

## PUBLIC HEALTH REOPENING PROTOCOL PROGRAMS PROVIDING CHILD CARE

The requirements below are specific to all programs, including Early Care and Education Programs (ECE) programs, and other programs providing day care for school-aged children before, during or after normal school hours. These sites are permitted to be open by the Order of the State Public Health Officer. In addition to the conditions imposed on these specific venues by the Governor, these types of businesses must also be in compliance with the conditions laid out in this Checklist.

### PROTECTING CHILDREN AND STAFF FROM COVID-19

In the midst of the COVID-19 pandemic, childcare facilities must take steps to reduce the risk of an outbreak occurring among children and employees. Depending on the situation, public notification of an exposure to COVID-19 may be required. Ensure staff are enrolled in health insurance and have an established relationship with a primary care doctor prior to reopening. Staff can call 211 for information on health insurance and primary care physicians.

- **Childcare facilities are required to make an immediate report to the Pasadena Public Health Department any time a child or staff member with COVID-19 (confirmed by a lab test or physician diagnosis) was at the day camp while sick or up to 48 hours before showing symptoms.** Childcare operators must call (626) 744-6089 or email [nursing@cityofpasadena.net](mailto:nursing@cityofpasadena.net) and provide all information requested by the Health Department. The operator is expected to provide or ensure testing for all staff that have had a possible exposure and must follow the US Centers for Disease Control and Prevention (CDC) [guidance](#) for cleaning and disinfecting the facility. Testing resources can be found through the staff member's physician, and also at <https://www.cityofpasadena.net/covid-19/> and <https://covid19.lacounty.gov/>.
- **Instruct staff to contact their supervisor if a staff member or child is feeling sick.** The supervisor should send the ill staff member or child home, taking care to maintain that person's privacy and observing physical distancing. If the person cannot leave the premises right away, utilize a lower risk, designated space for isolation (6 feet or more away from others). If the illness is work-related, the employer should facilitate appropriate care for the staff member, the worker's compensation process, leave time, and California Occupational Safety and Health Administration (OSHA) record keeping.
- **Work with the Pasadena Public Health Department to investigate any COVID-19 illness.** Prepare child and personnel records, facility floor plans, and shift/attendance logs to provide information as quickly as possible to the Health Department, including accurate contact information (phone, address, email) of all children and staff who were in contact with the infectious staff member within 6 feet for 15 minutes or more. Implement measures recommended by the Health Department.

## Key Practices



**COVER YOUR COUGH WITH YOUR ELBOW OR TISSUE (THEN DISPOSE AND WASH YOUR HANDS)**



**STAY HOME IF YOU ARE SICK**



**PRACTICE PHYSICAL DISTANCING OF 6 FEET OR MORE**



**WASH YOUR HANDS WITH SOAP AND WATER FOR 20 SECONDS, FREQUENTLY**



**COVER NOSE AND MOUTH WITH CLEAN FACE COVERING**



**PERFORM DAILY HEALTH SCREENINGS**

## Steps to Reopen

- ✓ Complete and implement the Public Health Reopening Protocol Checklist.
- ✓ Provide a copy of the Public Health Reopening Protocol to each staff member and conduct education.
- ✓ Post a copy of Public Health Reopening Protocol in a conspicuous location that is visible to staff and parents and post to your website.

## Helpful Contact Information

- If you have questions, or if you observe a violation, you can request information or submit a complaint through the Citizen Service Center. Call 626-744-7311 or visit <https://www.cityofpasadena.net/CSC>.
- Additional resources, including a printable COVID-19 Business Toolkit Signage, is available at <https://www.cityofpasadena.net/covid-19/#info-for-businesses>.

# PUBLIC HEALTH REOPENING PROTOCOL CHECKLIST

## PROGRAMS PROVIDING CHILD CARE

### REDUCING RISK OF COVID-19 TRANSMISSION

Childcare facilities must implement all applicable measures listed below. All policies described in this checklist, other than those related to terms of employment, are applicable to staff of delivery and other third party companies who may be on the premises.

