

All Indiana childcare programs should take measures and institute safeguards to ensure a safe environment for their employees, children and families. This includes any childcare programs that have remained open during the Stay-at-Home order, as well as those opening in the coming days and weeks. In addition, programs that wish to utilize space in a public or private school building that either receive funding from FSSA, are licensed and/or regulated through FSSA and/or meet an exemption as outlined in Indiana Code 12-17.2-2-8 are permitted to do so. The use of buildings, grounds and facilities for other activities consistent with current regulations and the governor's executive orders are permissible.

The safeguards below are based on the recommendations of the CDC and are meant to align with Governor Holcomb's Back on Track plan. For childcare programs that have been temporarily closed, these guidelines are meant to provide information on how to safely re-open. For childcare programs that have seen a change in their community COVID-19 status, these guidelines are meant to provide additional information of what policies may need to be reinstated or updated.

Monitoring and Preparing

Vulnerable Employees: Those 65 and over and individuals with identified high-risk medical conditions who are early care and education teachers, caregivers, and childcare operators should remain vigilant about protecting their exposure to COVID-19. Programs may want to consider giving them a role that minimizes their contact with younger children and allows them to maintain a safe distance from others.

Employee Screening Procedures: Conduct daily health assessments by implementing screening procedures for COVID-19 symptoms for all employees reporting for work. Examples include self-assessment of symptoms before arrival in the workplace, and screening questions upon arrival. Child care programs should have a plan in place if an employee presents with symptoms that results in their being sent home. Resources for testing are available in Indiana through medical providers and OptumServe. These procedures may need to be increased if a child care employee resides in a community that has reached a status of Orange or Red as reported by the Indiana State Department of Health. 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.



Information for testing sites can be found [here](#)



For support with templates or examples of policies and communication strategies please contact SPARK Learning Lab at 1-800-299-1627.



Information about the prevalence of COVID-19, including the color-coded system, in each county can be found [here](#).

Arrival/Pick-Up Procedures: Arrival and pick-up procedures may continue to include strategies for minimizing contact between parents, children, and teachers. These procedures should take into consideration the parents' rights and desires to visit their child's learning environment while maintaining safety. Policies may be relaxed if a community is in Blue but may need to be re-evaluated when communities begin to reach Yellow. Should high or very high community spread be occurring and communities have a status of Orange or Red,

child cares should reinstate policies that stagger drop off/pick up times or have child care staff meeting families outside to escort children into the building to limit direct contact.



Families should be informed of any changes in policy in writing. If programs need support in writing policies, please contact SPARK Learning Lab at 1-800-299-1627.

Child Screening: For childcare programs that are in communities with a status of Blue or Yellow child care programs should continue to conduct a brief verbal health assessment daily as children are dropped off, before the parent leaves.

Children who have had COVID-19 like symptoms as described [here](#) or have tested positive for COVID-19 should be advised to self-isolate at home and not return to child care until they have been fever-free for at least 72 hours (3 days) 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.

For child care programs that are in communities with a status of Orange or Red programs should institute the practice of checking the temperature of each child and conduct a brief verbal health assessment as children are dropped off, before the parent leaves. If a child presents with a temperature of over 100.4, the child should not remain at the childcare and must return home with the parent.

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



Families should be informed of any new policy. If programs need support in designing communication or examples of policies please contact SPARK Learning Lab at 1-800-299-1627.



Programs should have a designated space within the childcare to separate any child who is sick until such time that the child can be picked up. Programs should evaluate their staffing plans to ensure that supervision and support can be provided to the sick child while waiting for the parent/guardian to arrive and that a physical space that allows for isolation is available. Information about what employees should know about caring for patients with confirmed or possible cases of COVID-19 can be found [here](#).

Visitor entry (including those making deliveries): In addition to the social distancing guidelines described above, screening (also described above) should occur for all visitors at the childcare entrance.

Personal Protective Equipment: *Face Covering* is defined as a cloth, preferably with two layers of material, which covers the nose and mouth and is secured to the head with ties, straps, or loops over the ears or is simply strapped around the lower face. *Face Shield* is defined as a mask, typically made of clear plastic, which covers the nose and mouth.

It is required that every adult, unless they meet an exemption outlined in Executive Order 20-48, and child ages 8 years and up in the state of Indiana wear face coverings when inside a business, public building, or other indoor place that is open to the public. As outlined in Executive Order 20-48 childcare is a business and thus subject to these requirements.

Except when on busses or on other childcare modes of transportation, children who are over the age of 2 and under the age of eight are not required to wear face coverings. Child care programs are expected to follow local ordinances regarding face coverings if they are more restrictive than Executive Order 20-48 and require face coverings for children under the age of 8. Cloth face

coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.

Child care providers supporting infants and toddlers can protect themselves by wearing an over-large, button-down long-sleeved shirt and by wearing long hair up off the collar in a ponytail or other up-do. They should change the button-down shirt, if there are secretions on it, and wash their hands again. Child care providers should wash their hands, neck and anywhere touched by a child's secretions such as nasal drainage or spit up.

