COVID-19

Guidance for Georgia Child Care Facilities

INTERIM GUIDANCE AS OF DECEMBER 14, 2020

Georgia Dept of Early Care and Learning

BRIGHT FROM THE START

GEORGIA DEPARTMENT OF PUBLIC HEALTH

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Public Health Toolkit (Child Care Facilities)

The Georgia Department of Early Care and Learning (DECAL) and the Georgia Department of Public Health (DPH) are committed to supporting early childhood learning during the COVID-19 pandemic. DECAL and DPH recognize the vital role that providers, including their teaching staff, play in the support of Georgia's children and families, especially during a public health crisis. Early education and child care programs licensed or exempt by the Georgia Department of Early Care and Learning (DECAL), including Child Care Learning Centers, Family Child Care Learning Homes, Georgia's Pre-K Programs, license exempt providers, and Child and Adult Food Programs and Summer Food Service Program Institutions and Sites, shall maintain full compliance with all DECAL directives and guidance, including Executive Orders. The following practices align with CDC and DPH's guidelines for open child care programs during the COVID-19 pandemic and should be implemented by all open and reopening child care programs until further notice to assist the program's in compliance with the Executive Order. Several of these practices described within this document are required through Executive Order and are identified as required rather than recommended.

How Was This Guidance Developed?*

In order to secure the health, safety, and protection of children and their families across the state of Georgia, the Governor's Office worked closely with the GA Department of Public Health (DPH) and Department of Early Care and Learning (DECAL) to develop guidance for Georgia's child care facilities. The following considerations are shared to assist child care facilities in creating an environment that will continue to slow the spread of COVID-19.

How Should this Toolkit be Used?

Families -should use this guidance to understand what health practices will be in place in child care facilities. All child care facilities will be required to follow certain health practices in this guidance noted as "required." Many child care facilities may also choose to implement some or all the recommended practices.

Child Care facilities should use this guidance to understand what health practices they must meet, and to develop detailed plans for how to implement all required health practices described in this toolkit. The Toolkit should be used in combination with operational guidance provided by local public health and the Governor's Office. DECAL, local public health, and child care facilities should establish a working relationship and dialogue that address the unique situation and needs of each community and each child care facility. Not all recommendations will be appropriate for all ages, child care facilities, or communities.

Healthcare providers should use this guidance to understand what health practices will be in child care facilities. Healthcare providers should refer to this guidance and DPH's "Return to Child Care facility Guidance After COVID-19 Illness or Exposure" when making recommendations to parents/guardians.

Child Care Requirements and Recommendations

Practices that are **required** must be implemented by all Georgia child care facilities. These practices are essential baseline actions in order to minimize risk of exposure to COVID-19 for children, staff, and families across Georgia. They are intended to be a minimum. Required as of Executive Order 06.31.2020.

Practices that are **recommended** are additional strategies that child care facilities may choose to use to minimize spread of COVID-19. All recommended practices will not be possible in all settings and should be tailored to each child care facility as appropriate.

Drop-off/Arrival Procedures

Child Care facilities are **required** to:

- ☐ Restrict families' access to the front door of the facility or the door of their respective child's classroom only.
- ☐ Sign children in and out of the facility for families if a computer or keypad system inside the facility is used. If a tablet located outside the facility is used by families during drop-off and pick-up, the tablet must be disinfected after each use. If a paper sign-in system is used for sign-in, writing utensils should be sanitized after each use, if families are permitted to sign children in themselves.

Child Care facilities are **recommended** to:

- ☐ Post signage in drop-off/arrival areas to advise families and staff members of health screening requirements.
- ☐ Ask parents/caregivers to be on the alert prior to arrival for any symptoms of COVID-19 and to keep the child(ren) home if showing any signs of illness.
- ☐ Consider staggering arrival and drop off times and/or plan to limit direct contact with parents/caregivers as much as possible.
- ☐ Have a staff member greet children outside as they arrive.
    - Designate a staff person to walk children to their classroom, and at the end of the day, walk them back to their cars. Walk with older children and transport infants in an infant carrier.
    - The staff person greeting children should wear a cloth face covering and be a person who is not at higher risk for severe illness from COVID 19. Refer to CDC's "People Who Are at Increased Risk for Severe Illness"

☐ Communicate to families about modified drop-off/arrival procedures, including:
- Designate the same parent or individual to drop off and pick-up the child every day if feasible.
- Avoid designating those considered at high risk, such as elderly grandparents who are over 65 years of age if possible.

☐ Set up hand hygiene stations at the entrance of the facility, so that people can clean their hands before they enter. If a sink with soap and water is not available, provide hand sanitizer with at least 60 percent alcohol. Keep hand sanitizer out of children's reach and supervise use.

Preventing the Spread in the Child Care Environment

Classroom:

Social distancing can decrease the spread of COVID-19. When possible, every effort should be made to not mix groupings of children.

Child Care facilities are **required** to:

☐ Keep a designated bin for separating mouthed toys and maintain awareness of children's behaviors. When a child is finished with a mouthed toy, remove it, place it in a toy bin that is inaccessible to other children, and wash hands. Clean and sanitize toys before returning to children's area. Ensure the toy bin is cleaned and disinfected properly.

☐ Discontinue activities that involve bringing together large groups of children or activities that do not allow for social distancing, including in-person field trips, large groups using playground equipment simultaneously, etc.

Child Care facilities are **recommended** to:

☐ Post signage in key areas throughout the facility to remind people of appropriate protocols such as wearing masks, washing hands, and distancing between groups.

☐ If possible, child care classes should include the same children each day, and the same child care providers should remain with the same group each day.

☐ Keep each group of children in a separate room.

☐ Limit the mixing of children, such as staggering playground times and keeping groups separate for special activities such as art, music, and exercising.

☐ If possible, at nap time, ensure that children's naptime mats (or cribs) are spaced out as much as possible, ideally 6 ft. apart. Consider placing children head to toe to further reduce the potential for viral spread.

☐ Prohibit water play using water tables and sensory play such as rice, beans, sand, or playdough activities.

☐ Ensure ventilation systems operate properly and increase circulation of outdoor air as much as possible by opening windows and doors, using fans positioned out of children's access, or other methods. Do not open windows and doors if they pose a safety or health risk to people using the facility.

Playgrounds:

Child Care facilities are **required** to:

☐ Ensure staff and children wash their hands immediately after outdoor play.

☐ Offer outdoor play for individual classrooms in staggered shifts. Allow only one individual classroom per playground at any given time.

Child Care facilities are **recommended** to:

☐ Focus cleaning efforts on plastic or metal high-touch surfaces where hands frequently make direct contact like grab bars and railings between groups of children. Cleaning of wooden surfaces (play structures, benches, tables) or groundcovers (mulch, sand) is not recommended.

☐ Designate bins for clean, unused playground equipment and for equipment that needs to be cleaned. Consider color coding or labeling with simple symbols so children of all ages can help with this activity.

Normal routine cleaning for outdoor areas is sufficient, therefore more extensive disinfection is optional.

