



YMCA OF GREATER HOUSTON

Child Care During the Coronavirus Outbreak

Many essential personnel are trying to find safe, high-quality childcare options for their children since the Governor ordered the closure of schools as part of social distancing measures put in place to prevent the Coronavirus from spreading.

Parents should try to keep their children at home. However, this is not always an option. Alternate care arrangements are particularly important for our medical workers, first responders and others serving vital functions during this public health emergency.

For childcare facilities that remain open, it is crucial to minimize the risks of spreading Coronavirus. The following guidance is designed to help childcare and early learning providers offering care to maintain health and safety standards and social distancing directives while providing a much needed service.

GENERAL GUIDANCE

Exclude children, staff, parents and guardians from sites if they are showing symptoms of COVID-19, have been in contact with someone with COVID-19 in the last 14 days, or are at high risk due to underlying health conditions.

People at Increased Risk for Serious Complications of COVID-19

Persons who are older, pregnant, or who have underlying health conditions, including those with compromised immune systems or respiratory conditions like severe asthma, are at higher risk to develop complications from this virus. These individuals should not provide childcare or visit childcare facilities.

Health Screening at Entry

Take the temperature and check symptoms for staff and children upon entry each day and ask if medications were used to lower the child's temperature and if there are any household members with COVID-19. If forehead or disposable thermometers are not available, you can ask the caregiver to fill out and sign a form that reports their child's temperature as taken at home (or affirming the child does not have a fever) and any symptoms.

Social Distancing

Reduce group sizes to no larger than 11 people total, including children and adults (e.g., one adult and ten children, two adults and nine children, etc). Keep groups together throughout the day, do not combine groups (e.g., at opening and closing of the program). To the degree possible, maintain the same groups from day to day. This will help reduce potential exposures and may prevent an entire program from shutting down if exposure does occur.

To maximize space between people in a group, limit Identified spaces to 11 people total in typical childcare facilities or elementary schools. Large rooms, like gymnasiums with a full-sized basketball court, can be divided into two rooms. When dividing a room, create a clear barrier with cones, chairs, or tables to ensure a minimum of 6 feet between the two groups.

Incorporate social distancing within groups to the degree possible, aiming for at least three to six feet between children and minimizing the amount of time children are in close contact with each other.

Eliminate large group activities.

- Limit the number of children in each program space.
- Increase the distance between children during table work.
- Plan activities that do not require close physical contact between multiple children.
- Limit item sharing, and if items are being shared, remind children not to touch their faces and wash their hands after using these items.
- Limit use of water or sensory tables and wash hands immediately after any use of these tools.
- Minimize time standing in lines.
- Incorporate additional outside time and open windows frequently.
- Adjust the HVAC system to allow for more fresh air to enter the program space.
- Avoid gathering in larger groups for any reason. Outside time and lunch should be taken with group (no large gatherings or combining groups.)

Outside Play

Offer outdoor play in staggered shifts. If multiple groups are outside at the same time, they should have a minimum of six feet of open space between outdoor play areas or visit these areas in shifts so that they are not congregating. Always wash hands immediately after outdoor play time. Usage of play structures and jungle gyms are prohibited during outdoor play.

Meals and Snack Time

Meals and snacks should be provided in the classroom, if possible, to avoid congregating in large groups. If meals must be provided in a lunchroom, please stagger mealtimes, arrange tables to ensure that there is at least six feet of space between groups in the lunchroom, and clean tables between lunch shifts. Eliminate family style meals or have employees (not children) handle utensils and serve food to reduce spread of germs.

Drop-off and Pick-up

- Do not combine groups in the morning or afternoon.
- You may wish to alternate drop off and pick up times for each small group to avoid a large number of people congregating outside the facility or in front of the facility.
- Wash hands or use hand sanitizer before and after signing in and out. No pen should be shared. Parents should use their own pen when signing in.
- Sign In and Out will take place at a designated table outside of the programming space.

