

Protocol for Programs Providing Day Care for School-Aged Children

Recent Updates (Changes highlighted in yellow)

2/9/2021:

- Added a hyperlink to the Exposure Management Plan for Early Care and Education Centers.
- Updated the maximum number permitted in a cohort to up to 14 children and up to 2 staff.
- Change made to clarify how to report confirmed COVID-19 cases to the Department of Public Health. Day Care Programs for School-Aged Children are required to notify DPH of all confirmed COVID-19 disease among employees and children who had been at the site at any point within 14 days prior to becoming ill. A secure online method for reporting cases and contacts is now available and the preferred method of reporting.
- Removed requirement for close contacts of a symptomatic individual without confirmation of COVID-19 to quarantine at home. Employee break rooms must have posted occupancy limits and must be reconfigured to enable staff to maintain a 6-foot physical distance while eating and drinking.
- Employees must wear a face covering at all times except when alone in a closed office or when eating and drinking during designated break times.

The County of Los Angeles Department of Public Health is adopting a staged approach, supported by science and public health expertise, to allow certain venues to conduct in-person business over the course of the COVID-19 pandemic. The requirements below are specific to all programs, including Early Care and Education Programs (ECE) programs, and other programs providing day care for school-aged children before, during or after normal school hours. These sites are permitted to be open by the Order of the State Public Health Officer. In addition to the conditions imposed on these specific venues by the Governor, these types of businesses must also be in compliance with the conditions laid out in this Checklist. Sites that are licensed as Early Care and Education Programs must also comply with the [Los Angeles County Public Health guidance and Exposure Management Plan for ECE programs](#).

Any program that plans to provide day care for school-aged children and extend their operations beyond the limits of their current childcare license, or beyond the limits of their license-exempt status, must communicate with their Community Care Licensing [Regional Office](#) to determine if they are required to secure an emergency waiver from additional licensing requirements. For additional information on childcare waivers see [PIN 20-22-CCP](#).

SPECIAL NOTE FOR K-12 SCHOOLS: Schools providing any form of day care for school-aged children at a K-12 school site are required by the Los Angeles County Department of Public Health to complete and file a notification with the department describing the scope of your child care activities and your child care licensure or waiver status. Instructions for completion and a link to the online survey are available [here](#).

- If you are licensed to provide ECE services and are only serving children in pre-kindergarten age groups and younger, you do **NOT** need to file this notification.
- If your program is providing child care to school-aged children in any setting other than a K-12 school site, you do **NOT** need to file this notification.

Please note: This document may be updated as additional information and resources become available so be sure to check the LA County website <http://www.ph.lacounty.gov/media/Coronavirus/> regularly for any updates to this document.

This checklist covers:

- (1) Workplace policies and practices to protect employee health

- (2) Measures to ensure physical distancing
- (3) Measures to ensure infection control
- (4) Communication with employees and the public
- (5) Measures to ensure equitable access to critical services

These five key areas must be addressed as your facility develops any reopening protocols.

All Programs covered by this guidance must implement all applicable measures listed below and be prepared to explain why any measure that is not implemented is not applicable to the Program.

Program Name:

Facility Address:

**A. WORKPLACE POLICIES AND PRACTICES TO PROTECT EMPLOYEE HEALTH
(CHECK ALL THAT APPLY TO THE FACILITY)**

- Everyone who can carry out their work duties from home has been directed to do so.
- Vulnerable staff (those above age 65, those with chronic health conditions) are assigned work that can be done from home whenever possible.
- Work processes are reconfigured to the extent possible to increase opportunities for employees to work from home. Consider offering workers, and volunteer staff who request modified duties options that minimize their contact with others (e.g., administrative duties).
- Alternate, staggered or shift schedules have been instituted if possible, to maximize physical distancing.
- All employees (including paid staff, and volunteers; referred to collectively as “employees”) have been told not to come to work if sick, or if they are exposed to a person who has COVID-19. Employees understand to follow DPH guidance for self-isolation and quarantine, if applicable. Workplace leave policies have been reviewed and modified to ensure that employees are not penalized when they stay home due to illness.
- Upon being informed that one or more employees test positive, the employer has a plan or protocol in place to have the case(s) isolate themselves at home and require the immediate self-quarantine of all employees that had a workplace exposure to the case(s). If there was an exposure to COVID-19 infection in a classroom or within a cohort at any onsite location, all persons in the classroom or cohort during the period in which the exposure occurred are instructed to quarantine. The employer’s plan should have a protocol for all quarantined employees to have access to or be tested for COVID-19 in order to determine whether there have been additional workplace exposures, which may require additional COVID-19 control measures.
- Symptom screenings are conducted before employees may enter the workspace. The site must follow DPH guidance on [Decision Pathways](#) for persons who screen positive for symptoms prior to entry to the educational institution or while at the educational institution. Screening must include a check-in concerning symptoms consistent with possible COVID-19 infection listed on the Decision Pathway and if the employee has had contact with a person known to be infected with COVID-19 in the last 14 days. These checks can be done remotely or in person upon the employees’ arrival. A temperature check should also be done at the worksite if feasible.
- Facilities are required to notify the Department of Public Health of all individuals with confirmed COVID-19 who were on site at any point within the 14 days prior to the illness onset date. A confirmed COVID-19 case is an individual who has a positive COVID-19 test. The illness onset date is the first date of COVID-19 symptoms or the COVID-19 test date, whichever is earlier.
- Secure, online reporting is the preferred method for notifying DPH of COVID-19 exposures and can be done on a computer or mobile device with access to the secure web application: <http://www.redcap.link/lacdph.educationsector.covidreport>. If online reporting is not possible, reporting can be done manually by downloading and completing the [COVID-19 Case and Contact Line List](#) for the Education Sector and sending it to ACDC-Education@ph.lacounty.gov.
 - Reporting of 1 or 2 confirmed cases should be done within 1 business day of being notified of the case(s).
 - In the event that 3 or more cases are identified within a 14 day-period, the employer should immediately report this cluster to the Department of Public Health. The Department of Public Health will work with the program to determine whether the cluster is an outbreak that will require a public health outbreak investigation.
- Employees who have contact with others are offered, at no cost, an appropriate face covering that covers the nose and mouth. The covering **must** be worn by the employee at all times during the workday when in contact or likely to come into contact with others. Employees who have been instructed by their medical provider that they should not wear a face covering **must** wear a face shield with a drape on the bottom edge, to be in compliance with State directives, as long as their condition permits it. A drape that is form fitting

under the chin is preferred. Masks with one-way valves **must** not be used.

- All employees must wear face coverings at all times except when working alone in private offices with closed doors or when eating or drinking. The exception made previously for employees working in cubicles with solid partitions exceeding the height of the employee while standing is overridden.
- Employees are instructed to wash or replace their face coverings daily.
- To ensure that masks are worn consistently and correctly, employees are discouraged from eating or drinking except during their breaks when they are able to safely remove their masks and physically distance from others. At all times when eating or drinking, employees must maintain at least a six-foot distance from others. When eating or drinking, it is preferred to do so outdoors and away from others, if possible. Eating or drinking at a cubicle or workstation is preferred to eating in a breakroom if eating in a cubicle or workstation provides greater distance from and barriers between workers.
- Occupancy is reduced and space between employees is maximized in any room or area used employees for meals and/or breaks. This has been achieved by:
 - Posting a maximum occupancy that is consistent with enabling a distance of at least six feet between individuals in rooms or areas used for breaks; and
 - Staggering break or mealtimes to reduce occupancy in rooms or areas used for meals and breaks; and
 - Placing tables six feet apart and assuring six feet between seats, removing or taping seats to reduce occupancy, placing markings on floors to assure distancing, and arranging seating in a way that minimizes face-to-face contact. Use of partitions is encouraged to further prevent spread but should not be considered a substitute for reducing occupancy and maintaining physical distancing.
- Employees are offered gloves to be used for tasks such as serving food, handling trash, or using cleaning and disinfectant products
- Employees have been instructed to maintain at least a six (6) feet distance from visitors and from each other in all areas of the facility whenever feasible. Employees may momentarily come closer as necessary to assist children, or as otherwise necessary.
- Restrooms and other common areas are disinfected frequently, on the following schedule:
 - Restrooms _____
 - Other _____
- Disinfectant and related supplies are available to employees at the following location(s):

