

Checklist for Child Care Administrators: Steps to Prevent COVID-19

Task	N/A	Completed	Date	Initials
Communication				
Post signs at entrance and exit regarding physical distancing, covering cough, minimizing non-essential activities in the community, and frequent handwashing.				
Stay in regular communication with all parents, children, staff, and volunteers about steps everyone can take to protect themselves and prevent further spread .				
Provide staff and family a way to communicate with facility, receive information and updates, and voice concerns.				
Education and Preparation				
Educate staff and families about: <ul style="list-style-type: none"> • Signs and symptoms of COVID-19 • Hand hygiene and covering coughs and sneezes • Cloth face covers • Reducing stigma Find resources at www.kingcounty.gov/covid				
Review and update your emergency plan so that you can be best prepared for cases of COVID-19.				
Make plans to maintain same group of children and staff from day to day.				
Establish daily process for identifying and sending home children and staff who become sick (for example, determine where child will wait for parent, who will take child to meet parent).				
Have Illness Logs printed to help monitor absences or children who develop symptoms while in care.				
Review Emergency Care Plans for children with chronic illnesses (asthma, allergies, etc.) so all staff is aware.				
Educate staff about cleaning schedule . The current recommendation is to clean and disinfect high touch surfaces at the end of each day, after children leave. See " Changes to Cleaning and Disinfecting during COVID-19 " for current bleach concentrations and labels.				
Choose activities that encourage more physical space between children.				
Staff and all children ages 5 years and older must wear a face covering unless medically directed not to. Children ages 2 through 4 are strongly encouraged to wear a face covering within the facility. Face coverings should NOT be put on babies and children under age two.				
Have enough thermometers available for parents and screeners at each entry point				

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Prevention				
Ventilation				
<p>By increasing air ventilation, more fresh air can fill rooms and reduce the amount of virus in the air. It is an important and low-cost way to help prevent COVID-19:</p> <ul style="list-style-type: none"> Adjust the HVAC system to allow the outside air to enter the program space. Use of fans is recommended if they blow away from people and to the outside. Open windows and doors if safe to do so when children are present. If the bathroom has a fan, keep it on throughout the day. Offer more outside time; keep windows and doors open to circulate the air while children are out of the room. 				
Pre-arrival				
<ul style="list-style-type: none"> All staff and children should follow the “Keep Me Home If” exclusion guidelines. A child or staff with a cough, shortness of breath, temperature of 100.4°F/38°C or higher, chills, congestion or runny nose, headache, muscle pain or body aches, sore throat, fatigue, nausea or vomiting, diarrhea, new loss of taste or smell, or other signs of <i>new</i> illness unrelated to a documented preexisting condition (such as seasonal allergies) should remain at home. For the most up to date COVID-19 symptom list see the Centers for Disease Control and Prevention. 				
Ask parents/guardians to take their child’s temperature before coming to the child care.				
Ask staff to check their own temperature daily before coming to the facility.				
Upon arrival, stand at least 6 feet away from the parent/guardian and child:				
<p>Ask parents/guardians if they took the child’s temperature prior to arrival.</p> <ul style="list-style-type: none"> If temperature <u>was</u> taken at home, document temperature parent reports. 				
<ul style="list-style-type: none"> If temperature <u>was not</u> taken at home, follow <u>CDC guidance</u>: <ol style="list-style-type: none"> Ask the parent/guardian to take their child’s temperature upon arrival using the thermometer guidance below (staff maintain distance of 6 feet while parent/guardian is doing so). OR Stand behind a physical barrier (such as a glass or plastic window or partition). Conduct temperature screening using a no-contact thermometer. Make sure your face stays behind the barrier. 				

<p>Ask all parents/guardians the following questions and document answers:</p> <ul style="list-style-type: none"> • Does your child have any of the following symptoms? <ul style="list-style-type: none"> ○ cough ○ shortness of breath or difficulty breathing ○ temperature of 100.4°F/38°C or higher ○ congestion or runny nose ○ headache ○ muscle pain or body aches or chills ○ sore throat ○ unusual fatigue ○ nausea, vomiting, or diarrhea ○ new loss of taste or smell ○ or other signs of new illness unrelated to a documented preexisting condition (such as seasonal allergies) • Within the past 14 days, has your child been in close contact with someone who has COVID-19? Close contact is defined as being within 6 feet for a total of 15 minutes or more over a 24-hour period with someone who has COVID-19. • Has your child had any medication to reduce a fever before coming to care? • Has your child had a positive COVID-19 test in the past 10 days, or is your child waiting for results of a COVID-19 test due to possible exposure or symptoms? • Within the past 14 days, has a public health or medical professional told you to monitor, isolate, or quarantine your child because of concerns about COVID-19 infection? <p>If the answer is “yes” to any of the above questions, the child cannot attend.</p>				
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Throughout the day				
Visually inspect child for signs of illness which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness.				
Child care staff must take children’s temperatures if symptoms develop during the day.				
Staff must take their own temperature if symptoms develop during the day.				
Follow the guidelines in the thermometer handout if staff need to take a temperature, including: <ul style="list-style-type: none"> • Use no-contact thermometers, if available, that can read a child’s temperature from a distance. • Gloving/hand washing/hand-sanitizing practices are not required if no-contact thermometers are used. 				
If using a thermometer that requires direct contact, such as a digital thermometer or forehead scan thermometer, use gloves if available. It is acceptable to wash hands with soap and water or use hand-sanitizer prior to taking each child’s temperature as an alternative to gloves. Use disposable covers if using a digital thermometer each time a temperature is taken. Thermometer must be disinfected between uses (unless it is a no-contact thermometer).				
The current recommendation is to clean and disinfect high touch surfaces at the end of each day, after children leave.				
Products other than bleach should be approved by licensor before use. A list of products that are EPA-approved for use against the virus that causes COVID-19 is available here .				
Establish and maintain hand hygiene stations stocked with either soap/water/paper towels or alcohol-based hand sanitizer (at least 60% alcohol). These should be available outdoors as well.				
When using hand sanitizer on children: <ul style="list-style-type: none"> • an authorization form must be completed by parent/guardian each year before use. • it must never be used on children under 2 years. 				