Cleaning and Hygiene

The virus that causes COVID-19 spreads primarily in the same way that the flu and other respiratory diseases spread, through respiratory droplets produced when an infected person coughs or sneezes. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs. Spread is more likely when people are in close contact with one another (within about 6 feet). Knowing how COVID-19 spreads directs infection control recommendations to prevent illness.

Child Care facilities are **required** to:

In addition to rigorous hygiene, sanitation, and disinfection, which licensing rules require child care providers adhere to, special attention must be paid to the following:

- Surfaces and objects that are frequently touched must be sanitized regularly, including, but not limited to, toys, games, and objects or surfaces not ordinarily cleaned daily.
- Remove soft toys that cannot be easily cleaned. Soft toys that are machine-washable should be washed often, at the warmest temperature recommended on the label and dried thoroughly.
- Toys and other items that cannot be cleaned and sanitized/disinfected should not be used. (Children's books are not considered a high risk for transmission and do not need additional cleaning or disinfection).
- Machine washable cloth toys should be used by one individual at a time or should not be used at all. These toys should be laundered before being used by another child.
- Toys used by a group of children must be washed and sanitized before they may be used by children in a different group or classroom.

- Items that need to be cleaned should be set aside in a dish pan with soapy water or in a separate container marked for soiled toys;
- Only bedding (sheets, pillows, blankets, and sleeping bags) that can be washed may be used. Each child's bedding must be kept separate and, to the extent practicable, should be stored in individually labeled bins, cubbies, or bags. Cots and mats should be labeled for each child and any bedding that touches a child's skin should be cleaned weekly or before use by any other child.

☐ Ensure appropriate infection prevention supplies and equipment are available which may include soap, hand sanitizer (at least 60% alcohol), paper towels, no-touch trash cans, disinfectant wipes, and tissues.

☐ Teach and reinforce good hygiene measures such as handwashing for at least 20 seconds, safe and appropriate use of hand sanitizer, covering coughs and sneezes, and avoiding touching eyes, nose, and mouth with unwashed hands.

- Handwashing should be done for at least 20 seconds and occur often, especially during key times such as: Before, during, and after preparing and/or eating food: Before and after caring for someone who is sick ; After using the bathroom; After changing diapers or assisting a child who has used the bathroom; After blowing your nose, coughing, or sneezing; After touching garbage; After you touching an item or surface that may be frequently touched by other people; Before touching your eyes, nose, or mouth.
- When handwashing with soap and water is not available, hand sanitizer may be used by staff and children when used safely and directly supervised and assisted. Hand sanitizer should contain at least 60% alcohol. When not in use, hand sanitizer should be stored for safety out of children's reach.

☐ Keep each child's belongings separated from others' and in individually labeled containers, cubbies, or areas.

Child Care facilities are **recommended** to:

☐ Children and staff should cover their mouth and nose with a tissue when coughing or sneezing (or use the inside of their elbow). Used tissue should be discarded in the trash, followed immediately by good handwashing.

☐ Develop, implement, and maintain a plan to ensure appropriate cleaning and disinfecting of frequently touched surfaces using EPA-approved disinfectants against COVID-19 at least daily and between use as possible.

- Ensure safe and effective use and storage by reading and following directions on the label.
- Always wear gloves appropriate for the chemicals being used when cleaning and disinfecting. For more information, see CDC's website on Cleaning and Disinfection for Community Facilities.
- Cleaning products should not be used near children, and staff should ensure that there is adequate ventilation when using these products to prevent children or themselves from inhaling toxic fumes.

☐ Develop a schedule for increased, routine cleaning and disinfection.
☐ Limit the use of shared materials (supplies, equipment, toys, and games) and clean between use as possible.
☐ Post signage in common areas such as classrooms, hallways and entrances promoting good hygiene measures.
☐ Discourage sharing of items that are difficult to clean or disinfect.
☐ Use disposable food service items such as plates and utensils or ensure that all non-disposable food service items are minimally handled and washed according to current child care and sanitation rules. Individuals should wash their hands immediately after handling used food service items.
☐ Wash linen 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 guidance above for hard or soft surfaces. In child care centers, linen used in rooms where children in care are less than 12 months old must be changed and laundered when soiled and at least daily. Otherwise, bedding that touches a child's skin should be cleaned whenever soiled or wet before use by another child and at least weekly.
☐ Ensure adequate supplies to minimize sharing of high touch materials to the extent possible (e.g., assigning each child their own art supplies, equipment) or limit use of supplies and equipment by one group of children at a time and clean and disinfect between use.
    - Avoid sharing electronic devices, toys, books, and other games or learning aids.

Food Preparation and Meal Service

Child Care facilities are **required** to:
☐ Serve meals and snacks in individual classrooms instead of in a common dining area.
☐ Food preparation should not be done simultaneously with diapering by the same staff member.
☐ Sinks used for food preparation should not be used for any other purposes unless disinfected first.
☐ Caregivers should ensure children wash their hands prior to and immediately after eating.
☐ Caregivers should wash their hands before preparing food and after helping children eat.

Child Care facilities are **recommended** to:
☐ Utilize paper products to serve meals, if feasible.
☐ If meals are typically served family-style, plate each child's meal to ensure multiple children are not using the same serving utensils.
☐ Plate each child's snack or provide individually wrapped/packaged snacks.

Visitors to the Facility

Child Care facilities are **required** to:
☐ Prohibit unnecessary visitors.

Child Care facilities are **recommended** to:
☐ Only allow children and staff who are required for daily operations inside of the building and classrooms with the following exceptions (these individuals can enter once screened):

- Health professionals who support children with special healthcare needs, early intervention service coordinators and providers for children with individualized Family Services Plans (IFSP), and itinerant teachers and related service providers for children with Individual Education Plans (IEP) working in compliance with their agency protocols are allowed to be in the classroom once screened. Providers are encouraged to work collaboratively with professionals to safely meet the needs of children in their care.
- Mothers who are breastfeeding to meet the needs of breastfeeding infants.

☐ Incorporate virtual events such as field trips, parents and family meetings, and special performances where possible.
☐ All tours of child care facilities for prospective children and their families should be conducted outside of normal operating hours (i.e. weekend) when children and staff (not conducting the tour) are not present AND the facility can be cleaned and disinfected at least 24 hours before children and staff return.

- Consider creating a virtual tour for prospective parents to tour the child care facility.
- Consider staggering in-person tours to accommodate only one family per/tour (max of 2 people/tour). Only parents/guardians with their own children should be allowed to tour the facility.
- Practice social distancing while conducting the tour of the facility and require cloth face coverings be worn.
- Screen individuals prior to them entering the facility.

Cloth Face Coverings

Wearing cloth face coverings is strongly recommended. Cloth face coverings are meant to protect other people in case the wearer is unknowingly infected but does not have symptoms. Face coverings should be worn by staff, if feasible and are most essential in times when physical distancing is difficult. Consider cloth face coverings for children if it is determined they can reliably wear, remove, and handle masks following CDC guidance throughout the day. Individuals should be reminded frequently not to touch the face covering and to wash their hands.