- Hand sanitizer effective against COVID-19 is available to all employees at the following location(s):

- Employees are reminded to wash their hands frequently.
- A copy of this protocol has been distributed to each employee.
- As much as feasible each worker is assigned their own equipment and have been instructed to avoid sharing phones, tablets, two-way radios, other work supplies, or office equipment wherever possible. They have also been instructed to never share PPE.
- Where items must be shared, they are disinfected with a cleaner appropriate for the surface between shifts or uses, whichever is more frequent, including the following: shared office equipment, such as copiers, fax machines, printers, telephones, keyboards, staplers, staple removers, letter openers, surfaces in reception areas, shared work stations, audio and video equipment, walkie talkies, etc.
- Time is provided for workers to implement cleaning practices during their shift. Cleaning assignments are assigned during working hours as part of the employees' job duties. Modify hours, if necessary, to ensure

regular, thorough cleaning, as appropriate. Consider obtaining options for third-party cleaning companies to assist with the increased cleaning demand are procured, as needed.

- Monitor staff absenteeism and have a roster of trained back-up staff where available.
- All policies described in this checklist other than those related to terms of employment are applied to staff of delivery and any other companies who may be on the premises as third parties.
- Optional—Describe other measures:

B. MEASURES TO ENSURE PHYSICAL DISTANCING

ARRIVAL AND DEPARTURE

- Limit the number of persons in the facility to the number appropriate for maintaining physical distancing.
- If transport vehicles (e.g., buses) are used by the program, drivers should practice all safety actions and protocols as indicated for other staff (e.g., hand hygiene, cloth face coverings, and physical distancing).
 - Physical distancing on transport vehicles should also be instituted through measures such as having one child per bus/vehicle seat or using alternating rows.
 - Open windows and maximize space between children and the driver on transport vehicles where possible.
- All children, **staff**, and visitors should wear cloth face coverings.
- Minimize contact between staff, children and families at the beginning and end of the day.
- Arrange for drop of and pick-up of children at the door of the facility, if possible, to limit the number of parents or visitors that need to enter the building.
- Stagger arrival and drop off-times and locations as consistently as practicable as to minimize scheduling challenges for families.
- Designate routes for entry and exit, using as many entrances as feasible. Put in place other protocols to limit direct contact with others as much as practicable.
- Provide physical guides, such as tape on floors or sidewalks and signs on walls, to ensure that staff and children remain at least 6 feet apart in lines and at other times (e.g., guides for creating “one-way routes” in hallways, and lines during pick-up and drop off of children).

RECREATIONAL SPACE

- Childcare activities, indoor and out, must be carried out in stable groups of **up to 14 children and up to 2 staff** or fewer in order to maintain physical distancing among children and between children and staff (“stable” means the same **14** or fewer children are in the same group each day)
- All visitors and children are required to wear cloth face coverings while at the facility or on its premises, except while napping, eating/drinking, or engaging in solo physical exertion (such as jogging by one’s self). This applies to all adults and to children 2 years of age and older. Only individuals who have been instructed not to wear a face covering by their medical provider are exempt from wearing one. To support the safety of your employees and visitors, a face covering should be made available to visitors who arrive with out them.
- Maximize space between seating, desks, and bedding. Consider ways to establish separation of children through other means, for example, six feet between seats, partitions between seats, markings on floors to promote distancing, arranging seating in a way that minimizes face-to face contact.
- Consider redesigning activities for smaller groups and rearranging furniture and play spaces to maintain separation.