Hygiene Practices

- Practice frequent hand washing with soap and water for at least 20 seconds and require handwashing:
 - For Staff: Upon arrival and departure from work, before and after handling food, before and after each rotation of use hand sanitizer, before and after administering medication, after bathroom usage, after administering 1st aid, after removing medical gloves, after cleaning and sanitizing and after outdoor play.
 - For Participants: Upon arrival to the program, after bathroom usage, before and after eating food, before and after each rotation, after outdoor play.
- If soap and water are not readily available, using an alcohol-based hand sanitizer with at least 60% alcohol. Advise children, families, and staff to avoid touching their eyes, nose and mouth with unwashed hands.
- Cover coughs or sneezes with tissue, then throw the tissue in the trash and clean hands with soap and water or hand sanitizer (If soap and water are not readily available).
- Providing adequate supplies for good hygiene, including clean and functional hand-washing stations,

soap, paper towels and alcohol-based hand sanitizer.

Cleaning and Disinfecting Procedures

- If groups of children are moving from one area to another in shifts, cleaning measures are completed prior to the new group entering the area.
- All high touch surfaces should be cleaned and disinfected every hour by staff and at the end of every day to ensure the space is clean for the following day.
- High touch surfaces Include: pens, toys, games, tables, sports equipment, back pack mats, supplies used through-out the day, etc.
- Each site has disinfectant wipes for each room, If these run out some other options are:
 - Use diluted household bleach solutions if appropriate for the surface. Check to ensure the product is not past its expiration date. Unexpired household bleach will be effective against coronavirus when properly diluted.
 - Follow manufacturer's Instructions for application and proper ventilation. Never mix household bleach with ammonia or any other cleanser.
 - To make a bleach solution, mix:
 - 5 tablespoons (1/3 cup) bleach per gallon of water OR
 - 4 teaspoons bleach per quart of water
 - Household cleaners and disinfectants: Clean the area or item with soap and water or another detergent if it is dirty. Then, use a household disinfectant. Follow the instructions on the label to ensure safe and effective use of the product.

What to do if children, staff, or parents develop COVID-19 or symptoms

Staff or children with fever (100.4 F or higher), cough, or shortness of breath should be excluded from childcare facilities and stay away from others. Children with household members who are known to have COVID-19 should also be excluded from the childcare facility.

If a child or staff member develops symptoms of COVID-19 (fever of 100.4 or higher, cough or shortness of breath) while at the facility, immediately separate the person from the well people until the ill person can leave the facility. If symptoms persist or worsen, they should call their health care provider for further guidance. Advise the employee or child's parent or caregiver to inform the facility immediately if the person is diagnosed with COVID-19.

If a child or employee tests positive for COVID-19, you should contact the local health jurisdiction to identify the close contacts who will need to quarantine. It is likely that all members of the infected child's or adult's group would be considered close contacts.

Facilities experiencing a confirmed case of COVID-19 among their population should consider closing at least temporarily (e.g. For 14 days, or possibly longer if advised by local health officials.) The duration may be dependent on staffing levels, outbreak levels in the community and severity of illness in infected individual. Symptom-free children and staff should not attend or work at another facility, which would potentially expose others.

If the infected individual with confirmed or suspected COVID-19 spent minimal time (i.e. 10 minutes or less) in close contact with those in the childcare facility, the facility may consider closing for 2-5 days to do a thorough cleaning and disinfecting and to continue to monitor for ill individuals.

Returning to a childcare facility after suspected COVID-19 symptoms

If a staff member or child has symptoms of COVID-19 (fever, cough or shortness of breath) or is a close contact of someone with COVID-19, they can return to the childcare facility if the following conditions are met:

- If individuals have not been around anyone who has been diagnosed with COVID-19, they should stay

home away from others until 72 hours after the fever is gone and symptoms get better. If the person's symptoms worsen, they should contact their healthcare provider to determine if they should be tested for COVID-19

If an individual is diagnosed with COVID-19, they must remain out of the facility for a minimum of 7 days after the onset of first symptoms. They may return under the following conditions:

- If you had a fever, 3 days after the fever ends AND you see an improvement in your initial symptoms (e.g. cough, shortness of breath);
- If you did not have a fever, 3 days after you see an improvement in your initial symptoms (e.g. cough, shortness of breath);

OR

- 7 days after symptom onset

If an individual believes they have had close contact to someone with COVID-19 but are not currently sick, they should monitor their health for fever, cough, and shortness of breath during the 14 days after the last day they were in close contact with the sick person with COVID-19. They should not go to work or school and should avoid public places for 14 days.

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