☐ Cloth face coverings should **never** be placed on:

- Children under the age of 2; OR
- Anyone who has trouble breathing or is unconscious, incapacitated or otherwise unable to remove the face covering without assistance, OR
- Anyone who cannot tolerate a cloth face covering due to developmental, medical, or behavioral health needs.

Child Care facilities are **recommended** to:

☐ Have all workers and all other adults wear a face covering when they are or may be within six (6) feet of another person.

☐ Consider cloth face coverings for children if it is determined they can reliably wear, remove, and handle masks following CDC guidance throughout the day. Wearing cloth face coverings is most important when children cannot remain six feet from one another or from other groupings, such as in hallways.

☐ Provide cloth face coverings for staff and other adults and ask them to properly launder using hot water and a high heat dryer between uses.

☐ Share guidance and information with staff, and families on the proper use, wearing, removal, and cleaning of cloth face coverings, such as CDC's guidance on wearing and removing cloth face masks and CDC's use of cloth face coverings.

Protecting Vulnerable Populations

Individuals who are considered high-risk for severe illness due to COVID-19 include people who:

- Are 65 years of age or older.
- Have a high-risk condition that includes:
  - chronic lung disease or moderate to severe asthma
  - heart disease with complications
  - compromised immune system
  - severe obesity—body mass index of 40 or higher
  - other underlying medical conditions, particularly if not well controlled, such as diabetes, renal failure, or liver disease

Staff concerned about being a higher risk should discuss with their supervisor. They may want to speak with their medical provider to assess their risk. More information on who is at high risk for severe illness due to COVID-19 is available from the CDC.

Child Care facilities are **recommended** to:

☐ Enable staff that to self-identify as high risk for severe illness to minimize face-to-face con-tact and allow them to maintain 6 feet from others or modify job responsibilities that limit exposure risk.

Monitoring for Clinical Signs and Symptoms

Conducting regular screenings for symptoms and ongoing self-monitoring throughout the day can help reduce exposure. Staff should be encouraged to self-monitor for symptoms such as fever, cough, or shortness of breath throughout the day. Staff should remain vigilant throughout the day and monitor children for symptoms. If a child develops symptoms, their parent/guardian should be notified immediately. More information on how to monitor for symptoms is available from the CDC.

Child Care facilities are **required** to:

☐ Conduct symptom screening of any person entering the building, including children, staff, and essential visitors, daily. Screening may be provided at the entrance to the facility prior to arrival. Example screening tool:
- Symptom Screening Checklist

☐ Conduct daily temperature screenings using a touchless thermometer for all people and children entering the child care facility.
- Fever is determined by a measured temperature of ≥ 100.4°F

☐ The following steps should be taken to conduct daily screenings:
- Individuals waiting to be screened must stand six feet apart from each other. Use tape or other markers on the floor for spacing.
- The staff person taking temperatures must wear a cloth face covering and must stay six feet apart unless taking temperature.
- Use a touchless thermometer if one is available.
- If not available, use a tympanic (ear), digital axillary (under the arm), or temporal (forehead) thermometer. Use disposable thermometer covers that are changed between everyone.
- Do not take temperatures orally (under the tongue) because of the risk of spreading. COVID-19 from respiratory droplets from the mouth.
- Staff person must wash hands or use hand sanitizer before touching the thermometer.
- Staff person must wear gloves and change between direct contact with individuals and must wash hands or use hand sanitizer after removing gloves.
- Staff person must wear a mask and a protective covering over their clothing that can be removed after screening.
- Staff person must clean and sanitize the thermometer using manufacturer's instructions between each use.

☐ Ensure staff are informed and provided guidance on how to monitor children for COVID-19 throughout the day and steps to take when a child becomes ill.

The CDC and DPH does not currently recommend that universal testing (neither viral, antigen, nor serology testing) be used to inform admitting children to the child care facility. Viral tests can only determine potential infection at a single point in time and may miss cases in the early stages of infection. It is currently unknown whether individuals are protected against reinfection from SARS-CoV-2 following recovery from COVID-19 illness.

☐ Enforce that staff and children stay home if:

- They have tested positive for OR are showing COVID-19 symptoms, until they meet DPH's "Return to School and Child care Guidance After COVID-19 Illness or Exposure".
- They have recently had close contact with a person with COVID-19, until they meet DPH's "Return to School and Child care Guidance After COVID-19 Illness or Exposure".
- Advise positive or ill individuals of DPH's home isolation criteria: https://dph.georgia.gov/document/document/return-school-guidance/download.

Child Care facilities are **recommended** to:

☐ Keep a daily log of staff and children who a) did not attend the facility due to COVID-19-related illness or b) were sent home due to displaying COVID-19 symptoms. Refer to DPH's COVID-19 reporting requirements and report to DECAL if any person at the program tests positive for COVID-19.

Handling Probable or Confirmed Positive Cases of COVID-19

Take action IMMEDIATELY upon being notified of a probable or confirmed COVID case in the child care setting.

Confirmed Positive Case

☐ When a child or staff member tests positive for COVID-19 and has exposed others at the child care facility, IMMEDIATELY implement the following steps:

1. If notified of a case in a child or staff member, they must be excluded throughout their isolation period. Any household members (siblings, etc.) must also be excluded during their quarantine period. Advise parents or staff members of DPH's home isolation criteria: https://dph.georgia.gov/document/document/return-school-guidance/download. The staff member or child may not return to the facility until they fulfill DPH's "Return to School and Child Care Guidance After COVID-19 Illness or Exposure"
2. Was the case(s) contagious while in the facility [two (2) days before the onset of symptoms or two (2) days before the test specimen was collected (if no symptoms)]? (Use the COVID-19 Close Contacts in Child Care Setting Document)

- No ➔ No further action after excluding the case and household members
- Yes ➔ (specific recommendations below)
  - Identify all close contacts.
  - Plan to temporarily close all areas the person was in while contagious until cleaning is done.

3. Identify close contacts:
   - Anyone in the same classroom including staff and other children.
   - Any individuals, outside of the classroom, with whom the case spent a cumulative total of fifteen minutes or more within 6 feet.
   - Any staff members who did not observe proper social distancing with the case will be considered close contacts (regardless of whether a mask was worn or not).
   - **All close contacts must be excluded from the facility until they have completed all requirements in the DPH guidance for persons exposed to COVID-19 found at https://dph.georgia.gov/contact. If a close contact becomes ill and is diagnosed with COVID-19, they must remain excluded for their isolation period and until told they are no longer contagious.** Refer to DPH's "Return to School and Child Care Guidance After COVID-19 Illness or Exposure"
   - If proper cohorting was practiced so that the case would have only had contact with those in the same classroom, the other staff and children in the facility do not need to be quarantined.
   - If classes were not cohorted, the facility needs to assess everyone in the facility that the case may have come into contact with and exclude them until they have completed all requirements in the DPH guidance for persons exposed to COVID-19 found at https://dph.georgia.gov/contact.

