

Guidelines for the prevention of respiratory droplet spread disease (including COVID-19)



This guidance is for Early Care and Education and Out-of-School Time programs, including licensed child care centers, licensed family child care homes, registered ministries, legal license exempt programs, Head Start and other prekindergarten or before/after school programs.

This guidance outlines strategies for these child care programs to reduce diseases spread by respiratory droplets (including COVID-19, RSV, influenza, the common cold and many others) and maintain safe operations.

ECE and OST programs are an important part of communities. Programs are required to make every effort to control the spread of communicable diseases. Programs should work with local public health officials to determine strategies to use based on community outbreaks of disease and, when applicable, vaccination rates.

Part 1: Prevention strategies to reduce transmission

Most programs will have a mixed population of both people who are fully vaccinated and people who are not. It's important to note that child care programs primarily serve children under 12 years of age who are not yet eligible for the COVID-19 vaccine.

Together with local public health officials, program administrators should consider multiple factors to make decisions about implementing layered prevention strategies against disease (COVID-19). Since programs typically serve their surrounding communities, decisions should be based on the program population, families and children served, as well as their communities. Things to think about as you look at prevention strategies:

- Level of community transition (see the CDC's [COVID-19 Integrated County View](#)).
- Vaccination coverage in the community and among children and staff (see the [Indiana COVID-19 Vaccination Dashboard](#)).
- Increased outbreaks in the child care program or surrounding community.
- Ages of children served by the program impacts social and behavioral factors that may limit the practicality of some prevention strategies (i.e., social distancing is not practical with infants and toddlers).

Strategy 1. Promoting vaccination

Vaccines are a critical component to addressing COVID-19 and other communicable diseases. Vaccines prevent serious symptoms, hospitalization and death.

It is important to remember that infants, children and adults with certain health conditions are not eligible to receive some vaccinations. Currently, COVID-19 vaccinations are available to only age 12 and up. Because children cannot be vaccinated at this time, it is important that they are in an environment where the adults are vaccinated—this helps keep them healthy.

Programs can promote vaccinations among staff and families by providing information about COVID-19 vaccination, establishing trust and confidence, and creating ways to make getting vaccinated as easy and convenient as possible. You can find resources to promote vaccination at the CDC's [COVID-19 Vaccine Toolkit for Staff in School Settings and Child-care Programs](#).

When a fully vaccinated person is a close contact with someone who has COVID-19, they do not need to quarantine. It is strongly recommended that they mask for at least 14 days at work and get a COVID-19 test three to five days after the exposure. For COVID-19, *fully vaccinated* means two weeks after the final vaccination.

- Vaccination for COVID-19 can be scheduled at ourshot.in.gov.
- Call 2-1-1 for assistance.

Strategy 2. Consistent and correct mask use

Face masks or face coverings have been shown to be an effective deterrent to the spread of disease spread by respiratory droplet (including COVID-19, RSV, influenza, the common cold and many others). These masks are defined as cloth or disposable, preferably with two layers of tightly woven material that covers the nose and mouth. It may be secured by straps around the head or loops around the ears. Clear plastic shields that extend down from the forehead are not a substitute for face coverings. Consistent and correct mask use by people who are not fully vaccinated is especially important indoors and when physical distancing cannot be maintained. Children under the age of two years should not wear masks.



encouraged for all persons over 2, including those who are vaccinated.

- **Indoors:** Mask use is recommended for people who are not fully vaccinated including children and staff. *During periods where community transmission is high, mask use is strongly encouraged for all persons over 2, including those who are vaccinated.*
- **Outdoors:** In general, people do not need to wear masks when outdoors. However, in areas of substantial to high transmission, the CDC recommends that people age two and older who are not fully vaccinated wear a mask in crowded outdoor settings or during activities that involve sustained close contact with other. *Additionally, when in crowded outdoor settings, fully vaccinated persons are also encouraged to wear masks.*

Based on the needs of the community, programs are strongly encouraged to make mask use universally required (i.e., required regardless of vaccination status) in the program. Reasons for this can include:

- Serving a population that is not yet eligible for vaccination, which includes most ECE programs.
- Having staff model consistent and correct mask use for children aged 2 and older.
- Substantial or high COVID-19 transmission within the program or their surrounding community (i.e., a county is red or orange according to the CDC's [color-coded map](#)).
- Increasing community transmission of a highly transmissible variant that may cause more severe illness among children.
- Lacking a system to monitor the vaccine status of children and staff.
- Difficulty monitoring or enforcing mask policies that are not universal.
- Awareness of low vaccination uptake within families, staff or within the community.

