Master Teacher: ____________________________ Date: ________

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Cleaning, Sanitizing, and Disinfection

Frequency Table
Section 12 – Online Resources For Families / Educators

This is a list of free resources to support families during the coronavirus (COVID-19) pandemic. Information for educational professionals who work with families is also included. Resources are grouped by topic:

- About Coronavirus (COVID-19)
- Managing Stress and Anxiety
- Advice for Parents
- Talking to Children
- Daily and Weekly Tips for Families
- Enrichment and Home Learning Activities
- Collections Of Resources From National Organizations
- Tips And Tools For Educators

About Coronavirus (COVID-19)

COVID-19 Information and Resources
Graphic poster with basic information and resources. Source: CT Commission on Women, Children, Seniors, Equity and Opportunity

Coronavirus: Multilingual Resources for Schools
Multilingual fact sheets and infographics about COVID-19. Source: Colorín Colorado

Just for Kids: A Comic Exploring the New Coronavirus Source: Malaka Gharib/NPR

Managing Stress and Anxiety

Talk It Out
When it builds up, talk it out. For parents and caregivers who need someone to listen, to understand and to talk your feelings out. Trained counselors answer the Talk it Out Line at 1-833-258-5011. Source: Talk It Out Connecticut

Stress and Coping
Information for parents to reduce stress in themselves and their children. Source: Center for Disease Control and Prevention

Coping with Stress During 2019-nCOV Outbreak
Graphic poster with tips for adults. Source: World Health Organization

Helping Children Cope with Stress During 2019-nCOV Outbreak
Graphic poster with tips for supporting children. Source: World Health Organization

Helping Children Cope With Changes Resulting From COVID-19 Source: National Association of School Psychologists

Helping Children Cope with Emergencies
Age-based tips and resources for helping children. Source: Center for Disease Control and Prevention

Advice for Parents

Parents - Being "Good Enough" Right Now is OK
Tips and resources for parents to take care of themselves and their families during an uncertain time. Source: Anxiety and Depression Association of America
Self-Care in the Time of Coronavirus
For parents, prioritizing your own well-being benefits your whole family. Source: Child Mind Institute

Also in Spanish: El autocuidado en los tiempos del coronavirus Dar prioridad a su propio bienestar beneficia a toda su familia.

Tips For Homeschooling During Coronavirus
Tips to keep kids engaged (print and audio). Source: NPR

Selecting The Best Resources For Your Child Source: Families in Schools
Also in Spanish: Seleccionando los mejores recursos para su hijo

7 Guiding Principles for Parents Teaching from Home
Understanding the “why” behind teaching practices can help parents create meaningful and effective at-home learning opportunities during the pandemic. Source: Edutopia

A Parent’s Guide to Surviving COVID-19: 8 Strategies to Keep Children Healthy and Happy
Simple strategies can help parents with children under 10 to manage both learning and work during the COVID-19 outbreak. Source: Brookings

From a Teacher: You Don’t Have to Strive for Perfection When Homeschooling Your Kids
What teachers wish parents knew about home learning during COVID-19 related school closures. Source: Today

Talking to Children
How to Talk to Your Kids About Coronavirus Source: PBS Kids

Talking to Kids About the Coronavirus
How to help children feel informed and safe. Source: Child Mind Institute

Supporting Kids During the Coronavirus Crisis
Tips for nurturing and protecting children at home. Source: Child Mind Institute

Coronavirus (COVID-19): How to Talk to Your Child Source: Kids Health

Trauma-Informed Guide for Families
Age-specific recommendations for helping kids and families cope during the Coronavirus pandemic. Source: National Child Traumatic Stress Network

How to Talk to Your Anxious Child or Teen About Coronavirus
General tips for communicating with an anxious child or teen about coronavirus. Source: Anxiety and Depression Association of America

Coronavirus (COVID-19): How to Talk to Your Child Print article and audio. Source: Kids Health Also in Spanish: Coronavirus (COVID-19): ¿Cómo hablar con su hijo sobre este virus?
Daily and Weekly Tips for Families

Daily Digest: COVID-19 Home Learning Resources
Daily suggestions for easy-to-use activities and resources to support learning at home. Source: South Dakota State Family Engagement Center.