4. Notification
   - Notify the parents of close contacts and inform them of DPH's "Return to School and Child Care Guidance After COVID-19 Illness or Exposure" and when their child can return to child care.
   - Send notification letters to parents. Template letters are available in the Appendix.
   - **Notify public health of the case and all contacts by using the** "Child Care Facility: COVID-19 Positive Reporting Form" **and the** "COVID-19 Contacts Reporting Form"

Note: The entire facility does not need to be closed when a positive case is identified. The affected classroom and certain areas of the building may need to close temporarily while staff and children quarantine and while proper cleaning and disinfecting is taking place. However, if the child care facility is unsure of who is a close contact, it may be necessary to close for a few days while close contacts are identified.

5. Close off areas used by a sick person and do not use before cleaning and disinfection. If possible, wait 24 hours before you clean and disinfect. Ensure safe and correct application of disinfectants and keep disinfectant products away from children.

Probable Case

☐ When a child or staff member has clinical signs or symptoms (but no laboratory test) **AND** has had direct contact with a confirmed COVID-19 case implement the following steps:

1. If notified of a symptomatic person, who has had direct contact with a confirmed case, the person must be excluded throughout their isolation period. Any household members (siblings, etc.) must also be excluded during their quarantine period. Advise parents or staff members of DPH's home isolation criteria: https://dph.georgia.gov/document/document/return-school-guidance/download. The staff member or child may not return to the facility until they fulfill DPH's "Return to School and Child Care Guidance After COVID-19 Illness or Exposure"

2. Was the case(s) contagious while in the facility [two (2) days before onset of symptoms]? (Use the COVID-19 Close Contacts in Child Care Setting Document)
   - No ➔ No further action after excluding the case and household members.
   - Yes ➔ (specific recommendations below).
     - Identify all close contacts.
     - Plan to close all areas the person was in while contagious until cleaning is done.

3. Identify close contacts:
   - Anyone in the same classroom including staff and other children.
   - Any individuals, outside of the classroom, with whom the case spent a cumulative total of fifteen minutes or more within 6 feet.
   - Any staff members who did not observe proper social distancing with the case will be considered close contacts (regardless of whether a mask was worn or not).
   - **All close contacts must be excluded from the facility until they have completed all requirements in the DPH guidance for persons exposed to COVID-19 found at https://dph.georgia.gov/contact. If a close contact becomes ill and is diagnosed with COVID-19, they must remain excluded for their isolation period and until told they are no longer contagious.** Refer to DPH's "Return to School and Child Care Guidance After COVID-19 Illness or Exposure"
   - If proper cohorting was practiced so that the case would have only had contact with those in the same classroom, the other staff and children in the facility do not need to be quarantined.
   - If classes were not cohorted, the facility needs to assess everyone in the facility that the case may have come into contact with and exclude them until they have completed all requirements in the DPH guidance for persons exposed to COVID-19 found at https://dph.georgia.gov/contact.

4. Notification
    - Notify the parents of close contacts and inform them of DPH's "Return to School and Child Care Guidance After COVID-19 Illness or Exposure" and when their child can return to child care.
    - **Notify public health of the case and all contacts by using the** "Child Care Facility: COVID-19 Positive Reporting Form" **and the** "COVID-19 Contacts Reporting Form"

Note: The entire facility does not need to be closed when a positive case is identified. The affected classroom and certain areas of the building may need to close temporarily while staff and children quarantine and while proper cleaning and disinfecting is taking place. However, if the child care facility is unsure of who is a close contact, it may be necessary to close for a few days while close contacts are identified.

5. Close off areas used by a sick person and do not use before cleaning and disinfection. If possible, wait 24 hours before you clean and disinfect. Ensure safe and correct application of disinfectants and keep disinfectant products away from children.

Child or Staff with Symptoms (No Testing and Not Linked to Positive Case)

When a child or staff member has symptoms, they should immediately be sent home and the child care facilities' existing illness management policy should be implemented (e.g., child cannot return until symptom-free for 24 hours without fever reducing medications). Exception: If a healthcare provider suspects COVID-19 they should remain out of child care and follow the "Return to School and Child Care Guidance After COVID-19 Illness or Exposure."

Quarantining close contacts is not necessary. However, the child care facility should continue to monitor children and staff for clinical signs and symptoms.

Staff or Children that Become Ill at Child Care Facility

- ☐ **If needed, contact 911 immediately for children or staff members who require immediate medical attention.**
- ☐ Follow the child's Emergency Medical Information Record.
- ☐ Prior to the identification of an ill child or staff member, identify an room or area to separate anyone who exhibits COVID-19 like symptoms.
- ☐ Immediately isolate symptomatic individuals to the designated area at the child care facility, and send them home to isolate.
- ☐ Ensure symptomatic children always remain under visual supervision of a staff member. The supervising adult should wear cloth face covering or a surgical mask.
- ☐ Require the symptomatic person to wear a cloth face covering or a surgical mask while waiting to leave the facility.

- Cloth face coverings should not be placed on:
  - Children under the age of two (2).
  - Anyone who has trouble breathing or is unconscious.
  - Anyone who is incapacitated or otherwise unable to remove the face covering without assistance.
  - Anyone who cannot tolerate a cloth face covering due to developmental, medical, or behavioral health needs.

☐ Advise positive or ill individuals of DPH's home isolation criteria: https://dph.georgia.gov/document/document/return-school-guidance/download. The child or staff may not return to child care facility until they fulfill DPH's "Return to Child Care facility Guidance After COVID-19 Illness or Exposure"
☐ Close off areas used by a sick person and do not use before cleaning and disinfection. If possible, wait 24 hours before you clean and disinfect. Ensure safe and correct application of disinfectants and keep disinfectant products away from children.
☐ Establish a communication plan to notify local health officials of potential cases and clusters/outbreaks.
☐ Adhere to DPH's "Return to Child Care facility Guidance After COVID-19 Illness or Exposure" for allowing a child or staff member to return to child care facility.

Returning to Child Care

Child Care facilities are **required** to:
☐ Enforce staff and children stay home if:
- They have tested positive for OR are showing COVID-19 symptoms, until they meet DPH's "Return to Child Care facility Guidance After COVID-19 Illness or Exposure".
- They have recently had close contact with a person with COVID-19, until they meet DPH's "Return to Child Care facility Guidance After COVID-19 Illness or Exposure".

Advise positive or ill individuals of DPH's home isolation criteria: https://dph.georgia.gov/document/document/return-school-guidance/download.