Current federal mandate requires all persons over two years of age to wear face masks when accessing public transportation of any kind.

Strategy 3. Physical distancing and cohorting

Unvaccinated people are encouraged to maintain at least six feet of distance between all individuals, which includes staff, teachers, parents and children. When outside, a distance of at least three feet is recommended.

Maintaining physical distance is often not feasible in an ECE setting, especially during certain activities (e.g., diapering, feeding, holding/comforting) and among younger children in general. When it is not possible to maintain physical distance in ECE settings, it is especially important to layer multiple prevention strategies, such as cohorting, masking indoors, improved ventilation, handwashing, covering coughs and sneezes, and regular cleaning to help reduce transmission risk.

A “cohort” is a distinct group that stays together throughout the day. Cohorting can decrease opportunities for exposure or transmission and help target quarantine and isolation strategies to a specific cohort rather than an entire child care program.

Close physical contact should be avoided when possible. It is recommended that the same children be placed with each other each day, and with the same teacher each day. This will be referred to as a “cohort” throughout the remainder of this document. Cohorts should be kept together, as much as possible, while doing activities indoors and outdoors each day. Here are other recommendations:

- If possible, your child care groups should include the same children each day, and the same child care providers should remain with the same group of children each day.
- Limit mixing between groups such that there is minimal or no interaction between groups or cohorts.

- The number of cohorts or groups may vary depending on child care program type (centers versus homes) and size, with smaller programs having fewer cohorts than larger ones.
- Maintain at least six feet between children and staff from different cohorts.
- Separate children's naptime mats or cribs and place them so that children are head to toe for sleeping. Masks should not be worn when sleeping.
- Provide physical guides, such as wall signs or tape on floors, to help maintain distance between cohorts in common areas.
- Stagger use of communal spaces between cohorts.
- Stagger child arrival, drop-off and pick-up times or locations by cohort and prioritize outdoor drop-off and pick-up, if possible.
- In transport vehicles, seat one child per row or skip rows when possible. Children from the same home can sit together. Masks are required in child care vehicles per federal order.
- Prioritize outdoor activities. When possible, physically active play should be done outside. Maintain cohorts if feasible in outdoor play spaces. Masks should not be worn when swimming or playing in water. Masks are not required for most outdoor activities.

Strategy 4. Ventilation

- Improving ventilation is an important COVID-19 prevention strategy that can reduce the number of virus particles in the air. Bringing fresh outdoor air into a building helps keep virus particles from concentrating inside. This can be done by opening multiple doors and windows, using child-safe fans to increase the effectiveness of open windows, and making changes to the HVAC or air filtration systems. Encourage regular outdoor activities. Taking children outside allows the room air to settle and increases the exchange of air, reducing the concentration of particles in the air in the room.
- Do not open windows if it poses a safety hazard to the children or staff (e.g., risk of falling, triggering asthma symptoms or high levels of pollution).
- Open multiple windows to allow more air movement. Even having them opened slightly can help. Fans can be used to pull indoor air out but only if a second window is open in the room to allow fresh air in.
- During transportation, open or crack windows in buses and other forms of transportation, if doing so does not pose a safety risk. Keeping windows open a few inches improves air circulation.
- Inspect and maintain exhaust fans in kitchens and bathrooms. Consider running exhaust fans during hours of operation.
- Inspect and maintain HVAC systems. Replace filters regularly; it is recommended to use filters rated MERV 13 or higher. Set HVAC systems to maximum outside airflow for two hours before and after the facility is occupied if possible. Set HVAC system fans to operate constantly to increase air circulation.

- Portable HEPA (high efficiency particulate air) cleaners may be used in rooms for extra filtration. These HEPA cleaners trap particles that are exhaled. Make sure to choose one that is right for the size of the room.
- Be sure to use fans and air cleaners safely around children, watch for cords (i.e., trip hazards) and open areas that may be a source of injury to children.
- Air cleaners that are room based and utilize a chemical process to clean the air are not recommended.

More information on ventilation can be found at the CDC’s [Ventilation in Schools and Child-care Programs](#).

Strategy 5. Handwashing and respiratory etiquette

People should practice handwashing and respiratory etiquette (covering coughs and sneezes) to keep from getting and spreading infectious illnesses including COVID-19. Programs can monitor and reinforce these behaviors and provide adequate handwashing supplies.

- Teach and reinforce handwashing with soap and water for at least 20 seconds.
- Remind everyone in the facility to wash hand frequently and assist young children with handwashing.
- If, and only if, handwashing is not possible, use hand sanitizer containing at least 60% alcohol (for staff and older children who can safely use hand sanitizer). Hand sanitizers must be stored up, away and out of sight of young children and should be used only with adult supervision for children under 6 years of age.
- Consider posting signs and graphics that describe how to stop the spread of germs in important facility locations such as entrances and restrooms. Signs should be easy to understand, use pictures, and be in primary languages spoken by your staff and families.
- Set up hand hygiene stations at facility entrances, out of the reach of children.
- Wearing gloves is not necessary for protection from COVID-19 in most situations, proper handwashing is generally sufficient. CDC *does* recommend wearing gloves when cleaning and disinfecting or when caring for someone who is sick with COVID-19.
- Ensure that supplies of facial tissue are readily available.



More information on respiratory etiquette can be found at the CDC’s [Hygiene Etiquette & Practice: Coughing and Sneezing](#).

Strategy 6. Staying home when sick, getting tested and quarantine

Children and staff who have symptoms of infectious illness, such as RSV, influenza (flu) or COVID-19, should stay home and be referred to their healthcare provider for testing and care. Staying home when sick with COVID-19 is essential to keep COVID-19 infections out of programs and prevent spread to others. It also is essential for people who are not fully vaccinated to quarantine after a recent exposure to someone with COVID-19.

Programs should also allow flexible, non-punitive and supportive paid sick leave policies and practices that encourage sick workers to stay home without fear of retaliation, loss of pay or loss of employment. Employers should ensure that workers are aware of and understand these policies.

The overlap between COVID-19 symptoms with other common illnesses means that some people with symptoms of COVID-19 could be ill with something else. This is even more likely in young children, who typically have multiple viral illnesses each year. Although COVID-19, colds and flu illnesses have similar symptoms, they are different diseases. Children who have symptoms of infectious illness or certain symptoms of COVID-19 should not attend your program. Encourage your families to be on the alert for the following signs of illness in their children and to keep them home when they are sick. Parents should pay particular attention to:

- Fever (temperature of 100.4° F or higher).
- Sore throat.
- Diarrhea, vomiting or stomachache.
- New onset of severe headache.
- New cough that causes difficulty breathing (for a child with chronic allergic/asthmatic cough, see if there is a change from their usual cough).

People who have a fever of 100.4° F (38.0° C) or above or other signs of illness should not be admitted to your facility.

The length of time the child should stay out of child care depends on whether the child has COVID-19 or another illness. In most instances, those who have been diagnosed with COVID-19 can be around others after:

- 10 days since symptoms first appeared or the date of testing that was positive; *and*
- 24 hours with no fever without the use of fever-reducing medications; *and*
- Other symptoms of COVID-19 are improving.



Close contacts of persons with COVID-19 (quarantine)

Whether and for how long to stay home for people who have been exposed (less than six feet apart for more than a total of 15 minutes in a 24-hour period) to a person with COVID-19 depends on vaccination status.

- Children and unvaccinated staff who has a confirmed COVID-19 should stay home quarantine for 14 days *after their last exposure* to that person. Close contact (exposure) is defined as within six feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period. Some localities might choose to use testing to shorten [quarantine](#).
- With COVID-19, fully vaccinated persons do not need to quarantine if exposed to the illness. It is strongly recommended that they mask for at least 14 days or have a negative COVID-19 test three to five days after exposure.
- Programs should educate staff and families about when they and their children should stay home and when they can return to programs. Share this [COVID-19 positive case procedure](#) handout.

