



Frequently Asked Questions for Child Care Programs Re-Opening After Being Closed due to COVID-19

The guidance in this document is based on information from the Centers for Disease Control and Prevention’s website and is based on what is currently known about the spread and severity of coronavirus disease 2019 (COVID-19). **Please note, not all of the information in this document is required by SCCR regulations. Those items required by regulation are noted within the document.** DHSS will provide updated guidance as needed and as additional information becomes available. Please check the CDC website and the DHSS website periodically for updated guidance.

(April 29, 2020)

Question	Answer
Do I need to notify the Section for Child Care Regulation before I re-open?	Yes, please contact your Child Care Facility Specialist to let them know of your plans to re-open your facility.
How do I maintain social distancing with young children?	<ul style="list-style-type: none"> • If possible, child care classes should include the same group each day, and the same caregivers should remain with the same group each day. Consider creating a separate classroom or group for the children of healthcare workers and other first responders. • Consider whether to alter or halt daily group activities that may promote transmission. <ul style="list-style-type: none"> ○ Keep each group of children in a separate room. ○ Limit the mixing of children, such as staggering playground times and keeping groups separate for special activities such as art, music, and exercising. ○ If possible, at naptime, 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.

	<ul style="list-style-type: none"> • Consider staggering arrival and drop off times and/or have caregivers come outside the facility to pick up the children as they arrive. Your plan for curbside drop off and pick up should limit direct contact between parents and staff members and adhere to social distancing recommendations. • If possible, arrange for administrative staff to telework from their homes.
<p>What about cleaning and disinfecting?</p>	<p>Facilities should develop a schedule for cleaning and disinfecting. An example can be found here.</p> <ul style="list-style-type: none"> • Routinely clean, sanitize, and disinfect surfaces and objects that are frequently touched, especially toys and games. This includes cleaning objects/surfaces not ordinarily cleaned daily such as doorknobs, light switches, classroom sink handles, countertops, cots, potty chairs, desks, chairs, cubbies, and playground structures. Use the cleaners typically used at your facility. Guidance is available for the selection of appropriate sanitizers or disinfectants for child care settings. • Use all cleaning products according to the directions on the label. For disinfection, most common EPA-registered, fragrance-free household disinfectants should be effective. A list of products that are EPA-approved for use against the virus that causes COVID-19 is available here. 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 caregivers and other 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 must be kept secure and out of reach of children. (19 CSR 30-60.100(1)(D); 19 CSR 30-61.085(1)(J); 19 CSR 30-62.082(1)(I)) • Cleaning products are not to be used near children, and staff must ensure that there is adequate ventilation when using these products to prevent children from inhaling toxic fumes.

<p>What kind of plan should I have in place if someone gets sick?</p>	<ul style="list-style-type: none"> • Require sick children and staff to stay home. (19 CSR 30-60.060(5)-(8); 19 CSR 30-61.185(2); 19 CSR 30-62.192(2)) <ul style="list-style-type: none"> ✓ Communicate to parents the importance of keeping children home when they are sick. ✓ Communicate to staff the importance of being vigilant for symptoms and staying in touch with facility management if or when they start to feel sick. ✓ Establish procedures to ensure children and staff who come to the child care facility sick or become sick while at your facility are sent home as soon as possible. ✓ Keep sick children and staff separate from well children and staff until they can be sent home. • Sick staff members should not return to work until they have met the criteria to discontinue home isolation. 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. • 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. • If COVID-19 is confirmed in a child or staff member: <ul style="list-style-type: none"> ○ Close off areas used by the person who is sick. ○ Open outside doors and windows to increase air circulation in the areas. ○ 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. ○ Clean and disinfect all areas used by the person who is sick, such as offices, bathrooms, and common areas. ○ 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. <ul style="list-style-type: none"> ▪ Continue routine cleaning and disinfection.
<p>How can I plan for staff absences?</p>	<ul style="list-style-type: none"> • Develop plans to cover classes in the event of increased staff absences. Coordinate with other local child care programs and reach out to substitutes to determine their anticipated