Situation(s) determined by Daily Health Screening:	Criteria to return to Child Care:
Person has symptoms of COVID-19 and has been diagnosed with or tested positive for COVID-19	Person can return to the child care facility when they can answer yes to ALL three questions: ☐ Has it been at least 10 days since symptoms first appeared? ☐ Has it been at least 24 hours since the person had a fever (without using fever reducing medicine)? ☐ Has it been at least 24 hours since the person's symptoms have improved, including cough and shortness of breath? Once the criteria above are met, it is not necessary to require a negative COVID-19 test to return to child care.
Person has not had symptoms of COVID-19 but has been diagnosed with COVID-19 based on a positive test	Person can return to the child care facility once ☐ 10 days passed since the date of their first positive test However, if the person develops symptoms of COVID-19 after their positive test, they must be able to answer yes to ALL three questions listed above before returning to child care.
Person has been excluded because of COVID-19 symptoms but then tests negative for COVID-19	Person can return to child care facility once they can answer yes to both questions: ☐ Has it been at least 24 hours since the person had a fever without the use of fever-reducing medicines? ☐ Has the person felt well for at least past 24 hours?
Person has been excluded because of COVID-19 symptom(s) and was not tested	Person can return to child care facility: ☐ 24 hours since the person had a fever without the use of fever-reducing medicines AND/OR ☐ 24 hours since symptoms resolved.
Person has been determined to be in close contact with someone diagnosed with COVID-19	A 14-day quarantine period is still recommended. However, asymptomatic individuals may return to child care after they have completed all requirements in the DPH guidance for persons exposed to COVID-19 found at https://dph.georgia.gov/contact

Quarantine Guidance

☐ Utilize the Georgia Department of Public Health's most up-to-date quarantine guidance

- CDC continues to recommend quarantine for 14 days after last exposure. However, as of December 2, 2020, the CDC has offered options to reduce the duration of quarantine in either of the two following scenarios.

  Asymptomatic persons who have a known exposure to a person with COVID-19 can return to child care:

  ○ **After 7 full days have passed since their most recent exposure, if they fulfill all THREE of the following criteria:**
    - **Test*** for COVID-19 (PCR/molecular or antigen test) no earlier than day 5 of quarantine **AND**
    - Receive a negative result **AND**
    - Do not experience any COVID-19 symptoms† during the quarantine period.

  ○ **After 10 full days have passed since their most recent exposure, if they are not tested for COVID-19 AND do not experience any COVID-19 symptoms† during the quarantine period:**

☐ After stopping quarantine after day 7 or 10, individuals who do not have symptoms† should:

- Closely monitor themselves for COVID-19 symptoms for 14 days from their most recent date of exposure.
- **For at least the entire 14 days, they should adhere to mitigation measures including appropriate mask usage, staying at least 6 feet from others except for brief transitional movements (e.g., walking down the hallway), washing their hands, avoiding crowds, and taking other steps to prevent the spread of COVID-19, when feasible in the child care setting.**

☐ **If an individual, who is a close contact AND ended quarantine after day 7 or 10, develops symptoms†** they should be sent home immediately and follow the guidelines for symptomatic individuals and seek COVID-19 testing.

**The test must be a PCR/molecular or antigen test performed no earlier than day 5 of quarantine. If an individual is tested earlier than day 5, they must be retested on day 5 or later OR follow the 10-day guidance.*

†If the individual experiences ONE of the following COVID-19 symptoms (fever, chills, shortness of breath or difficulty breathing, new cough, or new loss of taste or smell) OR two of the following symptoms (sore throat, nausea, vomiting, diarrhea, chills, muscle pain, extreme fatigue/feeling very tired, new severe/very bad headache, new nasal congestion/ stuffy or runny nose) they must follow the guidance for symptomatic individuals.

Reporting

☐ Notify DECAL and your local public health department **immediately** when a positive COVID-19 **case** is identified in the child care facility setting. Providers should report directly to their Child care Consultant AND fax or e-mail the "COVID-19 Positive Reporting Form and Close Contacts"

Child Care facilities are **required** to:

☐ Notify your local public health department of **clusters or outbreaks** of COVID-19 **IMMEDIATELY** (as required by § OCGA 31-12-2)
- Clusters of illness are reportable to public health under notifiable disease reporting rules. This includes clusters or outbreaks of COVID-19 or other illnesses. Local epidemiologists will work with each child care facility to collect information about a cluster or outbreak, including but not limited to the number of children and staff at the child care facility, the number which are sick, and the number which are laboratory-confirmed. Local public health contacts are available here:
- A COVID-19 outbreak in a child care facility setting will be defined as: Two or more laboratory-confirmed COVID-19 cases among children or staff with illness onsets within a 14-day period, who are epidemiologically linked (e.g., have a common exposure or have been in contact with each other), do not share a household, and were not identified as close contacts of each other in another setting during standard case investigation or contact tracing.

☐ Notify DECAL of all COVID-19 cases occurring in children or staff.

☐ Develop a procedure to report outbreaks to public health and DECAL.
- The procedure for reporting clusters or outbreaks will vary by individual child care facility and district.

Communication and Combating Misinformation

Help ensure that the information staff, children, and their families receive come directly from reliable resources. Use resources from a trusted source like CDC and the Georgia Department of Public Health to promote behaviors that prevent the spread of COVID-19.

Child Care facilities are strongly **recommended** to:

☐ Disseminate COVID-19 information and combat misinformation through multiple channels to staff, children, and families. Ensure that families can access communication channels to appropriate staff at the child care facility with questions and concerns.

☐ Put up signs, posters, and flyers at main entrances and in key areas throughout the building to remind children and staff to use face coverings, wash hands, and ensure individual classes stay separate and in self-contained classrooms.

☐ Include messages and updates about stopping the spread of COVID-19 in routine communications with staff, children, and families, such as in newsletters, e-mails and online.

☐ When a case is identified in the child care setting, use the COVID-19 template letters to communicate guidance to parents and staff.

Water and Ventilation Systems

When reopening a building after it has been closed for a long period of time, it is important to keep in mind that reduced use of water and ventilation systems can pose their own health hazards. There is an increased risk for Legionella and other bacteria that come from stagnant or standing water.

Child Care facilities are **recommended** to:

☐ Take steps to ensure that all water systems and features (e.g. sink faucets, drinking fountains) are safe to use after a prolonged facility shutdown by following the CDC's Guidance for Reopening Buildings After Prolonged Shutdown or Reduced Operation to minimize the risk of disease associated with water.

☐ Ensure ventilation systems operate properly and increase circulation of outdoor air as much as possible by opening windows and doors, using fans that are placed out of children's reach, or other methods. Do not open windows and doors if they pose a safety or health risk to people using the facility.

☐ Provide cups or alternative procedures to minimize use of water fountains.

Transportation

Child Care facilities are required to:

☐ Cease transporting children for any purpose other than transporting children between their place of residence, school (K-12) and the child care program. To the greatest extent possible, all permissible transports shall be conducted in such a way that maintains social distancing.

☐ Ensure that drivers of transport vehicles follow all DECAL regulations and DPH's health and safety policies indicated for other staff (e.g., hand hygiene, cloth face coverings).

☐ Clean and disinfect child care facility buses or other transport vehicles regularly, see guidance for bus transit operators.

☐ Ensure cleaning and disinfecting of frequently touched surfaces on the vehicles, including surfaces in the driver cockpit commonly touched by the operator.

- Ensure safe and effective use and storage by reading and following directions on the label.
- Cleaning products should not be used near children, and staff should ensure that there is adequate ventilation when using these products to prevent children or themselves from inhaling toxic fumes. Keep doors and windows open when cleaning the vehicle (where weather and other circumstances permit).

☐ Establish a plan for responding to children who are ill, or otherwise meet exclusion criteria, prior to boarding the vehicle.