Get Daily Advice about COVID-19
Sign up to receive daily tips in your inbox about how to support kids during the COVID-19 crisis. Clinicians share advice about structuring the day when kids are stuck at home, managing behavior, balancing work and child care, practicing mindfulness, and much more. Source: Child Mind Institute

PBS Kids Daily
Daily newsletter with activities and tips you can use to help kids play and learn at home. Source: PBS Kids

“One Great Thing” Each Day for Learning at Home
Every day, Ednavigator shares a great tip, book, activity and e-learning resource to support family learning. Source: EdNavigator

COVID-19 Tips for Stay-at-Home
Provides tips and resources for successful distance learning, including links to activities to bring the family together. Parents can sign up for daily tips. Source: Prepared Parents

Weekly Grade-Based Newsletters
Weekly newsletters for home learning with grade-level information. Source: Great Schools

30 Days of Good Things for Young Children
Activities that support learning and development in academic, physical and social emotional growth. Source: Good Things for Young Children

Also in Spanish: 30 días de actividades maravillosas para niños

Enrichment and Home Learning Activities

Keep Learning: Resources to Support Families and Student Success
List of curated learning resources by grade level and subject. Source: Families in Schools

Also in Spanish: Sigan Aprendiendo; Recursos para apoyar a familias y el exito de los estudiantes

Make Learning Fun and Easy (STEM Home Activity Guide) Source: National Inventors Hall of Fame

Parent Toolkit - A One-stop Shop Resource for Parents
Includes information on every aspect of a child’s development, pre-k through high school, inside and outside the classroom. Source: Parent Toolkit

Scholastic Learn at Home
Day-by-day projects to keep kids learning and thinking; for grades preK to 9. Source: Scholastic
**CreatED At-Home Learning: Creative Resources for Families and Teachers**
Creativity-infused activities for exploring new skills in art, math, reading and science with children, all while making family time a learning adventure; grades preK to 8. Source: Crayola

**PBS Kids 24/7 Channel**
Programs for kids ages 2-8. Available online and also on CT Public Television in Connecticut (check local listings). Source: PBS

**Learning Hero Roadmap**
Tips to keep kids on track when school is closed with links to videos and grade-level activities that support learning at home. Source: Learning Heros

**Home Reading Helper**
For pre-k through 3rd grade. Fun activities for families to elevate children's reading at home. Activities by grade level and specific reading skills. Source: Read Charlotte

**Enriching Activities for Children To Do While Parents Are Working**
A database of activities created by parents for ages 0-18. Parents can search the activity List by age, level of parental involvement, indoors or outdoors, and whether or not it requires screens. Source: Enrichment Activities

**Free Online Events and Activities for Kids at Home**
Authors, artists, musicians, and creators of educational tools are offering free lessons, tours, story times and concerts. This site is updated regularly as new events are announced. Source: Common Sense Media

**Collections of Resources from National Organizations**

**Wide Open School**
A free collection of the best online learning experiences for kids that helps make learning from home an experience that inspires kids, supports teachers, relieves families and restores community. Sorted by age and interest. Updated regularly. Source: Common Sense Media

**Tackling COVID-19 Together: Resources to Support Families**
Comprehensive list of resources to support families in dealing with the demands of school closures. Updated regularly. Source: Abriendo Puertas/Opening Doors

Also in Spanish. [Enfrentando COVID-19 juntos: Recursos para apoyar a las familias](#)

**Resources for Practitioners, Educators, and Families in Response to the Coronavirus Crisis**
A large collection of learning resources, free or reduced-cost services, and information for supporting families during the Coronavirus crisis. Updated regularly. Source: National Association for Family, School and Community Engagement

**Tips and Tools for Educators**

**Engaging Families Virtually**
This guide includes resources and best practices for engaging parents and families virtually and fostering a sense of community while practicing social distancing. Source: TNTP
Guidance on Culturally Responsive Remote Education
Defines culturally responsive remote education and includes resources for families and professionals. Source: The Metropolitan Center for Research on Equity and the Transformation of Schools at NYU

Tools for Educators to Listen to and Learn from Families during COVID-19 School Closures
This document provides guidance for educators to listen to families and learn how they and their school can be most supportive during COVID-19 school closures. It offers sample emails, call scripts, and post-conversation reflection and action, and more for these conversations. Available in English and Spanish. Source: The Metropolitan Center for Research on Equity and the Transformation of Schools at NYU

Coronavirus: ELL and Multilingual Resources for Schools
Resources to support English learners and their families during COVID-19. Source: Colorín Colorado

Family Wellness Check In
This guidance provides school staff with a framework to connect with families during this difficult time and to let families know that you are thinking of them, concerned about them, and are available as a resource. Source: Flamboyan Foundation

Messages that Motivate How to Craft Great Messages for Parents
Video presentation on how to create text messages and emails that motivate and empower families to leverage teachable moments at home. Source: Ready4K

E-Learning Overload: 8 Tips Educators Can Give Frustrated, Anxious Parents
Tips that educators can share with parents as the pandemic plays out. Source: EdWeek

Supporting Families and COVID-19: We’ve Got to Get This Right
Ideas to help support families during the COVID-19 health crisis, especially those families most impacted and most vulnerable. Source: STEM Next Opportunity Fund.

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