Designate one individual to oversee all COVID-19 concerns, including planning and implementation of all items. All staff and families should know who this is and how to contact this person. This individual should be trained to coordinate the documentation and tracking of possible exposure, in order to notify local health officials, staff and families in a prompt and responsible manner.

Submission of Protocol to a City Department is not required unless explicitly requested.

PERSON RESPONSIBLE FOR IMPLEMENTING PROTOCOLS	
Childcare Facility Name: <input type="text"/>	
Person in Charge: <input type="text"/>	
Title: <input type="text"/>	
Phone Number: <input type="text"/>	Date: <input type="text"/>

### MEASURES THAT ENSURE EQUITABLE ACCESS TO CRITICAL SERVICES

- Services that are critical to the children and families have been prioritized.
- Measures are instituted to assure services for individuals who have mobility limitations and/or are at high risk in public spaces.

### ADDITIONAL PROTOCOLS IN ORDER TO REOPEN (if applicable)

Additional protocols relevant to operations must also be followed:

<https://www.cityofpasadena.net/covid-19/#guidance-faq-protocols>

- Retail – Public Health Reopening Protocol
- Office Workspace – Public Health Reopening Protocol
- Public Pools – Public Health Reopening Protocol
- Schools and School-Based Programs – Public Health Reopening Planning Guidance

## Resources

As COVID-19 response and developments arise, documents may be amended or modified to current situational relevance. Child care programs must follow the guidance protocols defined:

- Los Angeles County [Guidance for Early Childhood Education Providers](#)
- State of California [Child Care Programs and Providers](#), and guidance from the California Department of Social Services (CDSS) and California Department of Education (CDE)
- California Department of Social [CDSS FAQs on Licensed Childcare Waivers](#)
- Centers for Disease Control and Prevention (CDC) [Guidance for Child Care Programs that Remain Open](#)

## EXTERNAL COMMUNICATION

- Post signage reminding children, staff and families to maintain a distance of at least six feet from people they do not live with, where applicable. If helpful, post diagrams or maps of how people should flow through the site.
- Post signage instructing staff/children/families/the public to wear a face covering at all times, and to remain at home if experiencing any symptoms including fever of 100°F or above, cough, shortness of breath or difficulty breathing, sore throat, chills, headache, muscle ache, a new loss of taste or smell, congestion or runny nose, nausea, vomiting, or diarrhea. Consult the CDC website for the most current list of COVID-19 symptoms.
- Communicate the new protocols by posting information on your website and social media pages regarding new protocols, including physical distancing measures, use of smaller, consistent groups of children, and the use of face coverings.
- Post a copy of this Protocol in a conspicuous location that is easily visible to staff, families, and the public.
- Provide copies of the Protocol to all staff and families.

## INTERNAL COMMUNICATION & TRAINING AND RECORDS

- Provide training to staff on all sections of the public health protocols including:
  - Information on [COVID-19](#).
  - How to identify [symptoms](#) of COVID-19 and how to self-screen and conduct symptom checks.
  - The importance of not coming to work if staff is sick and/or experiencing symptoms of COVID-19, or if someone they live with has been diagnosed with COVID-19.
  - Proper use and care of face coverings ([Face Covering FAQs](#)).
  - Physical distancing measures, sanitization, and handwashing.
  - Proper safety protocols for use of disinfecting solutions.
  - Information on employer or government sponsored leave benefits the staff member may be entitled to receive that would provide financial support to stay at home while ill. Provide information on government programs supporting sick leave and workers' compensation for COVID-19, including staff member's sick leave rights under the Families First Coronavirus Response Act, the staff member's rights to workers'

compensation benefits, and presumption of the work relatedness of COVID-19 pursuant to the Governor's Executive Order N-62-20.

- Maintain records of each staff member's schedule and work area or assignment.
- Maintain records of all children's activities and group assignments.
- Designate a staff person to be responsible for responding to COVID-19 concerns. All staff and families should know who this person is and how to contact them. This individual should be trained to coordinate the documentation and tracking of possible exposure, in order to notify local health officials, staff and families in a prompt and responsible manner.
- Consider posting signs for the national distress hotline: 1-800-985-5990, or text TalkWithUs to 66746.