All Indiana businesses, including child care programs, are required to place clearly visible signage at their local public and employee entrances notifying that face coverings are required for all individuals entering the business.

All childcare programs must require their staff to wear face coverings unless the staff meet an exemption outlined in Executive Order 20-48.

Childcare programs should only admit visitors, parents and others into the program who are wearing face coverings.

Social Distancing: The phrase “social distancing” means maintaining at least six feet of distance from other individuals or, in the event six feet of distance is not possible, use of a barrier to separate individuals or members of a single household from others. The below guidance should be implemented regardless of the color that a county may be in.

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 “unit” throughout the remainder of this document. Units should be kept together, as much as possible, while doing activities indoors and outdoors each day. If you are supporting children of health care workers or others who work in close contact with infected or potentially infected, individuals, consider creating a separate classroom or unit for those children.

Childcare programs are required to maintain at least six feet of distance between all individuals, which include staff, teachers, parents, and children in accordance with Executive Order 20-48 when possible.

Childcare programs should designate with signage, tape or by other means, six feet of spacing for employees, parents, or other community members in their common spaces to maintain appropriate distance. When possible, incorporating these marking into the classrooms may also be helpful so that young children can visually understand how to remain socially distant.

Communication: Create a communication system or plan for staff and families for self-reporting of symptoms and providing notifications.

All childcare providers are required to develop a plan to ensure a safe environment for parents, students, and teachers. The plan must be provided to employees and posted. The plan must include:

- an employee health screening process.
- employee cleaning and disinfecting protocols, especially in high touch surfaces.
- availability for parents, visitors, students, and teachers to wash hands or use hand sanitizer, if the hand sanitizer is kept out of the reach of children; and
- practicing social distancing requirements established by the CDC, including maintaining six

feet between parents, students, and teachers.



A template to utilize when developing a COVID response plan can be found [here](#).



Templates for signate related to face coverings can be found [here](#).



Templates related to marking areas with six feet of social distancing can be found [here](#).

Daily Activities

Field Trips

Field trips can resume provided that the childcare can transport children while maintaining social distancing practices such as spacing children appropriately.

- Children over the age of two must wear a face covering while being transported.
- 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.
- After each use of the vehicle it should be cleaned using any 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 tie for sufficient air changes to remove potentially infectious particles. 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.



For a list of cleaning products that meet the standard set by the EPA for COVID-19, please visit this [link](#)

Special Events: Special events are permitted so long as social distancing guidelines are followed. Face coverings are required, and it is recommended that individuals with identified medical conditions or who are over 65 years old remain vigilant about exposure.



Programs should evaluate whether to alter or halt daily group activities that may promote the spread or transmission of COVID-19 and communicate with families any disruption to typical scheduling. This evaluation should be done in conjunction with information about the status of the community and its color rating.

Special events size is determined by the counties color-coded metrics. Below are the guidelines for special event group size in accordance with Executive Order 20-48.

- Counties designated as Blue may have up to a total of 250 individuals present.

GENERAL Recommended GUIDELINES FOR CHILD CARE PROGRAMS (Including re-opening)

- ❑ Counties designated as Yellow may have up to a total of 100 individuals present.
- ❑ Counties designated as Orange may have up to a total of 50 individuals present.
- ❑ Counties designated as Red may have up to a total of 25 individuals present.

On-Site Playgrounds and Special Activities: Playgrounds on the site of the childcare can be occupied by multiple units, so long as social distancing is being practiced and the program is following disinfecting practices. This practice may need to be reevaluated should a program be in a county where the status has been raised to Orange or Red. In these circumstances limiting the mixing of units and staggering playground times is recommended to support minimizing community spread.

Playground structures should be disinfected after each unit leaves the playground.



Information on cleaning and sanitizing can be found [here](#).

Nap Time: During nap time, children's naptime mats (or cribs) should be spaced out as much as possible, ideally 6 feet apart. Consider placing children head to toe in order to further reduce the potential for viral spread.

Meal Service: If a cafeteria or group dining room is typically used, meals should be served in classrooms instead. Programs should not participate in family style meals and should practice social distancing during mealtimes, ideally 6 feet apart. Programs should maintain units during mealtimes as well. Bagged or boxed meals with all necessary utensils, condiments, napkins, etc. included would be the preferred method. In addition, prior to any meal service, all children should utilize hand washing or sanitizing to ensure safe eating practices.

Classroom Arrangement: It is recommended that seats/desks be spaced at least six feet apart when possible.

Social Emotional Learning: Heightened attention to Social Emotional Learning will be critical during this period and should be made available to all children and staff as part of the daily curriculum. Additional, age appropriate, learning about the medical and public health implications of COVID-19 will also be critical, and should likewise be made available to all children and staff. Children with disabilities and special educational needs are at elevated risk during this time, and careful attention should be paid to ensuring continued learning and wellbeing.

