Child Care Reopening Steps and Guidance

Washington State Department of Children, Youth, and Families

Reopening Steps and Guidance for Child Care Providers

The Washington State Department of Children, Youth, and Families (DCYF) recognizes child care providers are preparing to reopen their programs after temporary closures due to COVID-19 to support families in need of child care.

Additional steps need to be considered by providers to reopen the child care program to support the health and safety of staff, families and children. The Centers for Disease Control and Prevention (CDC) has provided a helpful tool to inform your decision of reopening your child care program during the COVID-19 pandemic. Please refer to their decision tree guidance.

If you decide to reopen your program after a temporary closure, **DCYF requires you to report** this on the WA Compass Provider Portal, contact your licensor and communicate your opening business date.

The following is DCYF guidance to support reopening to promote and support the health and safety of all adults and children. The guidance document contains a variety of areas for program planning, communication and prevention, with a column for optional documentation for programs on completion and dates to aid the program's diligent review.

This guidance is based on Washington State Department of Health (DOH) guidance, federal CDC recommendations and a public health approach. It is not a licensing requirement at this time.

Guidance for Reopening Child Care and Early Learning Programs		
Plan and Communicate	Initials	Date
Post sign at entrance and exit: • Stop the Spread of Germs, provided by the CDC		
 Create a plan for regular communication with all parents, children, staff and volunteers about: COVID-19 and steps everyone can take to protect themselves and prevent further spread. Possibility of closures. Refer to DOH document: What to do if you have Confirmed or Suspected Coronavirus Disease. Develop plans to have coverage for additional staff to work in the event of increased staff absences. If you need a substitute, The 		
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Imagine Institute oversees the Early Care and Education Substitute Pool.	
Provide staff and families a means to contact the facility for updates and concerns. Assure that families have provided current emergency contact information. • Provide families with ongoing communication. • Connect families to the DCYF resource page with frequently asked questions.	
Review and update your emergency preparedness plan per WAC 110-300-0470 and contagious disease procedure per WAC 110-305-3210 to be best prepared for cases of COVID-19.	
Notes:	

Monitor Children and Staff Health	Initials	Date
 Do not allow children, staff, parents or guardians on-site if they: Are showing symptoms of COVID-19. Have been in close contact with someone who has confirmed or suspected COVID-19 in the past 14 days (health care providers and first responders who wore proper PPE are okay). Are considered high risk due to health conditions. People at high risk should consult a health care provider and consider not providing child care. 		
 Encourage families to have the same person drop off and pick up the child each day if possible. Stagger arrivals and assure 6 feet of physical distancing between families. Follow DOH guidance when signing in and out, including cleaning procedures: Wash hands or use hand gel before and after signing in and out. If you can, place hand gel near sign-in station. Hand gel should be at least 60% alcohol, fragrance-free whenever possible and kept out of the reach of children. Parents should use their own pen when signing in. If check-in is electronic, provide alcohol wipes with 70% alcohol to clean screens or keyboards often. 		

o Greet families outside of the facility or in the lobby and have child care staff escort children to their classrooms.	
 Use the physical distancing screening method (parent takes the child's temperature at home or at the center at least 6 feet away) or barrier method (stand behind a glass or plastic barrier and reach around to take temp) or PPE method (temperature check while wearing PPE). Ask the parent: If the child has a fever of 100.4 F or higher, cough, shortness or difficulty of breath, sore throat, muscle aches, chills or new loss of taste or smell. If any medication was given to reduce a fever before coming to care. If anyone in the household has the above-listed symptoms. If child has been in close contact with anyone suspected or confirmed with COVID-19. 	
Have staff perform a Daily Screening before coming to work. Consider having staff call, text or email answers to questions before they arrive.	

Notes:

Prevention	Initials	Date
Continue current handwashing and other hygiene practices per WAC 110-300-0200 and WAC 110-305-3625-3650. Additionally, the recommendation is that children and staff wash their hands when leaving the facility.		
 Develop a plan for physical distancing. Choose activities that encourage more physical space between children. Reduce group sizes to no more than 22 children and adults total. Keep children and staff in the same groups all day. Do not combine groups during the day, including at opening and closing. Assign the same float staff to the same group of children every day. Any adult not normally part of the group should wash hands before entering and upon leaving the group space and should wear a cloth 		

face covering at all times when with the group. Review page 5 of the **DOH guidance** for more details. For family child care providers, require household members that do not assist in the program during operating hours physically distance from children in care. Stagger meal and snack times to avoid larger groups and lines of children. • Increase space between cribs and mats to 6 feet if possible. • Increase outdoor time. Stagger outdoor time and/or maintain at least 6 feet of distance between child groups. • If possible, have equipment for each group and do not use play structures such as climbers. Refer to page 6 of DOH guidance. • Limit item sharing and remove any items that cannot easily be cleaned and disinfected including sand or water tables, stuffed animals and play dough. Review cleaning, sanitizing and disinfection procedure with staff. Continue to follow WAC 110-300-0240, 110-300-0241, and WAC 110-305-3875, 110-305-3925 but increase how often you clean, sanitize and disinfect. • If not using bleach, assure disinfectant is registered by the EPA for use against the novel coronavirus. • If using bleach, CDC advises 4tsp per 1 quart of water (1000ppm) to disinfect. This is a higher strength than the DOH bleach guide. (Suggestion would be to use this concentration to disinfect high touch surfaces and for end of night disinfection.) Review current CDC guidance for more cleaning and disinfecting information. If the building has been unoccupied for more than 7 days, no additional disinfecting is needed. • If building has been unoccupied, flush plumbing system before starting operations. Implement additional prevention strategies such as: If possible, maintain enough PPE for you and your staff. • Adjust HVAC system or open windows to allow for more fresh air to enter the space. • Plan activities that do not require close contact. • Increase the distance between table work. Maximize outdoor time. Notes:

Cloth Face Coverings	Initials	Date
 Beginning June 8, all employees including child care staff, will be required to wear a cloth facial covering except when working alone or there is no inperson interaction. Employers must provide cloth facial coverings to employees unless their exposure dictates a higher level of protection. Employees may choose to wear their own facial covering at work if it meets the minimum requirements. Per Governor Inslee, businesses must also post signage strongly encouraging customers and clients to wear cloth face coverings. Refer to Coronavirus Facial Covering and Mask Requirements for additional details. Click here for up to date information for businesses and employers. When possible, older children should wear cloth face coverings within the child care. To determine if it's feasible, consider: Age of the child and if they will developmentally permit wearing a mask. For safety, children under the age of 2 or those that have difficulty breathing should not wear cloth face covering. Whether the child can wear a mask and not touch or fidget with it. Face coverings should not be used for anyone who cannot take it off themselves. Whether children can be supervised closely while wearing a face covering. 		
Ensure staff face coverings are stored and washed with soap and dried properly between uses, and that all physical distancing measures are followed even when cloth face coverings are worn.		
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Infant and Toddler Care	Initials	Date

Due to the developmental level of infants and toddlers, it important to

should be taken when caring for this age group.

comfort and hold them in times of anxiety, sadness and crying. Special steps

- Staff caring for infants and toddlers should wear a long-sleeve, button-down, oversized shirt over their clothing and long hair should be worn up off the collar in a ponytail or other updo.
- Staff should change outer clothing if it becomes contaminated with children's bodily fluids.
- Children's clothing should be changed if they become soiled with bodily fluids.
- All children and staff should have multiple changes of clothes on hand in the home or center.
- All contaminated clothes should be placed in a plastic bag or washed in a washing machine.
- When infants are held, they should be wrapped in a thin blanket.
- Staff should wash their hands and anywhere else the child touched them (arm or neck) after holding a child.

them (arm or neck) after holding a child.		
Food Service	Initials	Date
 Typical meal routines are important to maintain. In addition to following WAC 110-300-0195-0198 and WAC 110-305-7680-7750, there are some modifications to make to your regular meal routines. For centers, provide meals and snacks in the classroom to prevent a large group gathering. Family home providers, if possible, use designated eating area, utensils and other food service equipment for only the children in care. If meals are provided in a large lunchroom, stagger meal times and ensure tables are at least 6 feet apart. Space children as far apart as you can at the table. Provider and staff should handle all utensils and food service to reduce the spread of germs (no family-style meals and snacks). Stop family-style meals and teeth brushing at this time If possible, staff who diaper children should not handle food preparation. 		
Transportation	Initials	Date
 If possible, do not transport children at this time. If you must transport children in your care, there are additional precautions to take during outings or field trips. Create space between riders. One rider per seat in every other row, if possible. Keep windows open to help reduce the spread of the virus. Clean vehicles with a third-party certified, fragrance-free green cleaner and microfiber cloths. 		

 Clean and disinfect handrails. Keep windows open after using cleaning products. 		
Steps to Take if a Suspected or Confirmed COVID-19 Case Occurs	Initials	Date
 Establish a plan for identifying, isolating and sending home children and staff who become sick while at the program. Place the person in a room away from others until they can leave the facility while maintaining supervision for any child in isolation. Staff and children having signs of suspected or confirmed COVID-19 can return when at least three days (72 hours) have passed since recovery (no fever without the use of medications and improvement in respiratory signs like cough or shortness of breath) and at least 10 days have passed since signs first appeared. 		
 If COVID-19 is confirmed in a child or staff member: Close off areas used by the person who is sick. Open outside doors and windows to increase air circulation in the areas. Wait 24 hours or as long as possible before cleaning and disinfecting. Clean disinfect areas used by the person who is sick, such as office, bathroom and common areas. If more than seven days have passed since the person who is sick visited or used the facility, additional cleaning and disinfection is not necessary. After taking these steps and before reopening, consult your local health department about when you may reopen your program. 		
Communicate, Connect and Coordinate	Initials	Date
 Consult with your DCYF Licensor: Communicate your opening business date. Address any questions or concerns with WAC 100-300 and pandemic. 		
 Connect with your local health jurisdiction: On specific site considerations and other infection prevention practices that can be put in place at program. If you have a confirmed or suspected case at your program. 		
Connect with your coach or visit Child Care Aware of Washington to find a coach in your area.		
For additional business and operations support, visit Child Care Business Edge. Licensed child care providers and their staff can register for a free account.		

Additional Resources	Initials	Date
If you are facing a shortage of cleaning and sanitation products or food, CCA can help with their supply initiative. Email childcareaware@wa.childcareaware.org.		
Contact Child Care Aware of Washington Family Center to update vacancies. Call 1-800-446-1114 or request a link from your coach to update this yourself.		
Your local health jurisdiction guidance may vary from state or national guidance. Periodically check with your local health jurisdiction, DOH and CDC guidance for updates.		
Visit the COVID-19 updates for Early Learning and Child Care regularly.		
Additional Notes		