## **PROTECTION OF STAFF AND CHILD HEALTH**

### **Health Screening**

- Conduct daily symptom checks for all persons entering the building or campus before or upon arrival (fever of 100°F or above, cough, shortness of breath or difficulty breathing, fatigue, sore throat, chills, headache, muscle or body aches, a new loss of taste or smell, congestion or runny nose, nausea, vomiting, or diarrhea). Consult the CDC website for the most current list of COVID-19 [symptoms](#). These checks can be done remotely or in person upon arrival. The screening must include asking if the person (for younger children, ask the parent) has had contact with a person known to be infected COVID-19 in the last 14 days. Quarantine (send home) everyone who came into close contact (within 6 feet for 15 minutes or more) with someone with confirmed COVID-19 within the past 14 days. They must maintain quarantine at home for 14 days, regardless of any interim test results.
- In addition, conduct visual wellness checks of all children, at least daily, and take children's temperature with a no-touch thermometer, if possible.
- Require any sick staff or child to stay home until the person has had no fever for at least 24 hours, without the use of medicine that reduces fevers AND other symptoms have improved AND at least 10 days have passed since symptoms first appeared.
- Review and modify workplace leave policies to ensure that staff are not penalized when they stay home due to illness.

## **PHYSICAL DISTANCING AND OTHER MEASURES**

Physical distancing must be observed and enforced by the childcare facility operator.

### **Increased Physical Distancing**

- Employees have been instructed to maintain at least a six (6) feet distance from visitors and from each other in all areas of the facility whenever feasible. Employees may momentarily come closer as necessary to assist children, or as otherwise necessary.
- Childcare activities, indoor and out, must be carried out in stable groups of 14 or fewer in order to maintain physical distancing among children and between children and staff, although smaller groups are preferred. ("Stable" means the same 14 or fewer children are

in the same group each day, with the same assigned staff who do not care for other children.) [Follow state requirements for child to staff ratios.](#)

- All visitors and children are required to wear cloth face coverings while at the facility or on its premises, except while napping, eating/drinking, or engaging in solo physical exertion (such as jogging by one's self). This applies to all adults and to children 2 years of age and older. Only individuals who have been instructed not to wear a face covering by their medical provider are exempt from wearing one. To support the safety of your employees and visitors, a face covering should be made available to visitors who arrive without them.
- Maximize space between seating, desks, and bedding. Consider ways to establish separation of children through other means, for example, six feet between seats, partitions between seats, markings on floors to promote distancing, arranging seating in a way that minimizes face-to face contact.
- Consider redesigning activities for smaller groups and rearranging furniture and play spaces to maintain separation.
- Staff should develop instructions for maximizing spacing and ways to minimize risk of close contact among children in both indoor and outdoor spaces that are easy for children to understand and are developmentally appropriate through the use of aids such as floor markings and signs
- Restrict nonessential visitors, volunteers, and activities involving other groups at the same time.
- Restrict communal activities where practicable. If this is not practicable, stagger use, properly space occupants, keep groups as small and consistent as possible and disinfect in between uses.
- Limit gatherings and extracurricular activities to those that can maintain physical distancing and support proper hand hygiene.
- Use alternative spaces as needed, including regular use of outdoor space, weather permitting. For example, consider ways to maximize outside space, and the use of cafeterias and other spaces for use to permit physical distancing.
- Minimize congregate movement as much as practicable.
- Conduct as many activities with the children outdoors as possible (all fitness activities, singing and chanting must only occur outdoors).

### **Reduced Contact**

- Offer any transactions or services that can be handled remotely online.
- Assign each staff member individually-assigned tools, equipment, and defined workspace, and minimize or eliminate shared, held items.
- Install hands-free devices as possible, such as trash cans, soap and paper towel dispensers, door openers, and light switches.
- Prop doors and gates open where possible and lower risk to reduce touching of handles. Adhere to fire and accessibility codes.
- Limit use of shared playground equipment in favor of physical activities that require less contact with surfaces.
- Limit sharing of objects and equipment, such as toys, games and art supplies, otherwise clean and disinfect between uses.

