The Los Angeles County Department of Public Health encourages all early care and education (ECE) providers to remain open as long as the center or child care home can operate safely. This document summarizes current recommendations to operate in a manner that will help prevent the spread of novel coronavirus at your site. Note that references to centers or sites throughout the document are meant to apply to all child care providers, including providers of home-based care.

Further information that may be of interest can be found on the Los Angeles County Department of Public Health website. Go to [http://publichealth.lacounty.gov/media/Coronavirus/](http://publichealth.lacounty.gov/media/Coronavirus/) for guidance for parents of young children, cleaning guidelines, and other resources that may be of use. You may also find further information on best practices in early care and education settings at [https://cdss.ca.gov/Portals/9/CCLD/PINs/2020/CCP/PIN_2006-CCP.pdf](https://cdss.ca.gov/Portals/9/CCLD/PINs/2020/CCP/PIN_2006-CCP.pdf).

What is 2019 Novel Coronavirus (COVID-19)?

- **The virus that causes COVID-19 is called “novel” because it has never before been seen in human beings.** The full name of the virus is SARS-CoV-2. The illness caused by it is known as COVID-19. The first case of COVID-19 was seen in Wuhan, China at the end of 2019.

- **How does it spread?**
  The virus is spread mainly by close contact from person to person. Close contact can be:
  - Contact within 6 feet of a symptomatic person (whether or not COVID-19 has been confirmed by test) for greater than 10 minutes.
  - The infected person may have symptoms when the contact occurs. But it is also considered close contact if the contact took place up to two day (48 hours) before the infected person showed any symptoms.
    - This means that a teacher who had a long conversation with a colleague on a Friday and then found out that the colleague showed symptoms on Sunday, is considered to have had close contact.
  - Anyone who had unprotected contact with the infected persons body fluids and/or secretions.
    - This could happen if the infected person was an infant or child who was infected during a diaper change or had a runny nose or other secretions.

Understanding the Safer at Home Order for L.A. County

- **What is the Safer at Home Order?**
  The Los Angeles County Department of Public Health has taken steps to prevent additional community transmission of COVID-19. The [Safer at Home Order For Control of COVID-19](http://publichealth.lacounty.gov/media/Coronavirus/) requires closure of non-essential businesses throughout Los Angeles County to promote social (physical) distancing and reduce the spread of COVID-19. **Early Care and Education (ECE) settings are considered essential services and are exempt from this closure order.**
What is the role of early care and education during the Safer at Home order?

Workers who are considered essential, public safety officers, healthcare providers, people who work in supermarkets and pharmacies, and others, depend on the availability of child care in order to effectively perform their critical duties. That is why the county has deemed early care and education a critical service.

Creating a Safe Environment for Children and Caregivers

How can early care and education providers operate safely during this outbreak?

The Safer at Home at Home Order instructs ECE sites to comply with these requirements:

- Child care must be carried out in stable groups of 10 or fewer (“stable” means the same 10 or fewer children are in the same group each day).
- Children shall not change from one group to another.
- If more than one group of children is cared for at one facility, each group shall be in a separate room. Groups shall not mix with each other.
- Child care providers shall remain solely with one group of children.

In addition, facilities must follow standard guidelines to prevent spread, such as social (physical) distancing when it is feasible in a child care setting, handwashing, and surface cleaning.

What is social distancing?

- Social (physical) distancing is deliberately increasing the physical space between people to avoid spreading illness. A distance of at least 6 feet is required to prevent the spread of COVID-19.

How do you create social distancing in an early care and education setting?

- Limit the number of children to no more than 10 children in a single classroom. This will minimize cross-contagion and promote distancing between children.
- Re-engineer classrooms to put six feet between children’s activity stations, tables, and chairs.
- Eliminate circle time and other activities that bring children close together and prevent the sharing of toys and materials. Instead, use a backpack or a large Ziplock bag for each child’s individual materials.
- At naptime, place cribs at least 6 feet apart. If this is not feasible, put children down for naps arranged head to foot.
- Develop activities that model and reinforce good hygiene and social (physical) distancing practices. Use classroom materials to help children visualize the required 6 foot distance between people.
- Stagger activities such as outdoor time or other breaks so no two groups are in the same place at the same time. Do make use of outdoor space, however, to extend the classroom and make more room for activities.
- Discontinue buffet-style food options and offer pre-packaged foods when possible.
Los Angeles County Department of Public Health

Guidance for Early Childhood Education Providers

- Have lunch and/or meals in classrooms and avoid sharing tables whenever possible.
- Use disposable plates and utensils, to minimize contamination risks. Remind children never to share or touch anyone else’s food or drinks.
- Modify daily operations to minimize exposures (e.g. avoid the use of touchscreens for sign-in/out, ask parents to bring their own pens to sign in, implement valet services to avoid parents coming into the child care center).
- Restrict visitors, including volunteers and parents/caregivers.
- Instruct parents to exit quickly after drop-off and require social (physical) distancing between families as they arrive and depart.

What are some options for individualized activity?
- Early care and education is often based in group play, but during the COVID-19 outbreak, ECE providers are encouraged to emphasize individualized activities.
- Individualized activities may include coloring, painting, putting together puzzles, using building blocks or other activities children like to do alone.
- If children are seated apart from one another, some group activities that don’t involve physical contact (singing, clapping games, storytelling) are also possible.

How should ECE providers (and parents) be talking to children about COVID-19?
The Centers for Disease Control and Prevention (CDC) has provided evidence-based recommendations for helping children cope with emergencies, including the COVID-19 outbreak. Some of their guidance includes:
- Remain calm. Be honest, but age-appropriate.
- Listen to them and answer their questions.
- Avoid blaming others for the outbreak or using language that can lead to stigma.
- Emphasize what we can do to stay healthy, including handwashing, covering coughs and sneezes, staying home, and social (physical) distancing.
- Model behavior that reduces the spread of the virus, for example, teach children how to sneeze into an elbow or choose a child to role play social (physical) distancing with you.

The Importance of Health Screenings and Good Hygiene

What is a health screening?
- Screening for COVID-19 includes asking about symptoms of respiratory illness and wherever possible, a temperature check.
- Share the importance of health screenings with parents/caregivers to keep the early care and education setting safe.
When should you do a health screening and who should be screened?
- Instruct parents to screen their children and themselves before leaving home. Anyone with symptoms consistent with COVID-19, including the child, should remain at home in isolation for a minimum of 10 days plus at least 3 days after the resolution of fever (without fever-reducing medication) and improvement in other symptoms.
- Start the day at your site with health screenings for all staff and children on arrival.
  - Ensure that plans to conduct health screenings address the needs of children who are challenged by physical touch and/or significant changes in their daily routine.
- If a staff member or child shows symptoms of COVID-19, they may not remain at the site.
  - Symptoms of COVID-19 may include some combination of fever, cough, shortness of breath or difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat or new loss of taste or smell.
  - The first three symptoms listed are the most common signs of COVID-19 infection. The parent should be encouraged to contact the child’s provider if the child does not have any of these symptoms but does have at least one symptom on the list.
  - If a child develops any of these symptoms while at your site, they should be separated away from the classroom while waiting for a parent to arrive for pick up.
- Staff, children, parents/caregivers, and visitors should be reminded regularly that they should stay home if they are ill, even with mild symptoms.

What hygiene practices are needed to limit the spread of COVID-19 in early care and education?
- All early care and education staff should wear a mask or face covering while they are working.
- Children birth through 2 years old should not wear face coverings and children 3 through 8 years old should use face coverings only with adult supervision to ensure that the child can breathe safely and avoid choking or suffocation. Children with breathing problems should not wear a face covering.
- Provide adequate supplies for good hygiene, including easy access to clean and functional handwashing stations, soap, paper towels, and alcohol-based hand sanitizer. Try to make sure each person entering the site or any room in the site sanitizes their hands-on entry.
- Incorporate handwashing into daily site routines; teach children how to do a handwash thoroughly.
- Handwashing should take place at the beginning of the day, before and after meals, after outside play, after using the restroom, and before and after classroom activities that involve sharing supplies and materials and after coughing and sneezing.
- Handwashing should be supervised for children under 6. Sing the “Happy Birthday Song” twice in a row while children wash their hands to demonstrate 20 seconds.
- Routinely clean and disinfect all frequently touched surfaces and objects, such as doorknobs, banisters, countertops, toys, faucet handles, physical education equipment and manipulatives, and phones. Please use cleaning products that meet EPA standards for infection control and follow the label directions.
• **What are handwashing and hand sanitizing best practices for staff?**
  o The entire handwashing process should take about 40-60 seconds. Wash hands thoroughly with soap and warm running water, scrubbing for at least 20 seconds. Dry hands completely using single-use towels, electric hand dryers, or other hand drying devices approved by your local regulatory authority.

• **What products should be used to clean an early care and education site**
  o Proper cleaning and sanitizing protocols are essential to a safe environment for children. Regular cleaning and sanitizing of objects and surfaces have been shown to be effective in preventing the spread of COVID-19 and other viruses (See https://www.cdc.gov/coronavirus/2019-ncov/community/home/cleaning-disinfection.html).