- Staff should develop instructions for maximizing spacing and ways to minimize risk of close contact among children in both indoor and outdoor spaces that are easy for children to understand and are developmentally appropriate through the use of aids such as floor markings and signs
- Restrict nonessential visitors, volunteers, and activities involving other groups at the same time.
- Restrict communal activities where practicable. If this is not practicable, stagger use, properly space occupants, keep groups as small and consistent as possible and disinfect in between uses.
- Limit gatherings and extracurricular activities to those that can maintain physical distancing and support proper hand hygiene.
- Use alternative spaces as needed, including regular use of outdoor space, weather permitting. For example, consider ways to maximize outside space, and the use of cafeterias and other spaces for use to permit physical distancing.
- Minimize congregate movement as much as practicable.
- Conduct as many activities with the children outdoors as possible (all fitness activities, singing and chanting must only occur outdoors).

MEALS

- Have children bring their own meals as feasible, and practice physical distancing when eating or have them eat within their smaller group, instead of in a communal dining hall or cafeteria. Ensure the safety of children with food allergies.
- Use disposable food service items (e.g., utensils and plates). If disposable items are not feasible, ensure that all non-disposable food service items are handled with gloves and washed with dish soap and hot water or in a dishwasher. Individuals should wash their hands after removing their gloves or after directly handling used food service items.
- If food is offered at any event, have pre-packaged boxes or bags for each attendee instead of a buffet or family-style meal. Avoid sharing of foods and utensils.

C. MEASURES FOR INFECTION CONTROL

- Ensure all staff and families are aware of enhanced sanitation practices, physical distancing guidelines and their importance, proper use, removal and washing of cloth face coverings, screening practices and COVID-19 specific exclusion criteria.
- Designate a staff person to be responsible for responding to COVID-19 concerns. All childcare staff and families should know who this person is and how to contact them. This individual should be trained to coordinate the documentation and tracking of possible exposures, in order to notify staff and families in a prompt and responsible manner. This person is also responsible for notifying local health officials of all COVID-19 cases at the facility.
- Ensure adequate supplies to support healthy hygiene behaviors, including soap, tissues, no-touch trashcans, and hand sanitizers with at least 60 percent ethyl alcohol for staff and those children who can safely use hand sanitizer.
- Teach children the following personal protective measures:
 - Washing hands regularly before and after eating; after coughing or sneezing; after being outside; and after using the restroom.
 - Avoid touching your eyes, nose, and mouth.
 - Cover coughs and sneezes.

