



## **Parent's Guide to Child Care during the COVID-19 Pandemic** **Updated 10-8-2021**

When the NY State COVID-19 public health emergency was no longer in effect, child care programs were no longer required to follow the specific COVID-19 guidance for child care programs. Licensed programs have been instructed to follow the OCFS child care regulations, as they were prior to COVID-19. Child care programs can choose to continue to follow previous guidance or their own procedures to ensure the safety of the children and staff. However, on September 16, 2021, OCFS implemented an emergency regulation mandating all people in a child care setting to wear a mask indoors. The mandate applies to all people age 2 and older who are able to medically tolerate a face covering, regardless of vaccination status. The requirement applies to OCFS licensed and registered child care and enrolled legally exempt group programs.

We know that the health and safety of your child is your top priority. Seeking child care while COVID-19 is still a factor can be challenging. Here are some health and safety questions to ask when evaluating new child care options or speaking with your current child care provider.

### **What percentage of the adults in the program are fully vaccinated with the COVID Vaccine?**

In January 2021, child care staff became eligible to receive the vaccine. The state regulators of child care, NYS OCFS, have not mandated child care staff to become vaccinated. Your child care program/provider **cannot** share with you, who is or is not vaccinated – it would be illegal for them to do so. However, they should be able to share some general information – like the percentage of staff who are vaccinated or if all staff are mandated to be vaccinated. You should also ask your child care program/provider about all of their policies regarding the COVID-19 vaccine.

### **Does the program have a drop-off and pick-up procedure to reduce the spread of the virus?**

Programs should consider staggering arrival and drop-off times and limiting direct contact with parents as much as possible. Programs should consider placing sign-in stations outside the program or at the entrance. Hand sanitizer with at least 60% alcohol – out of reach of children at all times – can be available for adults to use next to parent sign-in sheets along with disinfecting wipes for cleaning pens between each use.



**Does the program conduct daily health screenings for staff and children?**

Programs should perform daily health screenings upon arrival – at the program entrance or at the classroom door – which should include screening questions, and looking for visual signs of illness. Symptoms can include a cough, sore throat, rapid breathing or difficulty breathing, gastrointestinal symptoms, fatigue, or extreme fussiness.

Families should be asked if anyone in the home has been exposed or tested positive to the virus or has symptoms. Programs should create and document a daily log of child and staff screenings.

**Is the program following OCFS and/or CDC recommendations for cleaning and disinfecting?**

OCFS regulations have always mandated that program follow specific health and infection control steps. Programs should have a cleaning plan in place that identifies what items must be cleaned, sanitized, or disinfected and with what frequency. Programs should only use toys that can be easily cleaned and disinfected on a daily basis and label containers for dirty toys to be cleaned in all areas. The cleaning plan should include routinely cleaning and disinfecting surfaces and objects that are frequently touched. It should also include cleaning objects/surfaces not ordinarily cleaned daily (e.g., doorknobs, light switches, classroom sink handles, countertops).

**Is the program promoting frequent hand washing?**

Programs should have handwashing stations at the entrance upon arrival. Staff and children should wash their hands often with soap and water for at least 20 seconds. Hand washing should also take place upon arrival to the first program activity; between all program activities; after using the restroom; before eating; after eating, after blowing one's nose, coughing, or sneezing. If soap and water are not available, hand sanitizer with at least 60% alcohol can be used if children are older than 2. However, hand sanitizer is only effective when used on clean hands.

**Has the program set up the space to encourage physical distancing?**

The CDC recognizes that "maintaining social distancing is not possible [in order to properly supervise and] care for young children." It is recommended that staff who are not fully vaccinated distance themselves as much as possible. Recognizing that it is also very difficult to expect young children to stay many feet apart from each other, child care programs have not needed to keep children a specific number of feet apart. They should organize activities so that children keep their faces away from each other and there is some distance between children. For the napping, cribs/cots should be at least two feet apart and children should be placed head to toe.



**Has the program made modifications to facilitate infection control activities?**

Programs should provide materials and equipment that are easily washed. There should not be items that cannot be easily washed (e.g., stuffed animals, pillows) or that may encourage children to put toys in their mouths (e.g., play food, pretend utensils). There should not be dress up clothes that children share.

**Does the program maintain personal protective equipment?**

Programs should maintain masks, thermometers, smocks, shoe covers, and gloves for food prep, diapering, and handling bodily fluids. Staff members should wear cloth or disposable face coverings when interacting with children, regardless of the distance between the employee and children. Children over two years old should wear cloth face coverings if they can reliably wear, remove, and handle the cloth face covering throughout the day.

**Does the program have a COVID-19 outbreak plan?**

Programs should have a plan in place for identifying and handling sick, symptomatic, and exposed children and staff. This plan should include a location to isolate sick individuals as well as adequate supervision for sick children. Programs should also have parents pick up children when they show signs of illness. The plan should also include how to handle exposed children, staff, or family members such as immediately contacting the Department of Health. Depending on when a staff member or child who tests positive was last in the classroom/program, the Westchester County DOH will determine if a classroom needs to be closed.

**Are the children kept in stable groups (pods)?**

Programs can choose to have children remain in the same group all day with the same teacher(s) and not mix with other groups. Programs can consider staff being in a few classrooms as possible.

**Has the program posted signs on how to stop the spread of COVID-19?**

Programs should provide parents with information on COVID-19 including symptoms, transmission, prevention, and when to seek medical attention. Parents should be encouraged to share the information with their children as appropriate.