- Have multiple toys and manipulatives accessible that are easy to clean and disinfect throughout the day or provide individually labeled bins with toys and belongings for each child. Ensure toys that are difficult to clean (e.g. soft toys) are either removed from the classroom or carefully monitored for use by individual children only.

### **Scheduling**

- Limit the number of staff who are on-site to the minimum number necessary, and institute alternate or staggered shift schedules to maximize physical distancing.
- Everyone who can carry out their work duties from home has been directed to do so.
- Vulnerable staff (those above age 65, those with chronic health conditions) are assigned work that can be done from home whenever possible
- Keep group sizes as small as possible. Groups are recommended not to exceed 14 children.
- Keep group assignments consistent for the full duration of the camp, to the extent possible, for both staff and children.
- Group staff into teams and schedule them consistently, by team, on the same shifts to reduce potential exposures.
- Provide time for staff to implement cleaning practices during their shift. Cleaning assignments should be assigned during working hours as part of the staff job duties. Procure options for third-party cleaning companies to assist with the increased cleaning demand, as needed.

### **Face Coverings\***

- Provide, at no cost, a cloth face covering for all staff, and instruct staff to wear a clean (washed daily), cloth face covering at all times while on site or at work. Face coverings are optional when alone in a room or private office. Employees who have been instructed by their medical provider that they should not wear a face covering should wear a face shield with a drape on the bottom edge, to be in compliance with State directives, as long as their condition permits it. A drape that is form fitting under the chin is preferred. Masks with one-way valves should not be used.
- All individuals, including staff and children of older than 2 years, are required to wear face coverings over both the nose and mouth while at facility/on campus except when eating or drinking. Notify parents and staff prior to school opening and provide frequent reminders.
- Implement physical distancing of 6 feet or greater at all times, including at snacks and meals when coverings cannot be worn.

*\* Individuals with chronic respiratory conditions, or other medical conditions that make use of a face covering hazardous are exempted from this requirement. Children under age 2 years should not wear a face covering. Refer to the [Face Covering FAQs](#) document for additional information on use and care of the face covering.*

## Hand Hygiene

- Provide access to handwashing sinks stocked with soap, paper towels, and hands-free trash receptacles. Install additional handwashing stations if needed.
- Instruct staff and children to wash hands upon arrival and at departure, before and after eating, and as otherwise necessary. Teach children and staff proper cough etiquette and hand washing techniques.
- Designate a staff person to check handwashing stations frequently and restock as needed.
- Children and staff must wash or use hand sanitizer to clean their hands every 60 minutes and between programs and activities.
- Children under age 9 should use hand sanitizer under adult supervision. Call Poison Control if consumed: 1-800-222-1222. Ethyl alcohol-based hand sanitizers are preferred and should be used when there is the potential of unsupervised use by children. Isopropyl hand sanitizers are more toxic and can be absorbed through the skin.
- Provide hand sanitizer effective against COVID-19 (at least 60% alcohol) in day camp areas, and also in areas where a hand sink is not available.

## Gloves and Protective Equipment

- Provide disposable gloves for staff handling items used by children, for workers using cleaners and disinfectants, for staff who handle commonly touched items, and for staff who provide temperature screenings.
- Provide other personal protective equipment (PPE), such as eye and face protection, as necessary.

## Restrooms

- Place trash can near the door if the door cannot be opened without touching the handle, so restroom users may use a paper towel to cover the doorknob. Maintain compliance with accessibility standards and fire code.
- Increase frequency of cleaning and disinfection of restrooms.
- Ensure that restrooms stay operational and stocked at all times.

## Meals and Snacks

- Lunch and snacks brought from home by children must be in a container with the child's name listed on it and stored with their personal items.
- Schedule time for handwashing before and after mealtimes.
- Stagger mealtimes for different program groups.
- If a meal or snack is offered as part of the programming, it must be pre-packaged instead of buffet or family-style. Ensure proper hand hygiene before and after serving food and use of gloves and PPE when handling food and food related items.
- Ensure the safety of children with food allergies.
- Remove all unpackaged food and beverages that may be offered to staff or children.
- Make water fountains available for filling water bottles only, and disinfect frequently.