Screening measures to take at child care

Employee screening procedures:

- Conduct daily health assessments by implementing screening procedures for COVID-19 and symptoms of other communicable disease for all employees, regardless of vaccination status, reporting for work. Examples include self: assessment of symptoms before arrival in the workplace, and screening questions upon arrival or at home.
- Child care programs should have a plan in place if an employee presents with symptoms that results in their being sent home. Have a roster of trained back-up staff with background checks and consents on file to maintain sufficient staffing levels.
- Resources for testing are available in Indiana through medical providers and the Indiana Department of Health. These procedures may need to be increased if a child care employee resides in a community that has higher levels of community spread. Visit [Indiana COVID-19 Testing Information](#).
- Child care programs are encouraged to suspend any policies that require a healthcare provider's note to validate the illness or return to work of employees who are sick with acute respiratory illnesses.
- Programs should consider updating employee and family handbooks to include things like sick leave policies, updated human resource policies and parent expectations. For support with templates or examples of policies or communication strategies, please contact SPARK Learning Lab at 800-299-1627.
- Employers must comply with safety and health standards established and enforced by OSHA. Employers are subject to specific standards to prevent the exposure or spread of a disease. Additionally, the General Duty clause requires employers to provide their employees with a workplace free from recognized hazards likely to cause serious physical harm or death. More information on these standards can be found at the Indiana Department of Labor [Coronavirus \(COVID-19\)](#) site.

Child screening procedures

- Child care programs should always conduct a brief verbal health assessment daily as children are dropped off before the parent leaves.
- If a child presents with a temperature of over 100.4° F, the child should not remain at the childcare and must return home with the parent.
- Programs also have the option of having families completing screeners at home. It's also important to note that teething infants may run a slight fever, but it is rare for the fever to be over 100.4° F. A sample screener can be found at [COVID-19 Screening for Parents](#).
- Children who have had COVID-19-like symptoms as described at CDC's [Symptoms of COVID-19](#) or have tested positive for COVID-19 should be advised to isolate at home and not return to child care until they have been fever-free for at least 24 hours without being given fever-reducing medications AND have had improvement in their symptoms AND at least 10 days have passed since their symptoms first appeared.

Preparing for when someone is sick

Your program should implement multiple prevention actions to prepare for when someone is sick with COVID-19. All child care programs should identify an area to separate anyone who exhibits COVID-like symptoms during hours of operation and ensure that children are not left without adult supervision. When cleaning and disinfecting this space, wait several hours to allow droplets to settle before ventilating, cleaning and then disinfecting. If you can wait more than 24 hours, cleaning with soap/detergent and water is sufficient.

- Children or staff might begin to have COVID-19 or other respiratory symptoms while at your facility. You should [take action](#) to [isolate people](#) who begin to have these symptoms from other children and staff. Plan to have an isolation room or an area, preferably with access to a separate restroom, you can use to isolate a sick child or staff member. Ensure that isolated children are still under adult supervision. Arrange safe transportation home or to a healthcare facility (if severe symptoms) for the child or staff if showing symptoms of COVID-19.
- Close off areas used by a sick person and do not use these areas until after cleaning them; this includes surfaces or shared objects in the area, if applicable.
- If possible, wait at least 24 hours before cleaning. If you can wait 24 hours, soap and water cleaning will suffice. If waiting 24 hours is not feasible, wait as long as possible and increase ventilation in the area. Wear PPE (e.g., face mask, eye protection and gloves) when cleaning, even if vaccinated. You should ensure [safe and proper use](#) of cleaning and disinfection products, including storing products securely away from children.
- See CDC's [Toolkit for Child Care Programs](#) for more resources on what to do if a child becomes sick while at the child care program.

The CDC recommends that anyone who is ill should be tested, regardless of vaccination status. People who are fully vaccinated and who have been exposed should now get tested, a change from previous guidance, and should wear a mask until a negative test result is received but do not have to quarantine.

Strategy 7. Notification and contact tracing in combination with isolation and quarantine

Programs should continue to collaborate with state and local health departments, to the extent allowable by privacy laws and other applicable laws, to confidentially provide information about people diagnosed with or exposed to COVID-19. This allows identifying which children and staff with positive COVID-19 test results should [isolate](#) and which [close contacts](#) should [quarantine](#).

Programs must report, positive cases to their state or local health department as soon as they are informed. Administrators should notify, to the extent allowable by applicable privacy laws, staff and families of children who were close contacts as soon as possible (within the same day if possible) after they are notified that someone in the program has tested positive.

Programs must also report to their licensing consultant when cases of COVID-19 in the program result in exposure to staff and/or children and closure of classrooms or the program.

Programs should keep a written record of all persons who visit the program and spend more than 15 minutes in the program and/or have close contact with staff or children.