☐ Ensure that children who become ill at the child care facility have an alternative to group transportation for returning home. The program should immediately contact family members or contact persons to pick up the child.

☐ Ensure that if a driver becomes ill during the day that they follow DECAL and DPH's policies and the "Return to Child Care" before returning to work.

☐ Ensure an adequate supply of hand sanitizer for use by staff and children.
- Hand sanitizer should contain at least 60% alcohol and only used by staff and older children who can use safely. Hand sanitizer use by children should be supervised.
- Hand sanitizer should only remain on child care facility transportation while the vehicle is in use and under the supervision of the driver.

☐ Provide disposable disinfectant wipes so that surfaces commonly touched by the driver and children can be wiped down.

☐ Allow for 6 feet of distance between children that do not share the same household when feasible.

☐ Strongly encourage the use of face coverings by driver and children. The use of face coverings is most important when six feet of distancing cannot be maintained.
- Face coverings should not be worn by some people and in some circumstances. See Cloth Face Coverings section.

☐ Communicate with families to consider alternative means of transportation to child care facilities besides group transportation.

Child Care Facilities: Daily health screening log for staff, children, and essential visitors upon arrival and as needed

Date: ___/___/____

Person's Name	Screening Questions Asked	Temperature and Time Taken:	Comments	Initials of Staff Member Completing
	☐ Yes ☐ No			
	☐ Yes ☐ No			
	☐ Yes ☐ No			
	☐ Yes ☐ No			
	☐ Yes ☐ No			
	☐ Yes ☐ No			
	☐ Yes ☐ No			
	☐ Yes ☐ No			
	☐ Yes ☐ No			
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	☐ Yes ☐ No			
	☐ Yes ☐ No			
	☐ Yes ☐ No			
	☐ Yes ☐ No			
	☐ Yes ☐ No			

SYMPTOM SCREENING CHECKLIST:

Child Care: Children, Staff, or Any Person Entering the Building

The person conducting screenings should maintain a six-foot distance while asking questions. Ask the person dropping off the child the following questions before entering the facility or transportation vehicle. If no person accompanying the child during drop-off, use your best judgment if the child can respond on their own.

Anyone showing symptoms of COVID-19 or who may have been exposed to COVID-19 should not be at the child care facility.

1. **Have any of the children you are dropping off had close contact (within 6 feet for a cumulative total of 15 minutes) in the last 14 days with someone diagnosed with COVID-19, or has any health department or health care provider been in contact with you and advised you to quarantine?**

   ☐ Yes > The child should not be at child care. The child can return when he/she has completed all requirements in the DPH guidance for persons exposed to COVID-19 found at https://dph.georgia.gov/contact

   ☐ No > The child can be at child care if the child is not experiencing symptoms.

2. **Do any of the children you are dropping off have any ONE of these symptoms?**

   ☐ Fever or chills ☐ New cough ☐ New loss of taste or smell

   ☐ Shortness of breath or difficulty breathing

3. **Do any of the children you are dropping off have any TWO of these symptoms?**

   ☐ Sore throat ☐ Nausea ☐ Vomiting

   ☐ Diarrhea ☐ Muscle or body aches ☐ Chills

   ☐ Fatigue ☐ New severe/very bad headache

   ☐ New nasal congestion/stuffy or runny nose

If a child has any of these symptoms, they should go home, stay away from other people, and the family member should call the child's health care provider.

4. **Since they were last at the facility, have any of the children you are dropping off been diagnosed with COVID-19?**

   ☐ Yes

   ☐ No

Returning to Child Care

If you answered **YES to Question 4** above, a child could return to child care when a family member can ensure that they can answer YES to ALL three questions:

☐ Has it been at least 10 days since the child first had symptoms? **AND**
☐ Has it been at least 24 hrs. since the child had a fever (without using fever reducing medicine)?
☐ Has it been at least 24 hrs. since the child's symptoms have improved, including cough and shortness of breath?

- If a child has been diagnosed with COVID-19 but does not have symptoms, they should remain out of child care until 10 days have passed since the date of their first positive COVID-19 diagnostic test, assuming they have not subsequently developed symptoms since their positive test. Ca
- If a child has been determined to have been in close contact with someone diagnosed with COVID-19, they should remain out of child care until they have completed all requirements in the DPH guidance for persons exposed to COVID-19 found at https://dph.georgia.gov/contact
- If a child has had a negative COVID-19 test, they can return to child care once there is no fever without the use of fever-reducing medicines and they have felt well for 24 hours.

CHILD CARE FACILITY: COVID-19 REPORTING FORM

Please fax or e-mail this completed form along with the list of close contacts to your district public health office. If no close contacts were identified, write "No Close Contacts Identified" on the first line of the close contacts form.

CHILD CARE FACILITY INFORMATION

Name of Child Care Facility: _____ Phone number: (_____)_____-_____

Address: _____ County: _____
Street City Zip Code

Name of the person completing the form: _____ Title:_____

E-mail address: _____ Fax number: (_____)_____-_____

CASE INFORMATION (Child or Staff)

First name: _____ **M.I.** _____**Last name:** _____ **Date of birth:**____/_____/_____

Gender: ☐Male ☐Female **Race:** _____ ☐Hispanic ☐Non-Hispanic

Address: _____ **County of residence:** _____
Street City Zip Code

Name of parent/guardian: _____**E-mail Address**: _____

Phone number:(_____)_____ **Alternate phone number**: (_____)_____

Parent's preferred language: _____

Classroom: _____ **Teacher**: _____

Date last at the childcare facility: ____/_____/_____

COVID-19 test: ☐Yes ☐No ☐Unknown **Date of COVID-19 test** ____/_____/_____ ☐Unknown

Type of COVID-19 test (i.e. rapid, PCR, antigen) _____ ☐Unknown

Date symptoms started: ____/_____/_____ ☐ Not experiencing symptoms at this time

Has this person had direct contact with a laboratory confirmed COVID-19 case? ☐Yes ☐No ☐Unknown

Does this person have any household members who attend the child care facility? ☐Yes ☐No ☐Unknown
If yes, please include household members on the contact line list on pages 2-3)

Have close contacts of the positive child/staff member been identified? ☐ Yes ☐No (If Yes, please complete the line list on pages 22-23)

CLOSE CONTACTS

- *Close contacts: Any child or staff in the child/staff member's cohort (e.g. classroom)* ***AND***
- *Anyone who was within 6 ft. or less for a cumulative total of 15 minutes or more during the positive child/staff's infectious period*
- *Quarantine period for close contacts of positive Child/Staff:* https://dph.georgia.gov/contact

CHILD CARE FACILITY: COVID-19 CLOSE CONTACTS

Please fax or e-mail this completed form along with the case information to your district public health office. If no close contacts were identified, write "No Close Contacts Identified" on the first line of the close contacts form.

Facility Name: _____ Facility Phone Number: _____ Date: _____

Name (Last name, 1st name)	DOB	Home Address	Phone Number (preferably cell phone)	Quarantine Start Date	Interaction w/ patient (same classroom, household member, length of time, proximity.)
Ex. John Smith	05/10/2018	123 XYZ St Marietta GA 12345	654-456-7777	8/1/20	Same classroom as the case
Ex. Betty Smith	04/28/1990	123 Peachtree Ln; Marietta GA 12345	404-876-9876	8/1/20	Teacher in classroom with case

CHILD CARE FACILITY: COVID-19 CLOSE CONTACTS

Please fax or e-mail this completed form along with the case information to your district public health office. If no close contacts were identified, write "No Close Contacts Identified" on the first line of the close contacts form.

Facility Name: _____ **Facility Phone Number:** _____ **Date:** _____

Name (Last name, 1st name)	DOB	Home Address	Phone Number (preferably cell phone)	Quarantine Start Date	Interaction w/ patient (same classroom, household member, length of time, proximity.)
Ex. John Smith	01/23/45	123 XYZ St Marietta GA 12345	654-456-7777	7/1/20	Worked w/ employee (case) on 7/1/20, 4hr shift, less than 6ft
Ex. Betty Smith	04/28/1990	123 Peachtree Ln; Marietta GA 12345	404-876-9876	8/1/20	Teacher in classroom with case

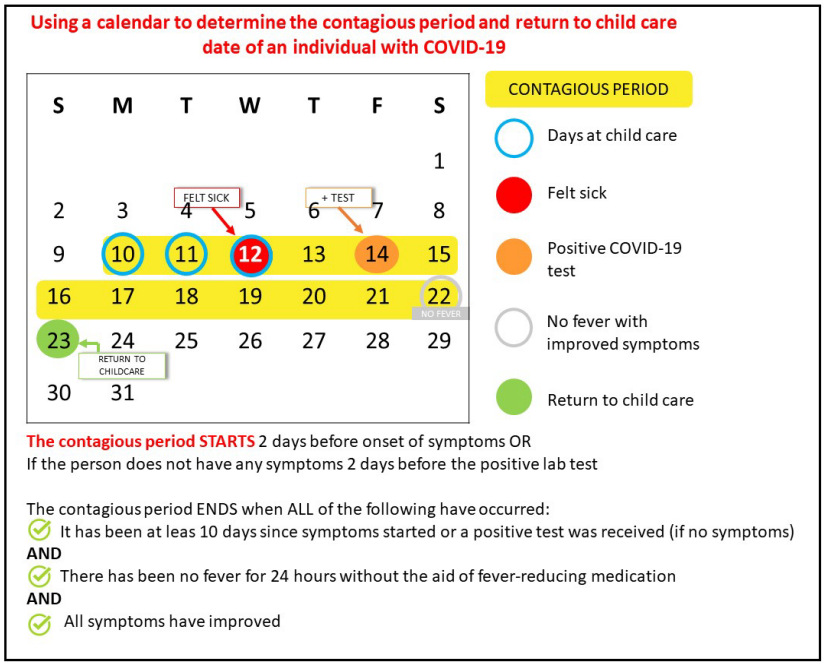
COVID-19 CLOSE CONTACTS IN THE CHILD CARE SETTING

Does the child care facility need to close immediately when a positive COVID-19 case is identified?

No, it is not necessary to close the entire child care facility when a positive COVID-19 case is identified. The effected classroom and certain areas of the building may need to close temporarily while staff and children quarantine and while proper cleaning and disinfecting is taking place.

How do I determine COVID-19 positive child/staff's contagious window?

Use the date of onset of symptoms OR the date of the positive persons's test (if the person had no symptoms) to determin their contagious window. To determine when a COVID-19 positive person was contagious, mark the date the person's symptoms started (or the date of their first positive test, if they had no symptoms) then count two days before and at least 10 days afterward.



Who is considered a close contact in the child care setting?

In the child care setting, a close contact is anyone in the same cohort (e.g. classroom group) as the case **OR** anyone outside of the cohort who spent a cumulative total of 15 minutes or more within less than 6 feet of a COVID-19 case while infectious.

How long should close contacts be quarantined?

Close contacts should be quarantined until they have completed all of DPH's requirements for person exposed to COVID-19 found at https://dph.georgia.gov/contact.

Should close contacts get tested for COVID-19?

Close contacts of a COVID-19 positive case not experiencing symptoms:

The Georgia Department of Public Health recommends one COVID-19 test during quarantine. If the individual has no symptoms, the test should take place no earlier than the 55th day of quarantine. If the individual develops symptoms, the test should be obtained earlier.

Close contact of a COVID-19 positive employee experiencing symptoms:

Individuals should consult their physician and schedule a test.

Even if a close contact's test results are negative for COVID-19, they must remain quarantined until completing all DPH requirements for persons exposed to COVID-19 found at https://dph.georgia.gov/contact

<<INSERT CHILD CARE FACILITY LETTERHEAD>>

[ ]

Dear Parent/Guardian,

[ ] considers the health and well-being of our children and staff to be of the utmost importance. It is with that in mind that this letter is being sent home for your information. On [ ], we were alerted to a child/staff member who tested positive for COVID-19. We have been working closely with local public health officials to ensure the proper recommendations are followed to isolate the child/staff diagnosed with COVID-19, identify close contacts, and clean and disinfect areas of the childcare facility.

At this time, your child has NOT been identified as a close contact and does NOT need to quarantine at home.

Although your child was not identified as a close contact and does not need to quarantine at home, please continue to monitor your child's health daily for fever and symptoms of respiratory illness.

Consider the following Georgia Department of Public Health recommendations:

1. Daily, assess your child for the below COVID-19 symptoms **PRIOR TO SENDING HIM/HER TO CHILD CARE** using the following checklist:

□ Fever or chills	□ New severe/bad headache	□ Sore throat
□ New cough	□ New loss of taste or smell	□ Fatigue
□ Shortness of breath or difficulty breathing	□ Congestion or runny nose	□ Diarrhea
□ Muscle or body aches	□ Nausea or vomiting	

2. If your child develops COVID-19 symptoms, please keep him or her out of child care and group activities, such as play groups, and contact your child's healthcare provider as soon as possible. Tell him or her that a COVID-19 case was identified at your child's child care facility. The Department of Public Health recommends that laboratory testing be obtained on all suspect COVID-19 cases.

3. Alert the childcare facility **IMMEDIATELY**, if your child develops COVID-19 symptoms **OR** has direct contact with a confirmed COVID-19 case.

4. Talk to your child about COVID-19 and remind him/her to adhere to social distancing guidance

[ ] and [ ] will continue to work together to monitor the situation. If you have any questions, please call [ ] at [ ].

Sincerely,

[ ]

<<INSERT HEALTH DEPARTMENT OR CHILD CARE FACILITY LETTERHEAD>>

Dear Parent/Guardian,

[ ] considers the health and well-being of our children and staff to be of the utmost importance. On [ ], we were notified of a child/staff member who was diagnosed with COVID-19. We have been working closely with local public health officials to ensure the proper recommendations are followed to isolate the child/staff diagnosed with COVID-19, identify close contacts, and clean and disinfect areas of the child care facility.

Your child was identified as a close contact to someone diagnosed with COVID-19.