- Use a tissue to wipe your nose and cough/sneeze inside a tissue or your elbow.
- Consider routines enabling staff and children to regularly wash their hands at staggered intervals.
- Children and staff should wash their hands for 20 seconds with soap, rubbing thoroughly after application, and use paper towels (or single use cloth towels) to dry hands thoroughly.
- Staff should model and practice handwashing. For example, for younger children, use bathroom time as an opportunity to reinforce healthy habits and monitor proper handwashing.
- Children and staff should use hand sanitizer when handwashing is not practicable. Sanitizer must be rubbed into hands until completely dry. Note: frequent handwashing is more effective than the use of hand sanitizers, especially when hands are visibly dirty
 - Children under age 9 should use hand sanitizer under adult supervision. Call Poison Control if consumed: 1-800-222-1222. Ethyl alcohol-based hand sanitizers are preferred and should be used when there is the potential of unsupervised use by children. Isopropyl hand sanitizers are more toxic and can be absorbed through the skin. Do not use any products that contain methanol
- Consider portable handwashing stations throughout the site to minimize movement and congregation in bathrooms to the extent possible.
- Suspend use of drinking fountains and instead encourage the use of reusable water bottles.
- Frequently touched surfaces such as door handles, light switches, sink handles, bathroom surfaces, tables, and surfaces in transportation vehicles should be cleaned at least daily and more frequently throughout the day if possible.
- Limit use of shared playground equipment in favor of physical activities that require less contact with surfaces.
- Limit sharing of objects and equipment, such as toys, games, and art supplies, otherwise clean and disinfect between uses.
- Have multiple toys and manipulatives accessible that are easy to clean and disinfect throughout the day or provide individually labeled bins with toys and belongings for each child. Ensure toys that are difficult to clean (e.g., soft toys) are either removed from the classroom or carefully monitored for use by individual children only.
- When choosing cleaning products, use those approved for use against COVID-19 on the Environmental Protection Agency (EPA)-approved list “N” and follow product instructions. These products contain ingredients which are safer for individuals with asthma.
- Use disinfectants labeled to be effective against emerging viral pathogens, following label directions for appropriate dilution rates and contact times. Provide employees training on the hazards of the chemicals, manufacturer’s directions, and Cal/OSHA requirements for safe use.
- Custodial staff with the responsibility of cleaning and disinfecting the site must be equipped with proper protective equipment, including gloves, eye protection, respiratory protection, and other appropriate protective equipment as required by the product instructions. All products must be kept out of children’s reach and stored in a space with restricted access.
- When cleaning, air out the space before children arrive; plan to do thorough cleanings when children are not present. If using air conditioning, use the setting that brings in fresh air. Replace and check air filters and filtration systems to ensure optimal air quality.
- If opening windows poses a safety or health, consider alternate strategies for improving air flow such as maximizing central air filtration for HVAC systems (targeted filter rating of at least MERV 13).
- Take steps to ensure that all water systems and features (for example, drinking fountains, decorative fountains) are safe to use after a prolonged facility shutdown to minimize the risk of infections such as Legionnaires’ disease.

SCREEN CHILDREN

- Train staff and educate children and their families about when they should stay home and when they can return to the childcare. Actively encourage staff and children who are sick or who have recently had close contact with a person with COVID-19 to stay home.
- In addition to screening staff when they arrive, all children should also be screened upon arrival at the facility:
 - Conduct visual wellness checks of all children upon arrival; this could include taking children's temperatures at the beginning of each day with a no touch thermometer. If no touch thermometers are not available, reported temperature assessment is acceptable.
 - The facility is required to follow DPH guidance on [Decision Pathways](#) for persons who screen positive for symptoms prior to entry to the educational institution or while at the educational institution. Ask all individuals about symptoms within the last 24 hours and whether anyone in their home has had a COVID-19 positive test. Symptom checks are also conducted before visitors may enter the facility. Checks must include a check-in concerning symptoms consistent with possible COVID-19 infection listed on the Decision Pathway. These checks can be done in person or through alternative methods such as on-line check in systems or through [signage](#) posted at the entrance to the facility stating that visitors with these symptoms should not enter the premises.
- Exclude any child, parent, caregiver, or staff showing symptoms consistent with COVID-19 infection or with a known exposure to an individual confirmed to have COVID-19.
- Monitor staff and children throughout the day for signs of illness; send home children and staff with symptoms consistent with possible COVID-19 infection. Send persons to the appropriate medical facility rather than their home if necessary.