	<p>availability if regular staff members need to stay home if they or their family members are sick.</p> <ul style="list-style-type: none"> • Recommend that individuals at higher risk for severe illness from COVID-19 (older adults and people of any age who have serious underlying medical conditions) consult with their medical provider to assess their risk and to determine if they should stay home if there is an outbreak in their community.
<p>How should I set up Parent Drop-Off and Pick Up?</p>	<ul style="list-style-type: none"> • Consider setting up hand hygiene stations at the entrance of the facility so children 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. • Consider staggering arrival and drop off times and plan to limit direct contact with parents as much as possible. <ul style="list-style-type: none"> ○ Have caregivers greet children outside as they arrive. ○ Designate a caregiver to be the drop off/pick up volunteer to walk all children to their classroom, and at the end of the day, walk all children back to their cars. ○ Infants could be transported in their car seats. Store car seat out of children’s reach. • Ideally, the same parent or designated person should drop off and pick up the child every day.
<p>How should I clean and sanitize toys?</p>	<ul style="list-style-type: none"> • 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, 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. • Machine washable cloth toys should be used by one individual at a time or should not be used at all. These toys should be <u>laundered</u> before being used by another child. • 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.

	<ul style="list-style-type: none"> • 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.
<p>How can I screen children upon arrival each day?</p>	<p>Screen Children Upon Arrival (if possible)</p> <p>People who have a temperature of 100⁰ F or above or other signs of illness should not be admitted to the facility. Encourage parents to watch for signs of illness in their children and to keep them home when they are sick.</p> <p>There are several methods that facilities can use to protect their staff while conducting temperature screenings. The most protective methods incorporate social distancing (maintaining a distance of 6 feet from others) or physical barriers to eliminate or minimize exposures due to close contact to a child who has symptoms during screening.</p> <p>Examples of Screening Methods</p> <p>Reliance on Social Distancing (example 1)</p> <ul style="list-style-type: none"> • 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. • Ask the parent/guardian to confirm that the child does not have fever, shortness of breath or cough. • 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.

You do not need to wear personal protective equipment (PPE) if you can maintain a distance of 6 feet.

Reliance on Barrier/Partition Controls (example 2)

- Stand behind a physical barrier, such as a glass or plastic window or partition that can serve to protect the staff member's face and mucous membranes from respiratory droplets that may be produced if the child being screened sneezes, coughs, or talks.
- 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.
- Conduct temperature screening (follow steps below)
 - Perform hand hygiene
 - Wash your hands with soap and water for 20 seconds. If soap and water are not available, use a hand sanitizer with at least 60% alcohol.
- Put on disposable gloves.
- Check the child's temperature, reaching around the partition or through the window.
- Make sure your face stays behind the barrier at all times during the screening.
- If performing a **temperature check on multiple individuals**, ensure that you use a **clean pair of gloves for each child** and that the **thermometer has been thoroughly cleaned** in between each check.
- If you use disposable or non-contact (temporal) thermometers and you did not have physical contact with the child, you do not need to change gloves before the next check.
- If you use non-contact thermometers, clean them with an alcohol wipe (or isopropyl alcohol on a cotton swab) between each client. You can reuse the same wipe as long as it remains wet.

Reliance on Personal Protective Equipment (example 3)

If social distancing or barrier/partition controls cannot be implemented during screening, personal protective equipment (PPE) can be used when within 6 feet of a child. However,

reliance on PPE alone is a less effective control and more difficult to implement, given PPE shortages and training requirements.

- Upon arrival, wash your hands and put on a facemask, eye protection (goggles or disposable face shield that fully covers the front and sides of the face), and a single pair of disposable gloves. A gown could be considered if extensive contact with a child is anticipated.
- 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, and confirm that the child is not experiencing coughing or shortness of breath.
- Take the child's temperature.
 - If performing a **temperature check on multiple individuals**, ensure that you use a **clean pair of gloves for each child** and that the **thermometer has been thoroughly cleaned** in between each check.
 - If you use disposable or non-contact (temporal) thermometers and did not have physical contact with an individual, you do not need to change gloves before the next check.
 - If you use non-contact thermometers, clean them with an alcohol wipe (or isopropyl alcohol on a cotton swab) between each client. You can reuse the same wipe as long as it remains wet.
- After each screening, remove and discard PPE, and wash hands.
- Use an alcohol-based hand sanitizer that contains at least 60% alcohol or wash hands with soap and water for at least 20 seconds.
- If hands are visibly soiled, soap and water should be used before using alcohol-based hand sanitizer.
- If your staff does not have experience in using PPE:
 - Check to see if your facility has guidance on how to don and doff PPE. The procedure to don and doff should be tailored to the specific type of PPE that you have available at your facility.