**When Should Staff or Children Stay Home?**

• **When should staff stay home?**
  o Staff must stay home when they are sick with symptoms of respiratory illness such as fever and cough. Remind staff that they must remain at home in isolation and not return to the ECE facility for a minimum of 10 days after onset of symptoms AND until their symptoms have improved AND they are free of fever for at least 72 hours without fever-reducing medication.
  o A health care provider’s note is NOT required for employees (or children) who are sick with acute respiratory illness to stay at home or to return when they have recovered. Healthcare providers are extremely busy and may not be able to provide documentation in a timely way, given the demands of patient care.
  o If staffing permits, staff should also be sent home to self-quarantine if they have had close contact (as defined on Page 1 of this document) with an infected person, whether that person’s infection has been confirmed by testing or not. The quarantine must be for 14 days following contact with the infected person. If no symptoms arise during the 14 days, the quarantined person may return to work.
  o In the event that it would become impossible to provide services if all staff were required to self-quarantine after exposure, exposed staff may continue to work but must monitor themselves for symptoms, including temperature checks, twice a day. Symptom checks should be conducted once right before the start of the work day and a second time, ideally 12 hours later. These staff should be provided with face coverings to wear at all times while at work. It is important to reinforce the importance of handwashing and of taking care not to touch eyes, nose, mouth or anywhere while the exposed staff person is at the ECE facility.
  o If the staff person was at work when symptoms emerged and/or within two days (48 hours) of becoming symptomatic, follow directions in bold below for contacting the Department of Public Health provided below to assure appropriate steps.
• What should an ECE site do if a child becomes sick?
  o Remind parents to update their emergency contact information regularly so site staff can get in touch quickly if they need to. When a child does show signs of illness, they will need to be picked up immediately.
  o Children who develop symptoms of illness after drop-off at an ECE site should be separated from others right away, preferably in a sick room through which others do not enter or pass. The child should remain in isolation until they can go home.
  o If possible, place a surgical mask on a child with fever and/or cough as soon as possible after moving them to the sick room.
  o Guidelines for isolation of a sick children are the same as those for an adult. The child must stay home in isolation and not return to the ECE facility for a minimum of 10 days after onset of symptoms AND until their symptoms have improved AND they are free of fever for at least 72 hours without fever-reducing medication. Provide families with guidance on home isolation from the DPH website: http://publichealth.lacounty.gov/acd/docs/HomeisolationenCoV.pdf
  o Due to their elevated risk, it is important to ensure that plans account for the needs of any child with special health care needs and the needs of staff who are over 65 and/or have chronic conditions. Staff who are pregnant should also be vigilant about avoiding infection. If at all possible, staff in any of these categories should be exempted from care of any child who shows signs of sickness.
  o See guidance (in bold, below) on how to contact the Department of Public Health if a child at your site has been at your site within two days (48 hours) of developing symptoms consistent with COVID-19.

• What steps should an ECE site take if a child tests positive for COVID-19?
  o Plan in advance. Have a contingency plan that outlines what the center/family child care will do if you have a positive case of COVID-19. Share the plan with staff, as well as parents/caregivers.
  o Contact the Department of Public Health Acute Communicable Disease Program for guidance on steps you need to take to minimize risk for other children and staff. They will discuss if and for how long you may need to close for appropriate cleaning and other steps. The program can be reached (213)-240-7941 during daytime hours or (213) 974-1234 (After Hours Emergency Operator).
  o Identify adults or children who may have had close contact of the ill individual for more than 10 minutes or those who may have had unprotected direct contact with body fluids or secretions of the ill individual starting from two days (48 hours) before symptoms appeared. Body fluids or secretions include saliva, sputum, nasal mucus, vomit, urine or diarrhea. These people should home-quarantine for 14 days from the date of the contact.
    ▪ If any staff develop symptoms while in quarantine, they should follow the return to work guidelines (10 days after symptoms started AND 3 days after fevers have resolved and symptoms improved.). A doctor’s note is not needed to return to the center.
  o If the site learns of a confirmed case of COVID-19 with potential exposure of staff or children contact the Department of Public Health for consultation and guidance before communicating
with all staff and families. Visit our website, publichealth.lacounty.gov, for accurate information that can be used for your communications.

- Note that while all parents/caregivers and staff should be informed of a confirmed case of COVID-19 in someone connected to the facility, it is not legal to share the name of the infected individual. It may not be hard for children or staff to guess who the person is, but that is different from an intentional release of private medical information about someone.