IF STAFF OR CHILDREN BECOME ILL

- Identify an isolation room or area to separate anyone who exhibits symptoms of COVID-19.
- Ensure they are wearing a cloth face covering or surgical mask if they are over the age of 2 and do not have problems putting on or removing the mask or have issues breathing with the mask on.
- The child or staff exhibiting symptoms should remain in the isolation room until they can be transported home or to a healthcare facility, as soon as practicable.
- Establish procedures for safely transporting anyone sick to their home or to a healthcare facility, as appropriate. Call 9-1-1 without delay if the individual develops persistent pain or pressure in the chest, confusion, or bluish lips or face.
- Sites should ensure that they have at least one, but preferably more, emergency contact numbers to ensure prompt notification if a child develops signs of illness.
- Advise sick staff members and children not to return until they have met criteria to return to the facility as outlined in the [Decision Pathways](#) for symptomatic persons at an educational institution.
- Upon being informed that a staff member or child tests positive for COVID-19, the facility is required to instruct the infected person to isolate themselves at home and instruct all persons exposed to the infected person to quarantine. At this time, if the exposure happened in a classroom or cohort, all staff and children that were in the classroom or cohort during the infectious period are considered exposed. See public health guidance on isolation (ph.lacounty.gov/covidisolation) and quarantine (ph.lacounty.gov/covidquarantine) for additional details.
- Facilities are required to notify the Department of Public Health of all individuals with confirmed COVID-19 who were on site at any point within the 14 days prior to the illness onset date. A confirmed COVID-19 case is an individual who has a positive COVID-19 test. The illness onset date is the first date of COVID-19 symptoms or the COVID-19 test date, whichever is earlier.
- Secure, online reporting is the preferred method for notifying DPH of COVID-19 exposures and can be done

on a computer or mobile device with access to the secure web application: <http://www.redcap.link/lacdpheducationsector.covidreport>. If online reporting is not possible, reporting can be done manually by downloading and completing the [COVID-19 Case and Contact Line List](#) for the Education Sector and sending it to ACDC-Education@ph.lacounty.gov.

- Reporting of 1 or 2 confirmed cases should be done within 1 business day of being notified of the case(s).
 - In the event that 3 or more cases are identified within a 14 day-period, the employer should immediately report this cluster to the Department of Public Health. The Department of Public Health will work with the program to determine whether the cluster is an outbreak that will require a public health outbreak investigation.
- Close off areas used by any sick person and do not use before cleaning and disinfection. Wait 24 hours before you clean or disinfect. If 24 hours is not feasible, wait as long as possible.
 - Ensure a safe and correct application of disinfectants using personal protective equipment and ventilation recommended for cleaning. Keep cleaning and disinfectant products away from children.
 - During an outbreak or a large exposure, in consultation with the local public health department, the appropriate childcare administrator may consider if closure is warranted and length of time based on the risk level within the specific community:
 - If the program is closed discourage staff, students, and their families from gathering or socializing anywhere. This includes group childcare arrangements, as well as gathering at places like a friend's house, a favorite restaurant, or the local shopping mall.

LIMIT SHARING

- Keep each children's belongings separated and in individually labeled storage containers, cubbies, or areas. Ensure belongings are taken home each day to be cleaned and disinfected.
- Ensure adequate supplies to minimize sharing of high-touch materials (art supplies, equipment, etc.) to the extent practicable or limit use of supplies and equipment to one group of children at a time and clean and disinfect between uses.
- Avoid sharing electronic devices, clothing, toys, books, and other games or learning aids as much as practicable.

D. MEASURES THAT COMMUNICATE TO THE PUBLIC

- Maintain communication systems that allow staff and families to self-report symptoms and receive prompt notifications of exposures and closures, while maintaining confidentiality.
- A copy of this protocol is posted at all public entrances to the facility.
- Signs are displayed throughout that remind instructors and children of the need for physical distancing and the use of cloth face coverings.
- Signs are posted that instruct visitors that they should stay home if sick with respiratory symptoms.
- Online outlets of the establishment (website, social media etc.) provide clear information about physical distancing, use of cloth face coverings and other issues.

E. MEASURES THAT ENSURE EQUITABLE ACCESS TO CRITICAL SERVICES

- Services that are critical to the children have been prioritized.
- Measures are instituted to assure services for children who have mobility limitations and/or are at high risk in public spaces.

**Any additional measures not included above should be listed on separate pages,
which the business should attach to this document.**

**You may contact the following person with any
questions or comments about this protocol:**

Business Contact Name:

Phone number:

Date Last Revised:
