

ECONOMIC STABILITY TASK FORCE

CHILDCARE RECOMMENDATIONS

Through fact finding conducted within Juneau, the ESTF has found:

- There is a profound need for supply security for childcare providers to re-open safely based on CDC recommendations. These supplies include thermometers, hand sanitizer, masks, gloves, cleaning supplies, and baby wipes.
- Providers need detailed, Juneau-specific protocol to follow to ensure they are operating safely.
- The childcare sector in Juneau is facing tremendous financial uncertainty.

Based on these findings, the ESTF recommends the Assembly take the following actions:

1. Establish supply security for the childcare sector. This can be done by utilizing the Emergency Operations Center.
2. Work with local public health nurses and CDC guidelines to establish specific protocol for childcare providers in Juneau.
 - a. Task force members have started this process with Alaska Health and Social Services (HSS), suggested protocols are attached.
3. Consider what, if any, financial assistance may be available and necessary to keep child care facilities operational beyond the State's grant funding, which expires May 30, 2020.

Relevant materials pertaining to these recommendations:

- CDC guidelines for cleaning and disinfecting community facilities.
<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/checklist.html>
- CDC guidelines for facilities who remain open.
 - <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html>
- Childcare Aware of America flowchart "When should I close my childcare program?"
 - <https://info.childcareaware.org/blog/should-i-close-my-child-care-program-a-coronavirus-flowchart>
- DHSS Capacity Funding for Childcare Providers
 - <http://dhss.alaska.gov/dpa/Documents/dpa/programs/ccare/Documents/Broadcasts/Capacity-Building-Funding-Guidance.pdf>

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CHILDCARE RECOMMENDATIONS – SUGGESTED FACILITY PROTOCOL

1. Drop-Off and Pick-Up Procedures
 - a) Hand hygiene stations should be set up at the entrance of the facility, so that children and parents can clean their hands before they enter. If a sink with soap and water is not available, provide hand sanitizer with at least 60% alcohol next to parent sign-in sheets. Keep hand sanitizer out of children's reach and supervise use. If possible, place sign-in stations outside, and provide sanitary wipes for cleaning pens between each use.
 - b) Consider staggering arrival and drop off times and plan to limit direct contact with parents as much as possible.
 - c) Ideally, the same parent or designated person should drop off and pick up the child every day. Older people such as grandparents or those with serious underlying medical conditions should not pick up children.
2. Screen staff and children upon arrival
 - a) Persons who have a fever of 100.4 (38.0 C) or above or other signs of illness should not be admitted to the facility. Encourage parents to be on the alert for signs of illness in their children and to keep them home when they are sick.
 - o Ask parents/guardians to take their child's temperature either before coming to the facility or upon arrival at the facility. Upon their arrival, stand at least 6 feet away from the parent/guardian and child.
 - o Ask the parent/guardian to confirm that the child does not have fever, shortness of breath or cough.
 - o Make a visual inspection of the child for signs of illness which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness.
3. Clean and Disinfect
 1. On an hourly basis 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, cubbies, and playground structures. Use the cleaners typically used at your facility, as long as they are on the EPA approved disinfectant list for COVID19.
 2. Toys that cannot be cleaned and sanitized frequently should not be used.
 3. 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, rinse again, and air-dry. You may also 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. It may be efficient to remove these toys from the facility all together, and use disposable play methods temporarily.

4. Do not share toys with other groups of infants or toddlers, unless they are washed and sanitized before being moved from one group to the other.
 5. 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.
 6. 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.
 7. Use bedding (sheets, pillows, blankets, sleeping bags) that can be washed. Keep each child's bedding separate, and store 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 sent home or cleaned weekly.
4. Set plans in place if someone is or becomes sick
- a) Plan to have an isolation room or area (such as a cot in a corner of the classroom) that can be used to isolate a sick child.
 - b) Be ready to follow CDC guidance on how to disinfect your building or facility if someone is sick. If a sick child has been isolated in your facility, clean and disinfect surfaces in your isolation room or area after the sick child has gone home.
 - c) If COVID-19 is confirmed in a child or staff member:
 - i. Close off areas used by the person who is sick.
 - ii. Open outside doors and windows to increase air circulation in the areas.
 - iii. Wait up to 24 hours or as long as possible before you clean or disinfect to allow respiratory droplets to settle before cleaning and disinfecting.
 - iv. Clean and disinfect all areas used by the person who is sick, such as offices, bathrooms, and common areas.
 - v. If more than 7 days have passed since the person who is sick visited or used the facility, additional cleaning and disinfection is not necessary. Continue routine cleaning and disinfection.
5. Hygiene Protocols:
- a) Fabric face coverings must be worn by all employees. Face coverings may be removed for a short time when necessary, such as when playing a musical instrument, but must be worn at all other times.
 - i. Cloth face coverings are prohibited on babies and children under the age of two because of the danger of suffocation, but face coverings should be encouraged in older children.

- ii. Facility staff must wash hands frequently using hot water, if possible, with soap. Handwashing must occur before and after food preparation, assisting a child with eating, and changing diapers. If soap and water are not readily available, the facility must supply hand sanitizer with at least 60 percent alcohol.
- iii. Facility staff should require frequent handwashing or use of hand sanitizer, if handwashing is not available, by the children. This includes upon entry into the facility or camp, before and after an activity, and at a minimum, on an hourly basis.

6. Implement Social Distancing Strategies

- a) Childcare classes should include the same group each day, and the same childcare providers should remain with the same group each day, groups may be no larger than 10 students.
- b) Alter or halt daily group activities that may promote transmission.
 - i. Keep each group of children in a separate room.
 - ii. Limit the mixing of children, such as staggering playground times and keeping groups separate for special activities such as art, music, and exercising.
 - iii. At nap time, ensure that children's naptime mats (or cribs) are 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.
 - iv. Activities which require projection of voice or physical exertion must only take place outdoors, with a minimum of ten feet between each person with an understanding on limitations in social distancing in young children.

7. Food Preparation

- a) If a cafeteria or group dining room is typically used, meals should be in classrooms instead.
- b) Facility must plate each child's meal individually so that multiple children are not using the same serving utensils.
- c) If possible, food preparation should not be done by the same staff who diaper children. If the same staff perform both tasks, the staff person must wash their hands before and after every event (food preparation and changing a diaper).
- d) If possible, the facility should designate certain sinks to be used for food preparation only. If that is not possible, the sink must be cleaned and disinfected after each use.