[Fully vaccinated](#) persons do not need to quarantine if exposed to the illness. It is strongly recommended that they mask for at least 14 days or have a negative COVID-19 test three to five days after exposure. For COVID-19, *fully vaccinated* means two weeks after the final vaccination.

Visit CDC's [Quarantine and Isolation](#) to learn when to quarantine; visit the Indiana Department of Health's [COVID-19 Testing Information](#) for specific test site information.

Strategy 8. Cleaning and disinfecting

It's important to note that surface transmission of disease spread by respiratory droplet or COVID-19 is rare. Unless a space was occupied by someone confirmed to be infected with COVID-19 within the previous 24 hours, frequent soap and water cleaning of most surfaces outside of food service and medical environments will suffice. General cleaning recommendations can be found in [Caring for Our Children](#).

- If a space contained a COVID-19 positive person within the past 24 hours, the space should be empty for a few hours before cleaning and disinfecting. Persons cleaning the space should mask and glove and open windows if possible while cleaning, followed by disinfecting.
- If it has been more than 24 hours since the COVID positive person was present, soap and water cleaning of surfaces is sufficient.
- If more than three days have elapsed since the COVID positive person was present, no additional cleaning needs to occur. Disinfectants should continue to be used on areas of public high touch areas such as public facing door handles.
- Visit CDC's [Common Asthma Triggers](#) to learn how to reduce the chance of an asthma attack while disinfecting.

Cleaning toys and other classroom materials



■ 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

by hand by a person wearing gloves. Clean with water and detergent, rinse, sanitize with an EPA-registered product safe for food contact surfaces and air-dry or 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.
- When children are cohorted, toys should not be shared between cohorts unless they are first washed.
- Set aside toys that need to be cleaned. Place in a dishpan of soapy water or a container marked "soiled toys." Keep the containers out of the reach of children. For most toys, soapy water is sufficient for cleaning. Small toys can be placed in a mesh lingerie/garment bag and put into a dishwasher or washing machine.
- Children's books and other paper-based materials are not considered a high risk for transmission of germs and do not need additional cleaning or disinfection procedures.
- Electronic devices should be cleaned with an alcohol-based wipe between uses.
- If there is a high incidence of community illness, difficult to clean items should not be shared for 24–72 hours. If items need to be reused in under 24 hours items should be disinfected.

Cleaning and sanitizing clothing, bedding and other cloth articles

- Transmission of germs from cloth/clothing is rare. Cloth articles cannot be disinfected and washing with soap and water is effective in reducing the number of germs on clothing.
- Infants, toddlers and their teachers should have multiple changes of clothing on hand in the child care. Clothing should be changed if there are visible secretions on clothing. Consider having multiple smocks or oversize shirts available for staff who work in infant and toddler rooms.
- Contaminated clothing should be placed in a plastic bag, labeled with how it is contaminated and sent home to be washed or washed in a washing machine at the child care.
- Use bedding (e.g., 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. Bedding that touches a child's skin should be cleaned weekly or before use by another child.
- Cots and mats should be labeled for each child. Clean and sanitize weekly or before use by another child.

Part 2: Additional considerations for child care programs

Personal hygiene

- Frequent soap and water handwashing is the preferred method of hand hygiene.
- Ensure that employees, children and families have ready access to handwashing stations, hand sanitizer or other hand hygiene products.
- Hand sanitizer must always be kept out of reach of children and when used be administered by an adult.
- Care should be taken to avoid touching your face.

Diapering children

- When diapering a child, collect supplies and [wash your hands](#) before you begin, and wear gloves. Follow [safe diapering procedures](#).
- Where feasible, diapering should not be done by the same person who prepares food. If you are the only person available for both diapering and food preparation, use additional prevention strategies (such as handwashing) between diapering and food preparation.
- After diapering, take off gloves and wash your hands (even if you were wearing gloves) and wash the child's hands. Then disinfect the diapering area with a fragrance-free disinfectant on the [EPA List N: Disinfectants for Coronavirus \(COVID-19\)](#) 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, do not rinse or clean them in your facility. Place the soiled cloth diaper and its contents (without emptying or rinsing) in a plastic bag or into a plastic-lined, hands-free covered diaper pail to give to parents or guardians or laundry service.