- Lunch and snack areas must be set up to provide at least 6 feet of separation between each child and be disinfected and sanitized by staff after each use.
- Food and utensils may not be shared among children.
- Use disposable food service items (e.g., utensils and plates). If disposable items are not feasible, ensure that all non-disposable food service items are handled with gloves and washed with dish soap and hot water or in a dishwasher. Individuals should wash their hands after removing their gloves or after directly handling used food service items.

### **Limit Sharing**

- Keep each children’s belongings separated and in individually labeled storage containers, cubbies or areas. Ensure belongings are taken home each day to be cleaned and disinfected.
- Ensure adequate supplies to minimize sharing of high-touch materials (art supplies, equipment, etc.) to the extent practicable or limit use of supplies and equipment to one group of children at a time and clean and disinfect between uses.
- Avoid sharing electronic devices, clothing, toys, books, and other games or learning aids as much as practicable.

### **Arrival and Departure**

- Limit the number of persons in the facility to the number appropriate for maintaining physical distancing.
- If transport vehicles (e.g., buses) are used by the program, drivers should practice all safety actions and protocols as indicated for other staff (e.g., hand hygiene, cloth face coverings, and physical distancing).
  - Physical distancing on transport vehicles should also be instituted through measures such as having one child per bus/vehicle seat or using alternating rows.
  - Open windows and maximize space between children and the driver on transport vehicles where possible.
- All children and visitors should wear cloth face coverings at arrival and departure.
- Minimize contact between staff, children and families at the beginning and end of the day.
- Arrange for drop of and pick-up of children at the door of the facility, if possible, to limit the number of parents or visitors that need to enter the building.
- Stagger arrival and drop off-times and locations as consistently as practicable as to minimize scheduling challenges for families.
- Designate routes for entry and exit, using as many entrances as feasible. Put in place other protocols to limit direct contact with others as much as practicable.
- Provide physical guides, such as tape on floors or sidewalks and signs on walls, to ensure that staff and children remain at least 6 feet apart in lines and at other times (e.g., guides for creating “one-way routes” in hallways, and lines during pick-up and drop off of children).

### **SANITIZATION AND CLEANING**

- Develop a sanitization plan that identifies the surfaces to be disinfected, the frequency, and the person assigned to the task. Use an [Environmental Protection Agency \(EPA\)](#) registered product

that is effective against COVID-19, and follow label instructions for required contact time and ventilation.

- Provide disinfectant and related supplies in multiple locations readily available to staff.
- Provide personal protective equipment (PPE) for staff who clean and disinfect surfaces appropriate to the chemicals that they are using.
- Disinfect items touched by children.
- Tables and countertops must be cleaned and sanitized before and after each use.
- When cleaning, air out the space before children arrive; plan to do thorough cleanings when children are not present. If using air conditioning, use the setting that brings in fresh air. Replace and check air filters and filtration systems to ensure optimal air quality.
- Refrigerators and other storage areas must be cleaned daily.
- Disinfect shared equipment between shifts or between users, whichever is more frequent. Disinfect high-contact, commonly-used surfaces before and after each use, including all tools, and other equipment.

#### **BUILDING SAFETY**

- Stagnant water in pipes increases the risk for growth and spread of legionella bacteria. When reopening a building it is important to flush both hot and cold water lines through all pipes and points of use including faucets and showers. Appropriate PPE including an N95 respirator must be worn. Information regarding this process can be found at the [CDC website](#).
- Consider HVAC upgrades to improve air filtration and increase fresh air ventilation. Clean HVAC intakes and returns daily and maintain systems to increase ventilation.
- If opening windows poses a safety or health risk, consider alternate strategies for improving air flow such as maximizing central air filtration for HVAC systems (targeted filter rating of at least MERV 13).
- If fans such as pedestal fans or hard mounted fans are used in the facility, take steps to minimize air from fans blowing from one person directly at another individual.