Maintain Healthy Operations

Workplace Cleaning and Disinfection: Toys that can be put in the mouth should be cleaned and sanitized (see below). Other hard surfaces, including diaper changing stations, doorknobs, and floors should be disinfected.

- Intensify cleaning and disinfection efforts: Facilities should develop a schedule for cleaning and disinfecting including at least one hour a day of deep cleaning when children are not present.
- Routinely clean, sanitize, and disinfect surfaces and objects that are frequently touched, especially toys and games. This may also include cleaning objects/surfaces not ordinarily cleaned daily such as doorknobs, light switches, classroom sink handles, countertops, nap pads, toilet training potties, desks, chairs, and cubbies. Use the cleaners typically used at your facility.
- Use all cleaning products according to the directions on the label. For disinfection, most common EPA-registered, fragrance-free household disinfectants should be effective. If

surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection. Follow the manufacturer's instructions for concentration, application method, and contact time for all cleaning and disinfection products.

- If possible, provide EPA-registered disposable wipes to staff members so that commonly used surfaces such as keyboards, desks, and remote controls can be wiped down before use. If wipes are not available, please refer to CDC's guidance on disinfection for community settings.
- All cleaning materials should be kept secure and out of reach of children.
- Cleaning products should not be used near children, and staff should ensure that there is adequate ventilation when using these products to prevent children from inhaling toxic fumes.



For a list of products that the EPA has found to be effective against COVID-19 please visit this [link](#).

Hygienic Diapering and Clean Up: In order to avoid any fecal transmission of COVID-19 the following diapering procedures should be followed

- Wash hands with soap and warm water and dry with disposable paper towel
- Gather needed supplies and place on diapering area
- Spread wax paper on changing table covering the entire length and width of the pad
- Put on gloves after placing the child on the changing table
- Release the soiled diaper
- Place soiled diaper and wax paper into a plastic bag
- Wash the child's bottom
- Remove gloves
- Place clean diaper on child
- Wash the child's hands
- Take the child to a safe area where he or she can be supervised
- Discard the soiled diaper, washcloth and towel, and wax paper into a tightly covered sanitary waste container lined with a plastic bag
- Sanitize diaper changing pad and table
- Wash hands with soap and warm water and dry with disposable paper towel

Clean and Sanitize Toys: Toys that cannot be cleaned and sanitized should not be used.

- 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 disinfectant, 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.

- Toys should not be shared among child care unit unless they are washed and sanitized before being moved from one unit to the other.
- Set aside toys that need to be cleaned. Place in a dish pan with soapy water or put in a separate container marked for “soiled toys.” Keep dish pan and water out of reach from children to prevent risk of drowning. Washing with soapy water is the ideal method for cleaning. Try to have enough toys so that the toys can be rotated through cleanings.
- Children’s books, like other paper-based materials such as mail or envelopes, are not considered a high risk for transmission and do not need additional cleaning or disinfection procedures.
- Ensure adequate supplies to minimize sharing of high touch materials to the extent possible (art supplies, equipment etc. assigned to a single child) or limit use of supplies and equipment by one group of children at a time and clean and disinfect between uses.
- Avoid sharing electronic devices, toys, books, and other games or learning aids when possible.

Clothing: The following is recommended. Infants, toddlers, and their teachers should have multiple changes of clothes on hand in the childcare. Child care providers should change children’s clothes if secretions are on the child’s clothes.

- Contaminated clothes should be placed in a plastic bag and sent home or washed in a washing machine.

Clean and Disinfect Bedding: The following is recommended.

- Use bedding (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. Cots and mats should be labeled for each child. Bedding that touches a child’s skin should be cleaned weekly or before use by another child.

Personal Hygiene: Ensure that employees, children and families have ready access to hand sanitizer, handwashing stations, or other disinfectant products. Hand Sanitizers are temporarily acceptable products for use in childcare so long as they’re kept out of reach of children at all times and administered by an adult. This practice will remain through the public health emergency.

Common Areas: Programs should reduce the number of employees permitted to congregate in common areas or break rooms and should take additional measures to ensure social distancing is achieved in these areas.

General Recommendations

Monitor absenteeism to identify any trends in employee or child absences due to illness - This might indicate spread of COVID-19 or other illness. Have a roster of trained back-up staff to maintain sufficient staffing levels.

Implement plans for positive COVID-19 cases – Be in touch with your local health department and follow OECOSL guidelines regarding positive COVID-19 cases, which can be found [here](#).

Programs should consider updating employee and family handbooks to include things like sick leave policies, updated human resource policies and parent expectations. For support in templates or examples of policies or communication strategies please contact SPARK Learning Lab at 1-800-299-1627.

Families First Coronavirus Response Act- Employers and employees should be aware of the provisions of this act.

GENERAL Recommended GUIDELINES FOR CHILD CARE PROGRAMS (Including re-opening)

Compliance with Indiana Occupational Safety and Health Agency Standards – Employers and employees should be aware of the provisions of these standards.

All employers must comply with safety and health standards established and enforced by IOSHA. 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 death or serious physical harm. More information on these standards can be found [here](#).