If your facility does not have specific guidance, [the CDC has recommended sequences for donning and doffing PPE.](#)

<p>What about children’s bedding?</p>	<ul style="list-style-type: none"> • Keep each child’s bedding separate, and store bedding 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. (19 CSR 30-61.095(1)(B)1D; 19 CSR 30-62.092(1)(B)1B)
<p>What should I think about when caring for infants and toddlers?</p>	<p>Diapering</p> <p>When diapering a child, wash your hands and wash the child’s hands before you begin, and wear gloves. Follow safe diaper changing procedures. Procedures should be posted in all diaper changing areas. Steps include:</p> <ul style="list-style-type: none"> • Prepare (includes putting on gloves) • Clean the child • Remove trash (soiled diaper and wipes) • Replace diaper • Wash child’s hands • Clean up diapering station • Wash hands <p>After diapering, wash your hands (even if you were wearing gloves) and disinfect the diapering area with a fragrance-free bleach that is EPA-registered 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.</p> <p>If reusable cloth diapers are used, they should not be rinsed or cleaned in the facility. The soiled cloth diaper and its contents (without emptying or rinsing) should be placed in a plastic bag or into a plastic-lined, hands-free covered diaper pail to give to parents/guardians or laundry service.</p> <p>Download posters with diaper changing procedures.</p>

	<p>Washing, Feeding, or Holding a Child</p> <p>It is important to comfort crying, sad, and/or anxious infants and toddlers, and they often need to be held. To the extent possible, when washing, feeding, or holding very young children: Caregivers 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 updo.</p> <ul style="list-style-type: none"> • Caregivers should wash their hands, neck, and anywhere touched by a child’s secretions. • Caregivers should change the child’s clothes if secretions are on the child’s clothes. They should change the button-down shirt, if there are secretions on it, and wash their hands again. • Contaminated clothes should be placed in a plastic bag or washed in a washing machine. • Infants, toddlers, and their caregivers should have multiple changes of clothes on hand in the child care center or home-based child care. • Caregivers should wash their hands before and after handling infant bottles prepared at home or prepared in the facility. Bottles, bottle caps, nipples, and other equipment used for bottle-feeding should be thoroughly cleaned after each use by washing in a dishwasher or by washing with a bottlebrush, soap, and water.
<p>When and how should children and caregivers wash hands?</p>	<ul style="list-style-type: none"> • All children, staff, and volunteers should engage in hand hygiene at the following times: <ul style="list-style-type: none"> ○ Arrival to the facility and after breaks ○ Upon arrival in a new room or before caring for a new group of children ○ Before and after preparing food or drinks ○ Before and after eating or handling food, or feeding children ○ Before and after administering medication or medical ointment ○ Before and after diapering ○ After using the toilet or helping a child use the bathroom ○ After coming in contact with bodily fluid ○ After handling animals or cleaning up animal waste ○ After playing outdoors or in sand ○ After handling garbage

	<ul style="list-style-type: none"> • Wash hands with soap and water for at least 20 seconds. If hands are not visibly dirty, alcohol-based hand sanitizers with at least 60% alcohol can be used if soap and water are not readily available. • Supervise children when they use hand sanitizer to prevent ingestion. • Assist children with handwashing, including infants who cannot wash hands alone. <ul style="list-style-type: none"> ◦ After assisting children with handwashing, staff should also wash their hands. • Place posters describing handwashing steps near sinks. Developmentally appropriate posters in multiple languages are available from CDC.
<p>What should I consider for food preparation and meal service?</p>	<ul style="list-style-type: none"> • If a group dining room is typically used, serve meals in classrooms instead. Discontinue the use of family-style meals so multiple children are not using the same serving utensils. • Food preparation should not be done by the same staff who diaper children. • Sinks used for food preparation should not be used for any other purposes. • Caregivers should ensure children wash hands prior to and immediately after eating. • Caregivers should wash their hands before preparing food and after helping children to eat. <p>Facilities should follow all other applicable federal, state, and local regulations and guidance related to safe preparation of food.</p>
<p>What about vulnerable/high risk groups?</p>	<p>Based on currently available information, older adults and people of any age who have serious underlying medical conditions might be at higher risk for severe illness from COVID-19. To protect those at higher risk, it's important that everyone practices healthy hygiene behaviors.</p> <ul style="list-style-type: none"> • If you have staff members or teachers age 65 or older, or with serious underlying health conditions, encourage them to talk to their healthcare provider to assess their risk and to determine if they should stay home. <p>Information about COVID-19 in children is somewhat limited, but the information that is available suggests that many children have mild symptoms. However, a small percentage of children have been reported to have more severe illness. If you have children with underlying health conditions, talk to their parents about their risk. Follow children's care plans for underlying health conditions such as an asthma action plan.</p>

	<ul style="list-style-type: none"> If you have children with disabilities, talk to their parents about how their children can continue to receive the support they need.
Can we only care for children of emergency personnel?	<p>There is a statewide stay-at-home order in effect until May 3, 2020. Child care programs that continue to operate are to comply with the governor's stay at home order, as well as any stay at home order that has been issued by the city or county where the facility operates. Stay-at-home orders can be found at: https://www.arcgis.com/apps/opsdashboard/index.html#/59135fbe6eb24581b8d5dd78964ec1e4 All child care programs are expected to comply with any state and/or local orders.</p>
Will SCCR prorate the 12 clock hour requirement for facilities that were closed due to COVID-19?	<p>No, the requirement for 12 clock hours of annual training remains. Caregivers will be required to obtain a minimum of 12 clock hours of training by December 31, 2020.</p>
When the stay-at-home order expires, will our processes such as temperature checks, drop off and pick up procedures and exclusion guidelines change?	<p>On April 27, 2020, Governor Parson signed an Executive Order for the State of Missouri at https://showmestrong.mo.gov/, which is effective through May 31, 2020. While the Order is in effect, child care programs should follow guidance from the Centers for Disease Control and Prevention (CDC), which includes procedures for temperature checks, drop off and pick up procedures and guidelines for when to exclude children and staff from the facility.</p> <p>In addition, local authorities can make further ordinances, rules, and regulations. If your local city and/or county have issued an order, you must comply with any requirements that would apply to your child care program. You can find information about local orders at: https://www.arcgis.com/apps/opsdashboard/index.html#/59135fbe6eb24581b8d5dd78964ec1e4. If you have questions about a local order, please contact the entity that issued the order.</p> <p>Child care programs are expected to comply with the statewide order and any local stay-at-home orders while they are in effect.</p>

<p>With the governor’s announcement that businesses can re-open on May 4, 2020, do child care providers still have to keep group sizes to 10?</p>	<p>On April 27, 2020, Governor Parson signed an Executive Order for the State of Missouri, which can be found at https://showmestrong.mo.gov/. The Order is in effect through May 31, 2020. While the Order is in effect, child care programs should follow guidance from the Centers for Disease Control and Prevention (CDC). The guidance from the CDC does not include a specific limit on the number of children allowed in a group. However, the Order does allow local health authorities to enforce more restrictive requirements for businesses or individuals.</p> <p>If your local city and/or county have issued an order, you must comply with any requirements that would apply to your child care program, including limits on group sizes. You can find information about local orders at: https://www.arcgis.com/apps/opsdashboard/index.html#/59135fbe6eb24581b8d5dd78964ec1e4.</p> <p>Child care programs are expected to comply with the state order and any local stay-at-home orders while they are in effect.</p>
<p>Does DHSS recommend that staff and children wear masks/face coverings?</p>	<p>There is no requirement for children, staff or parents to wear masks while at the facility. In accordance with Centers for Disease Control and Prevention (CDC) recommendations, individuals may choose to wear a cloth face covering when in a public setting where other social distancing measures are difficult to maintain (e.g., grocery stores and pharmacies), especially in areas of significant community-based transmission. If children, staff and parents choose to wear face masks, general guidance for the use of face coverings is available on the SCCR website at https://health.mo.gov/safety/childcare/pdf/cloth-face-covering-guidelines.pdf. Please note, it is not recommended for children under the age of 2 years to wear facemasks due to safety concerns.</p>
<p>How can I talk with children about COVID-19?</p>	<p>There are several good resources to help adults talk with children, including:.</p> <ul style="list-style-type: none"> • The CDC has developed guidance for adults to talk with children about COVID-19 and about what they can do to avoid getting or spreading infections. The guidance can be found at: https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/talking-with-children.html • The Department of Mental Health put together a list of resources you may find helpful. You can find this list at: https://dmh.mo.gov/healthykids/news-events

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| | <ul style="list-style-type: none">• Child Mind Institute's article about talking with children about the coronavirus. You can find the article at: https://childmind.org/article/talking-to-kids-about-the-coronavirus/ |
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