Transportation/vehicles/field trips

If transport vehicles (cars, buses or vans) are used by your program, drivers should practice all safety actions and protocols as indicated for other staff (e.g., hand hygiene, masks). Field trips may occur, provided that the childcare can transport children while maintaining social distancing practices such as spacing children appropriately. We encourage programs to avoid events or field trips that involve the mixing of cohorts and/or families. It's also important to note that these recommendations apply to any vehicle used during child care business hours to transport unrelated children:

- Children over the age of two must wear a face covering while being transported, as stated in the [CDC requirement for face masks on public transportation](#) (including school bus), effective March 23, 2021.
- The vehicle ventilation fan(s) should be placed on high, in non-recirculating mode, to maximize the intake of outside air and to minimize the recirculation of inside air. If it can be done safely, windows should be cracked open as well to improve circulation.

- After each use of the vehicle, it should be cleaned with soap/detergent of visible dirt. Disinfection needs to occur if unmasked persons were present or if there was a person known to have a COVID-19 diagnosis present within the previous 24 hours. Use a disinfectant product that meets the EPA's criteria against SARS-CoV-2, the virus that causes COVID-19.

After transporting children, leave the rear doors of the transport vehicle open to allow time for sufficient air changes to remove potentially infectious particles and irritating chemical fumes.

- Consideration must be given to ensure vehicle safety if staff is not able to stay with the vehicle.

Programs should update their field trip policy and clearly communicate to families in writing. Programs should also evaluate if transportation can be provided while maintaining social distancing safely. For support in analyzing transportation and social distancing programs, contact your OECOSL licensing consultant.

Children with disabilities or other health care needs

Child care programs should remain open and accessible for children with special needs. There may need to be accommodations, modifications and additional support for children with special needs.

- Work with families to better understand individual needs of children. Create a plan to help children adjust to changes in routines, encourage the wearing of masks and meeting any special needs of the children.
- Direct service providers should be allowed into facilities to provide services to children. Additional precautions may include having DSPs wash hands upon entry and exit of the classroom, wearing masks, practicing social distancing when possible and limiting interaction with children not receiving services.
- Be aware that physical distancing and wearing masks can be difficult for young children and people with certain disabilities (e.g., visual or hearing impairments) or for those with sensory or cognitive issues.
- For people who are not fully vaccinated and only able to wear masks some of the time for the reasons above, prioritize having them wear masks during times when it is difficult to separate children and/or staff (e.g., while standing in line or during drop off and pick up).
- Consider having staff who are not fully vaccinated wear a clear or cloth mask with a clear panel when interacting with young children, children learning to read or when interacting with people who rely on reading lips.
- Use behavioral techniques (such as modeling and reinforcing desired behaviors and using picture schedules, timers, visual cues and positive reinforcement) to help all children adjust to transitions or changes in routines.
- Provide visual and verbal cues and supports to remind children to cover when coughing or sneezing, use and disposal of tissues and when to wash hands.
- Cleaning and disinfecting may negatively affect children with sensory or respiratory issues. Ensure the safe use of cleaning supplies and provide adequate ventilation when disinfecting.

Visitors

Child care programs should no longer have strict limitations on visitors. Visitors can be separated into two categories: those considered essential to maintain the operations and quality of the program and those that are not essential to the program.



- Essential visitors include, but are not limited to, persons who may need to meet with management regarding child care operations (licensing, PTQ raters, coaches, health consultants, nutrition consultants and accreditation assessors), persons who may need to observe operations (no child interaction) and repair persons.
- Screening (described above) should occur for all visitors at the childcare entrance. Visitor in and out times as well as the purpose of the visit should be documented.
- Do not limit access to mothers who are breast feeding to ensure they can meet the nutritional needs of their infants.
- Do not limit access to direct service providers working with children with special needs.
- Child cares should require these essential visitors to wear masks and other PPE, regardless of vaccination status, and to be “hands off” as much as possible.
- Nonessential visitors may be scheduled during “off” times of the day when fewer children and staff are present. Masks should be worn if children are present.

Food service and meals

- Maximize physical distance as much as possible between people who are not fully vaccinated while eating (especially indoors). When possible, consider using additional spaces for mealtime seating, including eating meals and snacks outdoors or in well-ventilated spaces whenever possible.
- Given very low risk of transmission from food, food packaging, surfaces and shared objects, there is no need to limit food service operations to single use items and packaged meals.
- People should wash hands with soap and water before and after family-style meals.
- Clean frequently touched surfaces. Surfaces that come in contact with food should be washed and sanitized before and after meals.
- Promote hand washing before, during and after shifts, before and after eating, after using the toilet and after handling garbage, dirty dishes or removing gloves.
- Improve ventilation in food preparation, service and eating areas.