- **Are there other reasons a child should stay home?**
  - While the virus may be most contagious when the infected person is clearly ill, some individuals may infect others even when they don’t have obvious symptoms or any symptoms at all. Given that risk, children who have been exposed to someone who has respiratory illness should remain home for 14 days to see if they also develop symptoms of illness. Home quarantine of an exposed child reduces the chance of spread to other children and staff. If no symptoms appear within 14 days, the child may return to the ECE site.
  - Let parents know that when child is at home, the family should try to keep six feet between the child and any sick household members. Emphasize the importance of good prevention hygiene for all.

**What if it is necessary to close?**

- **What should families be told if a site has to close?**
  - Communication plans for facility closure should include outreach to parents, authorized guardians, staff, and the community.
  - Provide guidance to parents, teachers, and staff reminding them of the importance of social (physical) distancing and other preventive measures while the facility is closed. Emphasize the importance of home quarantine to avoid spread among children and their families in case one or more have contracted COVID-19.
  - Consult with the Department of Public Health to determine the timing of return for children and staff, and if any additional steps are needed for the Child care facility to reopen.

- **What else should be done if the site has to close?**
  - If the site must close, the Child Care Licensing Local Regional Office should be notified immediately. They will provide guidance about the next steps.
  - Continue to monitor the Community Care Licensing Division homepage.
  - Share critical health information with children and families, while working with Public Health to protect patient confidentiality.
Early Care and Education: A CRITICAL RESOURCE

• The importance of ECE
  o Fortunately, growing evidence observed so far indicates that young children are not at high risk for severe disease due to COVID-19. It is not entirely clear how often children become infected because even when they are, they seem to have mild symptoms that may be missed or perceived as just a cold. Note, though, that infected children experiencing even very mild illness can transmit the virus to others.
  o No one can promise that there will not be any infection at ECE facilities that stay open during this outbreak. If there is wide community spread, it is likely that some children and staff may be infected whether they are in child care or at home.
  o What is clear is that early care and education is a critical resource for people working to end the COVID-19 outbreak, to prevent spread and to treat those who are ill. Essential workers in all sectors – from hospital staff to first responders, to home care providers to grocery clerks – depend on early care and education so they can go to work. Keeping sites open, while focusing on safety for the children and families they serve and the staff on whom they rely, is key to our community response to the virus.

Know Where to Get Reliable information

• What is the L. A. County Public Health Department doing to help early care and education providers?
  o The Public Health Department will continue to monitor the COVID-19 situation closely, in the best interest of our children. Public Health is constantly reviewing measures to protect early care and education centers/family Child care homes and children and update them based on the evolving situation and risk assessment.

• How do you get the correct information on COVID-19?
  o Accurate information, including announcements of new cases in LA County, will always be distributed by Public Health through press releases, social media, and the Los Angeles County Department of Public Health. The Public Health website has more information on COVID-19 including FAQs, infographics and a guide to coping with stress, as well as tips on handwashing, and additional guidance documents targeting a large number of community sectors in addition to early care and education centers/family child care homes.
  o Beware of scams, false news and hoaxes surrounding COVID-19; rely only on websites you know to be authentic and accurate.

• What is Community Care Licensing doing to help early care and education providers?
  o Several waivers have been released for early care and education programs including an emergency waiver for Operation of Temporary Employee Sponsored Child Care.
In addition, a statewide waiver has been issued for licensed or trust line Child care providers. Waivers include staff to child ratios, capacity, criminal background clearance, and personnel requirements.

- **What websites have accurate information on COVID-19?**
  - Los Angeles County Department of Public Health (LACDHP, County)  
    [http://publichealth.lacounty.gov/media/Coronavirus/](http://publichealth.lacounty.gov/media/Coronavirus/)  
    Social media: @lapublichealth
  - Los Angeles County Department of Mental Health Access Center 24/7 Helpline (800) 854-7771
  - California Department of Social Services, Community Care Licensing Division  
    [https://www.cdss.ca.gov/inforesources/community-care-licensing](https://www.cdss.ca.gov/inforesources/community-care-licensing)
  - California Department of Public Health (CDPH, State)  
    [https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/nCOV2019.aspx](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/nCOV2019.aspx)
  - Centers for Disease Control and Prevention (CDC, National)  
  - World Health Organization (WHO, International)  
    [https://www.who.int/health-topics/coronavirus](https://www.who.int/health-topics/coronavirus)

If you have questions and would like to speak to someone, or need help finding medical care, call the Los Angeles County Information line 2-1-1, which is available 24/7.