



CHECKLIST FOR CHILD CARE CENTERS

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For purposes of this checklist, “child care center” refers to both regulated child care centers, temporary licensed child care centers, home providers, and youth development organizations.

The virus that causes COVID-19 can infect people of all ages. While the risk of serious illness or loss of life is greatest in those 65 years of age and older, persons in every age group can get COVID-19 and some will have a severe illness.

We should all be thankful that, with rare exceptions, COVID-19 is not claiming the lives of our children. However, we can never forget that a child with a mild or even asymptomatic case of COVID-19 can spread that infection to others who may be far more vulnerable.

COVID-19 is spread from person to person through contact that is close enough to share droplets generated by coughing, sneezing, speaking and even just breathing. COVID-19 can also be spread by touching objects where contaminated droplets have landed. Because of this easy manner of transmission, an infant, child or young person who is infected with COVID-19 can spread the infection to others they come in close contact with, such as members of their household, teachers, or other caregivers. We have learned that infected persons with mild or even no symptoms can spread COVID-19.

These facts are vitally important when considering the reopening of schools, daycares, youth camps and other places that provide care and education for our children.

One thing is for certain: education and childcare are essential and we must find reasonably safe ways to restore these services so that our children can be cared for, educated and their parents and guardians can return to work. We must find ways to protect our children from COVID-19 and ensure that they do not bring the infection to others, such as other household members, who may be at high risk for severe infection or even loss of life.

For adults in the workplace or other public spaces, we are confident that if certain measures such as cloth face coverings or non-medical grade masks, respiratory etiquette, frequent hand washing / hand sanitation and environmental cleaning and sanitizing are widely observed, we can then proceed with reopening Texas in a safe and measured way.

However, some of the protective measures that we can expect from adults, such as wearing cloth face coverings and maintaining distance from one another, are, for a variety of reasons, simply not possible for infants, children and youth to practice in schools, daycares and youth camps. In some cases, the child will be too young to understand and practice these precautions. We cannot, for example, expect a group of toddlers or schoolchildren not to engage in interactive play or share toys, for example.

All of these factors mean that while certain precautions against the spread of COVID-19 can and will be applied to schools, daycares and youth camps, the infection control measures that can be put in place in these settings will differ somewhat from those that are suitable for other social, business and commercial settings.

Therefore, every child care provider who is responsible for providing care or education for infants, children and youth in these settings must be aware of these facts and be willing to comply with the infection control measures that will be in place in these settings. Parents or guardians should monitor the health of their child and not send them to the program if they are displaying any symptom of COVID. Parents or guardians should seek COVID testing promptly and report results to the program given the implications for other children, families, and staff. Individuals aged 65 or older are at a higher risk of COVID-19. Parents or guardians should protect any vulnerable persons who are members of the same household or come into frequent, close contact with infants, children and youth who attend daycare.

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About minimum health protocols:

All individuals age 10 or older must wear a face covering (over the nose and mouth) wherever it is not feasible to maintain six feet of social distancing from another individual not in the same household.

The following are the minimum recommended health protocols for all child care centers choosing to operate in Texas. Child care centers may adopt additional protocols consistent with their specific needs and circumstances to help protect the health and safety of all employees and children.

The virus that causes COVID-19 can be spread to others by infected persons who have few or no symptoms. Even if an infected person is only mildly ill, the people they spread it to may become seriously ill or even die, especially if that person is 65 or older with pre-existing health conditions that place them at higher risk. Because of the hidden nature of this threat, everyone should rigorously follow the practices specified in these protocols, all of which facilitate a safe and measured reopening of Texas. The virus that causes COVID-19 is still circulating in our communities. We should continue to observe practices that protect everyone, including those who are most vulnerable.

Please note, public health guidance cannot anticipate every unique situation. Child care centers should stay informed and take additional actions based on common sense and wise judgment that will protect health and support economic revitalization. Child care centers should also be mindful of federal and state employment and disability laws, workplace safety standards, and accessibility standards to address the needs of both workers and customers. Federal and state regulations regarding child care centers should be followed.

Federal and state health protocols for serving children in child care:

- Operate the child care in accordance with the *Guidance for Child Care Programs that Remain Open* released by the Centers of Disease Control, available at <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html>.
- Based on above CDC guidance, create plans for each child care facility around the following prevention measures:
 - Implement [social distancing strategies](#)
 - Intensify [cleaning and disinfection efforts](#)
 - Modify [drop-off and pick-up procedures](#)
 - Implement [screening procedures upon arrival](#)
- Operate the child care in accordance with applicable state rules, including Health and Human Services Commission (HHSC) emergency rules applicable to the type of license the child care center holds.
 - Temporarily licensed child care centers can find their rules [here](#).
 - Regulated child care centers can find their rules [here](#).
- Ensure that all child care providers have taken required health and safety training related to COVID-19 through the Texas A&M AgrilLife extension. The following training is required:
 - Providing High Quality Experiences during COVID-19 for Emergency Child Care Settings
 - Special Considerations for Infection Control during COVID-19

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Vulnerable/high risk groups:

Based on currently available information and clinical expertise, people 65 or older might be at higher risk for severe illness from COVID-19. To protect those at higher risk, it is important that everyone practices healthy hygiene behaviors.

If you have staff members or teachers age 65 or older, encourage them to talk to their healthcare provider to assess their risk and to determine if they should stay home.

Information about COVID-19 in children is somewhat limited, but the information that is available suggests that many children have mild symptoms. However, a small percentage of children have been reported to have severe illness. Please consult with your health care provider on what is appropriate for your child.

Preventative health measures for child care centers:

Child care providers must follow all applicable state statutes and HHSC Child Care Licensing rules. The following checklist is intended to provide a selection of important health and safety items. It is not intended to be an exhaustive list. Providers who need help understanding applicable rules and procedures should reach out to their contact at Child Care Licensing for further assistance.

Plan ahead to ensure adequate supplies to support hand hygiene behaviors and routine cleaning of objects and surfaces. If you have difficulty in obtaining these supplies, please contact your Child Care Licensing representative.

- Require sick children and staff to stay home.**
 - Communicate to parents the importance of keeping children home when they are sick.
 - Communicate to staff the importance of being vigilant for symptoms and staying in touch with center management if or when they start to feel sick.
 - Establish procedures to ensure children and staff who come to the child care center sick or become sick while at your facility are sent home as soon as possible.
 - Keep sick children and staff separate from well children and staff until they can be sent home.
 - Sick staff members should not return to work until they have met the criteria to discontinue home isolation.
 - Consider ways to provide this guidance to your child care center families.
- Have a plan if someone is or becomes sick.**
 - Plan to have an isolation room that can be used to isolate a sick child.
 - Be ready to follow CDC guidance on how to disinfect your building or center if someone is sick.
 - If a sick child has been isolated in your facility, clean and disinfect surfaces in your isolation room or area after the sick child has gone home.

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- If COVID-19 is confirmed in a child or staff member:**
 - Contact your local health authority to report the presence of COVID-19 in your facility. Your local health authority will advise you on re-opening procedures.
 - Contact Child Care Licensing to report the presence of COVID-19 in your facility.
 - Close off areas used by the person who is sick.
 - Open outside doors and windows to increase air circulation in the areas.
 - Wait up to 24 hours or as long as possible before you clean or disinfect to allow respiratory droplets to settle before cleaning and disinfecting.
 - Clean and disinfect all areas used by the person who is sick, such as offices, bathrooms, and common areas.
 - If more than 7 days have passed since the person who is sick visited or used the facility, additional cleaning and disinfection is not necessary.
 - Continue routine cleaning and disinfection.
- Monitor and plan for absenteeism among your staff.**
 - Develop plans to cover classes in the event of increased staff absences. Coordinate with other local child care programs and reach out to substitutes to determine their anticipated availability if regular staff members need to stay home if they or their family members are sick.
 - Recommend that individuals at higher risk for severe illness from COVID-19 consult with their medical provider to assess their risk and to determine if they should stay home if there is an outbreak in their community.
- Review plans for implementing social distancing strategies.**
 - Social distancing focuses on remaining out of congregate settings, avoiding mass gatherings, and maintaining distance from others when possible. Detailed guidance for implementing social distancing strategies in child care centers and schools is found [here](#).
- Assess group gatherings and events.**
 - Events and group activities are strongly discouraged in child care centers. If for some reason an event must occur, child care centers should follow current [CDC guidance](#) about gatherings and events.
 - Avoid scheduling events that require your children to bring items from home (e.g. show and tells).
- Limit access to your center.**
 - Prohibit any but the following individuals from accessing your facility:
 - Operation staff;
 - Persons with legal authority to enter, including law enforcement officers, Texas Rising Star staff, Licensing staff, and Department of Family and Protective Services staff;
 - Professionals providing services to children;
 - Children enrolled at the operation; and
 - Parents who have children enrolled and present at the operation. Parents should only enter the child care center when necessary.
 - Limit the use of parent or other volunteers in your facilities to an absolute minimum.

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Social distancing strategies:

Use preparedness strategies and consider the following social distancing strategies:

- Have employees maintain at least 6 feet of separation from other individuals. If such distancing is not feasible, other measures such as hand hygiene, cough etiquette, cleanliness, and sanitation should be rigorously practiced.
- If possible, child care classes should include the same group each day, and the same child care providers should remain with the same group each day.
- Cancel or postpone special events such as festivals, holiday events, and special performances.
- Consider whether to alter or halt daily group activities that may promote transmission.
- Keep each group of children in a separate room to the extent possible.
- Limit the mixing of children, such as staggering playground times and keeping groups separate for special activities such as art, music, and exercising.
- Outdoor areas, like **playgrounds in schools and parks** generally require **normal routine cleaning**, but **do not require disinfection**.
 - Do not spray disinfectant on outdoor playgrounds- it is not an efficient use of supplies and is not proven to reduce risk of COVID-19 to the public.
 - High touch surfaces made of plastic or metal, such as grab bars and railings should be cleaned routinely.
 - Cleaning and disinfection of wooden surfaces (play structures, benches, tables) or groundcovers (mulch, sand) is not recommended.
- If possible, at nap time, ensure that children's naptime mats (or cribs) are spaced out as much as possible, ideally 6 feet apart. Consider placing children head to toe in order to further reduce the potential for viral spread. Be sure and disinfect mats before and after each use.
- If possible, arrange for administrative staff to telework from their homes.
- Minimize time standing in lines, keeping children at safe distances apart from each other. Six feet of separation between children is preferred.
- Limit the use of water tables and sensory tables, and have children wash or sanitize their hands immediately after using these play stations.
- Increase the distance between children during table work.
- Incorporate more outside activities, where feasible.

Class size and ratio requirements:

The following pages lay out the new child care ratios that opened child care providers should follow. These ratios are intended to support the state's policy of social distancing, while also supporting providers and ensuring they are able to continue their business.

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Modified Child Care Ratios			
If the specified age of the children in the group is...	Modified Size for One Caregiver	Modified Group Sizes for Two Caregivers in the Same Room*	Square Footage Requirement
0 – 11 months	No modification in size (Existing standard is 4).	Modified to 8, but children should be put into two groups and separated with one caregiver per group (Existing standard is 10).	30 square feet space per child (existing standard, indoor) 80 square feet space per child (existing standard, outdoor)
12 – 17 months	No modification in size (Existing standard is 5).	Modified to 10, but children should be put into two groups and separated with one caregiver per group (Existing standard is 13).	30 square feet space per child (existing standard, indoor) 80 square feet space per child (existing standard, outdoor)
18 – 23 months	Modified to 7 (Existing standard is 9).	Modified to 14, but children should be put into two groups and separated with one caregiver per group (Existing standard is 18).	30 square feet space per child (existing standard, indoor) 80 square feet space per child (existing standard, outdoor)
2 years	Modified to 8 (Existing standard is 11).	Modified to 16, but children should be put into two groups and separated with one caregiver per group (Existing standard is 22).	30 square feet space per child (existing standard, indoor) 80 square feet space per child (existing standard, outdoor)
3 years**	Modified to 10 (Existing standard is 15).	Size limit modified to 20 (Existing standard is 30). Note: these children will not be able to remain in two separate groups.	30 square feet space per child (existing standard, indoor) 80 square feet space per child (existing standard, outdoor)
4 years**	Modified to 10 (Existing standard is 18).	Size limit modified to 20 (Existing standard is 35). Note: these children will not be able to remain in two separate groups.	30 square feet space per child (existing standard, indoor) 80 square feet space per child (existing standard, outdoor)
5 years**	Modified to 10 (Existing standard is 22).	Size limit modified to 20, but children should be put into two groups and separated with one caregiver per group (Existing standard is 35).	45 square feet space per child (Indoor) 120 square feet per child (Outdoor)
6 – 8 years**	Modified to 10 (Existing standard is 26).	Size limit modified to 20, but children should be put into two groups and separated with one caregiver per group (Existing standard is 35).	45 square feet space per child (Indoor) 120 square feet per child (Outdoor)
9 – 13 years**	Modified to 10 (Existing standard is 26).	Size limit modified to 20, but children should be put into two groups and separated with one caregiver per group (Existing standard is 35).	45 square feet per child per child (Indoor) 120 square feet per child (Outdoor)

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** Group sizes should be stable, with the same children and caregivers in the same group every day. These groups can be in the same room, as is current practice, but the separation of the two groups should be emphasized.*

*** If a child has an aide assisting them as a result of their Individual Education Plan (IEP), the aide does not count as a caregiver for purposes of this table. The aide would count as a "child" for purposes of figuring out the allowable number of children in each group or classroom setting.*

Notes:

- *Regulated Family Child Care ratios are not affected by this table.*
- *Floating staff members are allowed under this modified class size table. To the extent possible, these floating staff members should float in the same rounds with the same students every day.*

Parent drop-off and pick-up:

- The pick-up and drop-off of children should be completed outside of the operation, unless the operation determines that there is a legitimate need for the parent to enter. Should the parent have a legitimate need to enter the operation, the parent must be screened by the operation as outlined in this document.
 - NOTE: For families participating in the subsidized child care program, efforts should be made to allow them to check in via the state's card swipe system. Consider moving the card swipe station outdoors in the morning or swiping the parent's card for them. Sanitize card swipe stations after use.
- Consider staggering arrival and drop off times and have child care providers go outside the facility to pick up the children as caretakers arrive. A plan for curbside drop-off and pick-up should limit direct contact between parents and staff members and adhere to social distancing recommendations.
- Hand hygiene stations should be set up at the entrance of the facility, so that children can clean their hands before they enter. If a sink with soap and water is not available, provide hand sanitizer with at least 60% alcohol next to parent sign-in sheets. Keep hand sanitizer out of children's reach and supervise use. If possible, place sign-in stations outside, and provide sanitary wipes for cleaning pens between each use.
- Designate a parent to be the drop-off/pick-up volunteer to walk all children to their classroom, and at the end of the day, walk all children back to their cars. These volunteers should wear a mask. To the extent possible, they should also keep 6 feet of distance between themselves and the caregiver, and other volunteers.
- Infants can be transported in their car seats. Store car seats out of children's reach.
- If possible, older people such as grandparents should not pick up children, because they are more at risk for severe illness from COVID-19.

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Screening:

- The following individuals **must** be screened every day before entering the facility:
 - Operations staff;
 - Persons with legal authority to enter, including law enforcement officers, Texas Rising Star staff, Licensing staff, and Department of Family and Protective Services staff;
 - Professionals providing services to children;
 - Children enrolled at the operation; and
 - Parents who have children enrolled and present at the operation. Parents should only enter the child care center when necessary.
- There are several methods that facilities can use to protect their workers while conducting temperature screenings. The most protective methods incorporate social distancing (maintaining a distance of 6 feet from others) or physical barriers to eliminate or minimize exposures due to close contact to a child who has symptoms during screening. For various examples on screening practices, see CDC guidance on screening at <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html#ScreenChildren>
- Screen those entering the facility prior to entering the child care center:
 - Send home any employee or child who has any of the following new or worsening signs or symptoms of possible COVID-19:

<ul style="list-style-type: none"> - Cough - Shortness of breath or difficulty breathing - Chills - Repeated shaking with chills - Muscle pain - Headache 	<ul style="list-style-type: none"> - Sore throat - Loss of taste or smell - Diarrhea - Feeling feverish or a measured temperature greater than or equal to 100.0 degrees Fahrenheit - Known close contact with a person who is lab-confirmed to have COVID-19
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 - Do not allow employees or children with the new or worsening signs or symptoms listed above to return to work until:
 - In the case of an employee who was diagnosed with COVID-19, the individual may return to work when all three of the following criteria are met: at least 3 days (72 hours) have passed *since recovery* (resolution of fever without the use of fever-reducing medications); and the individual has improvement in respiratory symptoms (e.g., cough, shortness of breath); and at least 10 days have passed *since symptoms first appeared*; or
 - In the case of an employee who has symptoms that could be COVID-19 and does not get evaluated by a medical professional or tested for COVID-19, the individual is assumed to

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have COVID-19, and the individual may not return to work until the individual has completed the same three-step criteria listed above; or

- If the employee has symptoms that could be COVID-19 and wants to return to work before completing the above self-isolation period, the individual must obtain a medical professional's note clearing the individual for return based on an alternative diagnosis.
- Do not allow an employee or child with known close contact to a person who is lab-confirmed to have COVID-19 to return to work until the end of the 14 day self-quarantine period from the last date of exposure (with an exception granted for health care workers and critical infrastructure workers).
- Child care programs are encouraged to implement sick leave policies that permit staff who are symptomatic, particularly high-risk individuals, to stay at home.
- If staff members believe they have had close contact to someone with COVID-19 but are not currently sick, they should monitor their health for the above symptoms during the 14 days after the last day they were in close contact with the individual with COVID-19.
- If a parent believes that they or the child has had close contact to someone with COVID-19 but are not currently sick, they should monitor their health for the above symptoms during the 14 days after the last day they were in close contact with the individual with COVID-19.

Enhanced cleaning and disinfecting measures:

The following should be done in addition to (or in substitution of) existing cleaning protocols in place at the child care center:

- Clean and disinfecting efforts should be intensified over the pre-COVID-19 standards. Additional CDC guidance can be found here: <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>
- Cleaning products should not be used near children, and staff should ensure that there is adequate ventilation when using these products to prevent children from inhaling toxic fumes.
- Facilities should develop a schedule for regular cleaning and disinfecting.
- Routinely clean, sanitize, and disinfect surfaces and objects that are frequently touched, especially toys and games.
- Clean objects/surfaces not ordinarily cleaned daily such as doorknobs, light switches, classroom sink handles, countertops, nap pads, toilet training potties, desks, chairs, cubbies, and playground structures. Use the cleaners typically used at your facility.
- Adjust the HVAC system to allow for more fresh air to enter the program space, if possible.
- All bathrooms should be cleaned and disinfected regularly throughout the day, at a minimum bathrooms should be cleaned and disinfected three times per day.

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- Cleaning products:**
 - Use all cleaning products according to the directions on the label. For disinfection, most common EPA-registered, fragrance-free household disinfectants should be effective. A list cleaning products specific to COVID can be found here: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>
 - If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
 - Follow the manufacturer’s instructions for concentration, application method, and contact time for all cleaning and disinfection products.
 - If possible, provide EPA-registered disposable wipes to child care providers and other staff members so that commonly used surfaces such as keyboards, desks, and remote controls can be wiped down before use. If wipes are not available, please refer to CDC’s guidance on [disinfection for community settings](#).
 - All cleaning materials should be kept secure and out of reach of children.
- Clean and sanitize toys:**
 - Toys 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 and disinfected by hand by a person wearing gloves. Clean with water and detergent, rinse, sanitize with an EPA-registered disinfectant, rinse again, and air-dry. You may also clean in a mechanical dishwasher. Be mindful of items more likely to be placed in a child’s mouth, like play food, dishes, and utensils.
 - 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.
 - Do not share toys with other groups of infants or toddlers, unless they are washed and sanitized before being moved from one group to the other.
 - Set aside toys that need to be cleaned. Place in a dish pan with soapy water or put in a separate container marked for “soiled toys.” Keep dish pan and water out of reach from children to prevent risk of drowning. Washing with soapy water is the ideal method for cleaning. Try to have enough toys so that the toys can be rotated through cleanings.
 - Children’s books and other paper materials should be rotated if used by one group in a cohort. They should not be used by any other cohort or group for at least 36 hours.
- Clean and disinfect bedding:**
 - Use bedding (sheets, pillows, blankets, sleeping bags) that can be washed.
 - Keep each child’s bedding separate, and consider storing in individually labeled bins, cubbies, or bags. Cots and mats should be labeled for each child.
 - Bedding that touches a child’s skin should be cleaned weekly or before use by another child.