Toothbrushing

Toothbrushing is an important component for many programs. Because toothbrushing can cause droplet spatter and potential contamination of surfaces and supplies, programs should follow these steps for toothbrushing in group settings:

- Because there is the possibility of children who are not vaccinated transmitting COVID-19 to others via salivary droplets during brushing, it is recommended for program staff helping children with brushing to be fully vaccinated against COVID-19 and may consider wearing a properly fitted mask covering their nose and mouth for additional protection.
- Ensure that each child has his or her own toothbrush, clearly labeled. To prevent cross-contamination of the toothpaste tube, ensure that a pea-sized amount of toothpaste is dispensed onto a piece of wax paper before dispensing any onto the toothbrush.
- Encourage children to avoid placing toothbrushes directly on counter surfaces.
- After children finish brushing, ensure that they rinse their toothbrushes thoroughly with water, allow them to air-dry, and store them in an upright position so they cannot contact those of other children.
- Have children bring a designated reusable cup or provide children with paper cups to use for rinsing after they finish brushing. Do not allow them to share cups and ensure that they dispose of paper cups or store reusable cups properly after a single use.
- Stagger the use of bathrooms or other communal spaces used for toothbrushing. Allow one cohort (group) to complete toothbrushing, and clean and disinfect the area before another cohort has access to the area.
- Ensure that children and staff wash hands with soap and water for at least 20 seconds after brushing teeth.
- Additional prevention strategies to prevent transmission of COVID-19 to others during brushing should be followed, such as staggering children brushing their teeth to provide more space, having children spit into the sink after brushing one at a time, washing hands with soap and water for at least 20 seconds after brushing teeth or helping children brush their teeth, and cleaning and disinfecting the area used for toothbrushing before another group has access to the area.

Playgrounds and physically active play

In general, children and adults do not need to wear masks when outdoors (e.g., participating in outdoor play, recess and physical education activities). However, in areas of substantial to high transmission levels, people are encouraged to wear a mask in crowded outdoor settings or during activities that involve sustained close contact with others.

Physical activities provide children with enrichment opportunities that supports physical development and can help them learn and achieve, and support their social, emotional and mental health. Due to increased exhalation, some activities can put people at increased risk for getting and spreading COVID-19 or other disease. Similar risks might exist for other indoor activities, such as singing, chanting and yelling.

Preventing COVID-19 for those who are not fully vaccinated in these activities remains important. Children who participate in indoor physical activity and other higher-risk activities should continue to wear masks and keep physical distance and remain in their cohort as much as possible.

Child care providers who are planning structured physically active play should also consider the following risks:

- **Setting of the event or activity.** In general, the risk of COVID-19 transmission is lower when playing outdoors than in indoor settings. Consider the ability to keep physical distancing in various settings at the event.
- **Physical closeness.** Spread of COVID-19 is more likely to occur in physical activity and sports that require sustained close contact.
- **Number of people.** Risk of spread of COVID-19 increases with increasing numbers of participants.
- **Level of intensity of activity.** The risk of COVID-19 spread increases with the intensity of the physical activity.
- **Duration of time.** The risk of COVID-19 spread increases the more time participants spend in close proximity or in indoor group settings.
- **Presence of people more likely to develop severe illness.** People at risk of severe illness might need to take extra precautions, even if vaccinated.

Part 3: Taking care of child care staff and other workers

Everyone has a right to a safe and healthy workplace. The Occupational Safety and Health Administration has [issued guidance](#) that contains recommendations to help employers provide a safe and healthy workplace free from recognized hazards that cause or are likely to cause serious physical harm or death. This includes serious communicable disease.

Workers may be at risk even if fully vaccinated. Workers more at risk include older adults and people of any age that have been diagnosed with any of the conditions mentioned in CDC's [People with Certain Medical Conditions](#).

Currently, CDC recommends continued masking and physical distancing for people with weakened immune systems even if fully vaccinated.

Employers should also understand the potential for mental health strains for workers during periods of illness outbreaks like the COVID-19 pandemic. Employers should provide a [supportive work environment](#) and [provide access to tools](#) from the CDC, from Indiana's [Be Well Indiana site](#) or from Spark Learning Lab. Spark Learning Lab has a wealth of tools available through [I-LEAD and My Spark Learning Lab](#).