A close contact includes being within 6 feet of a person with COVID-19 for a cumulative total of 15 minutes or more OR having direct contact with secretions from a person with COVID-19 (e.g. being coughed on, kissing, sharing utensils or water bottles, etc.). As a result, your child is at risk of infection beginning 2-14 days after exposure.

For your child's safety and the safety of the public, the Georgia Department of Public Health requires that you actively monitor your child's health for COVID symptoms and keep him/her quarantined at home.

All close contacts are instructed to take the following steps during the quarantine period:

1. **Quarantine.** Your child should quarantine at home, except in case of emergency or to be tested for COVID-19, until he/she completes all DPH requirements for persons exposed to COVID-19 found at https://dph.georgia.gov/contact**.** He/she should not attend child care or public activities during this time.
2. **Check for temperature and symptoms.** Twice a day check your child's temperature and assess him/her for the below COVID-19 symptoms using the following checklist:

□ Fever or chills	□ New severe/bad headache	□ Sore throat
□ New cough	□ New loss of taste or smell	□ Fatigue
□ Shortness of breath or difficulty breathing	□ Congestion or runny nose	□ Diarrhea
□ Muscle or body aches	□ Nausea or vomiting	

3. **Get tested**. CDC and DPH recommend your child get tested for COVID-19 at least once during their quarantine period. If your child has no symptoms, the test should take place no earlier than the 5th day of quarantine. If your child develops symptoms, the test should be obtained earlier. **Please note that even if your child's test results are negative, he/she must remain in quarantine until completing all DPH requirements for persons exposed to COVID-19 found at** https://dph.georgia.gov/contact**.**
4. **Alert the child care facility.** Alert the child care facility IMMEDIATELY if your child develops COVID-19 symptoms. Depending on when your child developed symptoms and his/her last day at child care, additional contact tracing may need to be done.

Please review the following guidance documents from the Georgia Department of Public Health for additional quarantine recommendations:
Quarantine Guidance (https://dph.georgia.gov/contact)
Return to Child Care Guidance (https://dph.georgia.gov/document/document/return-school-guidance/download)

[ ] and [ ] will continue to work together to monitor the situation. If you have any questions, please call [ ] at [ ].

Sincerely,

[ ]

COVID-19 Guidance Checklist

CHILD CARE OPERATIONS CHECKLIST TO ENSURE COMPLIANCE WITH EXECUTIVE ORDER EFFECTIVE 6-16-20

	DATE
CHECK	**REQUIREMENT**
☐	**Group Size** • Limit group sizes to a maximum of 50 people per CCLC room, including teachers, capacity permitting. Maintain licensed capacity and staff: child ratios for each age group based on CCLC or FCCLH Rules and Regulations.
☐	**Restrict Access**. • Restrict families' access to the front door of the facility or the door of their respective child's classroom only
☐	• Prohibit unnecessary visitors
☐	**Health Screenings upon arrival** • Screen and evaluate all children prior to them entering the classroom for signs of illness or exhibiting a fever over 100.4 degrees Fahrenheit, cough, shortness of breath or difficulty breathing, fever, chills, muscle pain, sore throat, or new loss of taste or smell
☐	• Prohibit children from entering a classroom if they exhibit any of the symptoms listed
☐	**Modified sign-in/sign-out procedures** • Sign children in and out of the facility for families if a computer or keypad system inside the facility is used. If a tablet located outside the facility is used by families during drop-off and pick-up, the tablet must be disinfected after each use. If a paper sign-in system is used for sign-in, writing utensils should be sanitized after each use, if families are permitted to sign children in themselves.
☐	**Meal Service** • Provide meals in classrooms rather than in a congregated or communal setting
☐	**Transportation** • Cease transporting children for any purpose other than transporting children between their place of residence and the Child Care Facility. To the greatest extent possible, all permissible transports shall be conducted in such a way that maintains Social Distancing.
☐	**Sanitize and disinfect.** In addition to the rigorous hygiene, sanitation, and disinfection licensing rules child care providers adhere to in their programs, special attention must be paid to the following: • Surfaces and objects that are frequently touched must be sanitized regularly, including, but not limited to, toys, games, and objects or surfaces not ordinarily cleaned daily
☐	• Toys and games that cannot be cleaned and sanitized should not be used
☐	• Toys that children have placed in their mouths or that are otherwise contaminated by body secretions or excretions should be set aside until they are cleaned by hand by a person wearing gloves
☐	• Machine washable cloth toys should be used by one individual at a time or should not be used at all. These toys should be laundered before being used by another child.
☐	• Toys used by a group of children must be washed and sanitized before they may be used by children in a different group or classroom
☐	• Items that need to be cleaned should be set aside in a dish pan with soapy water or in a separate container marked for soiled toys;
☐	• Only bedding (sheets, pillows, blankets, and sleeping bags) that can be washed may be used. Each child's bedding must be kept separate and, to the extent practicable, should be stored in individually labeled bins, cubbies, or bags. Cots and mats should be labeled for each child and any bedding that touches a child's skin should be cleaned weekly or before use by any other child.

Coronavirus (COVID-19) Information

To keep our facility, staff, children, and community safe, please do not enter the building if:

- ✓ You have tested positive for COVID-19
- ✓ You or anyone in your household have been tested for COVID-19
- ✓ You or anyone in your household think they could have COVID-19

You or anyone in your household **(including children)** have these symptoms or have been in close contact with anyone with these symptoms, you may not enter:

- ✓ Fever or chills
- ✓ Cough
- ✓ Shortness of breath
- ✓ Difficulty breathing
- ✓ New loss of taste or smell
- ✓ At least two of the following symptoms: Sore throat, diarrhea, fatigue, nausea, vomiting, chills, headache, muscle or body aches, nasal congestion/stuffy or runny nose

If you have any of these symptoms, contact a health professional.

Be aware, you are at higher risk if you are:

- ✓ Age 65 years or older
- ✓ Pregnant (It is not yet known if pregnant women are high risk but pregnant women should protect themselves from all infectious diseases)

…or have any of these health conditions:

- ✓ Chronic illness such as lung disease or moderate to severe asthma
- ✓ Heart disease
- ✓ Immunocompromised, including those undergoing cancer treatment
- ✓ Severe obesity
- ✓ Diabetes
- ✓ Renal failure
- ✓ Liver disease

Staff concerned about being at risk should discuss with their supervisor.

Enhanced Sanitation and Hygiene Procedures have been implemented.

Cloth face coverings should be worn by staff and children 2 years of age and older, if feasible. Staff and children must wash their hands as required.

Individual classes should be kept separated in self-contained rooms. Each room is limited to the capacity licensed or no more than 50 persons.

Staff will conduct a standard Daily Health Check on every child, every day and exclude if he/she:

- ✓ Has a temperature above 100.4ºF and symptoms described above
- ✓ Is unable to participate in activities as normal
- ✓ Needs more care than staff can provide without compromising the health and safety of others

Staff will also check for signs of illness periodically throughout the day for these symptoms.

Georgia Dept of Early Care and Learning

BRIGHT FROM THE START

dph.georgia.gov