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- Diapering:**
 - When diapering a child, wash your hands and wash the child's hands before you begin, and wear gloves. Follow safe diaper changing procedures. Procedures should be posted in all diaper changing areas. Steps include:
 - Prepare (includes putting on gloves)
 - Clean the child
 - Remove trash (soiled diaper and wipes)
 - Replace diaper
 - Wash child's hands
 - Clean up diapering station
 - Wash hands
 - After diapering, wash your hands (even if you were wearing gloves) and disinfect the diapering area with a fragrance-free bleach that is EPA-registered as a sanitizing or disinfecting solution. If other products are used for sanitizing or disinfecting, they should also be fragrance-free and EPA-registered. If the surface is dirty, it should be cleaned with detergent or soap and water prior to disinfection.
 - If reusable cloth diapers are used, they should not be rinsed or cleaned in the facility. The soiled cloth diaper and its contents (without emptying or rinsing) should be placed in a plastic bag or into a plastic-lined, hands-free covered diaper pail to give to parents/guardians or laundry service.
- Washing, feeding, or holding a child:**
 - It is important to comfort crying, sad, or anxious infants and toddlers, and they often need to be held. To the extent possible, when washing, feeding, or holding very young children, child care providers can protect themselves by wearing an over-large button-down, long sleeved shirt and by wearing long hair up off the collar in a ponytail or other updo. Consider limiting the amount and type of jewelry that you wear so that the disease cannot be transmitted that way.
 - Child care providers should wash their hands, neck, and anywhere touched by a child's secretions.
 - Child care providers should change the child's clothes if secretions are on the child's clothes. They should change their clothing, if there are secretions on it, and wash their hands again.
 - Contaminated clothes should be placed in a plastic bag or washed in a washing machine.
 - Infants, toddlers, and their providers should have multiple changes of clothes on hand in the child care center or home-based child care. Children should not be allowed to wear other children's clothing.
 - Child care providers should wash their hands before and after handling infant bottles prepared at home or prepared in the facility.
 - Bottles, bottle caps, nipples, and other equipment (e.g. bottle warmers) 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.

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- All children, staff, and volunteers should engage in hand hygiene at the following times:
 - Arrival to the facility and after breaks
 - Before and after preparing food or drinks
 - Before and after eating or handling food, or feeding children
 - Before and after administering medication or medical ointment
 - Before and after diapering
 - After using the toilet or helping a child use the bathroom
 - After coming in contact with bodily fluid
 - After handling animals or cleaning up animal waste
 - After playing outdoors or in sand
 - After handling garbage
- Wash hands with soap and water for at least 20 seconds. If hands are not visibly dirty, alcohol-based hand sanitizers with at least 60% alcohol can be used if soap and water are not readily available.
- Supervise children when they use hand sanitizer to prevent ingestion.
- Assist children with handwashing, including infants who cannot wash hands alone.
- After assisting children with handwashing, staff should also wash their hands.
- Place posters describing handwashing steps near sinks. Developmentally appropriate posters in multiple languages are available from CDC.

Transportation:

Close seating on buses makes person-to-person transmission of respiratory viruses more likely. Those providing transportation to child care centers should practice social distancing while on the bus.

- Child care centers should maximize space between riders (for example, one rider per seat in every other row).
- Keeping windows open might reduce virus transmission.
- Cleaning and disinfecting buses: Open the windows after runs and let the buses thoroughly air out. Buses should be cleaned after each use. Handrails can then be disinfected with an EPA-approved safer disinfectant. Windows must be kept open to prevent buildup of chemicals that could cause eye and respiratory problems.
- These recommendations should be followed by any third-party transportation services child care centers utilize.



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Food preparation and meal service:

- An operation should not serve family style meals. Each child should be provided individual meals and snacks.
- If the child brings their own food from home, the provider should discourage the sharing of food between children.
- Providers should give careful consideration to the meal process and work on educating parents and families on the best way to provide their child's food and drinks for the day/week.
- Consider storing children's food and drinks for the day in their cubbies or another dedicated area if meals are brought from home
- Meals should be served in the classroom and teachers should directly serve children in their classrooms.
- Sinks used for food preparation should not be used for any other purposes.
- Caregivers should ensure children wash hands prior to and immediately after eating.
- Caregivers should wash their hands before preparing food and after helping children to eat.
- Facilities should follow all other applicable federal, state, and local regulations and guidance related to safe preparation of food.
- If an employer provides a meal for employees, employers are recommended to have the meal individually packed for each employee.