Employers should conduct workplace assessments from time to time to identify disease transmission risks and prevention strategies when conditions change. Programs should have policies and procedures in place that will provide structure for responses during times of seasonal illness.

Vaccine verification



Existing laws and regulations require certain vaccinations for children attending child care programs. Administrators regularly maintain documentation of children's immunization records. Programs that plan to request voluntary submission of documentation of COVID-19 vaccination status should use the same standard protocols that are used to collect and secure other immunization or health status information about children. Policies or practices related to providing or receiving proof of COVID-19 vaccination should comply with all relevant state, tribal, local or territorial laws and regulations.

Indiana does not currently have any vaccination requirements for adults that work in child care. As part of their workplace COVID-19 vaccination policy, programs should recognize that a worker who cannot get vaccinated due to a disability (covered by the ADA), has a disability that affects their ability to have a full immune response to vaccination, or has a sincerely held religious belief or practice (covered by Title VII of the Civil Rights Act of 1964) may be entitled to a reasonable accommodation that does not pose an undue hardship on the operation of the employer's business.

Additionally, employers should advise workers with weakened immune systems about the importance of talking to their healthcare professional about the need for continued personal protective measures after vaccination. Currently, CDC recommends continued masking and physical distancing for people with weakened immune systems. For more information on what you should know about COVID-19 and the ADA, the Rehabilitation Act and other Equal Employment Opportunity Laws, visit the [Equal Employment Opportunity Commission website](#).

Part 4: Additional resources for planning and preparing

Emergency operations plans

Child care programs should have an emergency operations plan, also known as a disaster plan, in place to protect children, staff and families from the spread of illness and other emergencies. The EOP should:

- Describe prevention strategies to be implemented for any communicable disease.
- Describe steps to take when a child or staff member has been exposed to someone with COVID-19, has symptoms of COVID-19 or tests positive for COVID-19.
- Document policy or protocol differences for people who are fully vaccinated for COVID-19 or other communicable disease versus those who are not fully vaccinated.
- Be developed in collaboration with regulatory agencies and state, local, territorial and tribal public health departments, and comply with state and local licensing regulations.
- Be developed with involvement of staff, parents and guardians, and other community partners (for example, health centers).
- Describe how staff will be trained on the program's communicable disease safety protocols.
- Plan for back-up staffing.
- Consider the range of needs among staff, children and families, including children's developmental needs, [children with disabilities](#), children with [health care needs](#) and [children experiencing homelessness](#).

Resources for COVID-19 planning are also useful for general planning:

- [Caring for Our Children](#)
- [Toolkit for Child Care Programs](#)
- [Vaccines for Teachers, School Staff and Childcare Workers](#)

Part 5: Communication tools

OECOSL encourages child care programs to share the graphics in the following toolkits in your social media or electronic newsletters when communicating broadly to families about the importance of vaccination and masking:

- [Communication toolkits: Child care](#)
- [Vaccines toolkits: Schools, child care](#)
- [Communication toolkits: Schools](#)

Additionally, here are some CDC graphics related to the Delta [variant](#) that child care programs are encouraged to use specifically:

SHOULD I BE CONCERNED ABOUT THE DELTA VARIANT?

New data show Delta is different than past versions of the virus: it is much more contagious.

- Vaccinated people can get breakthrough infections of Delta variant and may be contagious.
- Vaccinated individuals represent a very small amount of total transmission.




cdc.gov/coronavirus

ARE VACCINES EFFECTIVE?

Yes! Getting vaccinated prevents severe illness, hospitalization, and death; it also helps reduce the spread of the virus in communities.

With the Delta variant, vaccination is more urgent than ever.

Protected from	Vaccinated	Unvaccinated
Severe Symptoms	✓	✗
Hospitalization	✓	✗
Death	✓	✗



cdc.gov/coronavirus

DO I NEED TO WEAR A MASK?

In areas of substantial or high transmission, everyone should wear a mask in public indoor settings to help prevent the spread of Delta variant and protect others.




cdc.gov/coronavirus

WHAT SHOULD COMMUNITIES DO?

Community leaders should encourage vaccination and masking to prevent further outbreaks, especially in areas of substantial or high transmission.




cdc.gov/coronavirus