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Back to Work Safely: Guidance for Childcare Centers

Guidance Document, 2nd edition

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Overview

The ability of daycare and childcare centers to provide parents, guardians, and families with childcare services has been impacted by the COVID-19 pandemic. Some childcare centers were deemed “essential” by state and federal governments and have continued to provide childcare services throughout the pandemic, while others were viewed as “nonessential” and closed. Maintaining the safety and health of childcare centers is one critical component required for many employees to return to work safely. Thus, there is a need for guidance on reducing the risk of transmission for both daycare and childcare center employees, children, guardians, and visitors. This document is intended to provide guidance and considerations for a range of childcare programs, including home-based childcare programs, private childcare centers, pre-kindergarten (pre-K) programs, Head Start and Early Head Start programs, childcare centers operated by municipalities, and those partnering with healthcare facilities for the children of essential workers. While the scope of these guidance documents does not cover workplace testing or vaccination guidance, please refer to state, local, and federal guidance on these topics, such as the Centers for Disease Control and Prevention (CDC)’s COVID-19 [testing](#) and [vaccine](#) webpages.

As some restrictions have lifted and continue to be lifted, many uncertainties still remain. Employers and companies are faced with difficult questions that must be addressed as they reopen, resume normal operations, or continue normal operations, such as:

- How can we best protect the health and safety of our employees, children, and children’s families?
- How do we assure parents, guardians, and families that we are doing all we can to prevent the spread of COVID-19?
- What communication is needed to keep everyone informed of the preventive steps being taken?

- What steps can we take to minimize the risk of disease transmission?
- What training is needed for our employees?
- What health and safety measures do we need to take regarding new virus variants?
- What do we do if an employee, child, guardian, or parent has tested positive for or is suspected to have COVID-19?
- What do we do if an employee, child, guardian, or parent is sick or not following guidelines?
- How do we handle high-traffic crowd management throughout the workplace, including during peak times?
- How do we deal with cleaning and disinfecting high-contact surfaces, such as check-in desks, computer keyboards, door handles, toys, books, and stuffed animals, regularly during the day?
- What are the best practices for child drop-off and pickup?

In addition to the questions asked by employers and companies, employees and customers are also thinking of ways that they can protect themselves.

The current scientific evidence indicates that SARS-CoV-2, the virus that causes COVID-19, is spread primarily by airborne transmission, through exposure to respiratory aerosols or droplets in air that carry the virus. These respiratory aerosols and droplets are generated by the human respiratory system during normal activities, including breathing, speaking, shouting, singing, coughing, and sneezing. Exposure to these respiratory droplets in poorly ventilated or crowded indoor spaces is particularly of concern, and infection can occur through exposure to mucus membranes, such as the eyes, nose, and mouth. In addition, while not the primary route of exposure, people may also become infected from touching surfaces contaminated with the virus. It has also been shown that the virus can survive in aerosols for



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hours and on surfaces for days, depending on the type of surface. According to the U.S. Food and Drug Administration (FDA) and CDC, there is currently no evidence to support transmission of COVID-19 associated with food. Existing food safety requirements are already stringent and reduce the likelihood of foodborne disease transmission. However, measures can be taken to reduce the risk of spreading COVID-19 from person to person or by contact with potentially contaminated surfaces.

The purpose of this guidance document is to provide clear and actionable steps towards the safe operations of childcare centers through prevention, early detection, and control of COVID-19. This document offers practical guidance for childcare center employers to implement multiple layers of risk mitigation strategies through the hierarchy of controls, a system used to minimize or eliminate exposures to hazards. The hierarchy of controls ranks hazard control approaches in order of most effective to least effective—through the elimination of a hazard, substitution of a hazard, use of engineering controls, use of administrative controls, and correct use of personal protective equipment (PPE). Specifically, to reduce the risk of transmitting COVID-19, the controls we focus on in this document are engineering controls, such as ventilation; administrative controls, such as physical distancing, enhanced cleaning and disinfecting practices, and personal hygiene; and PPE, such as gloves and face coverings. Aside from the hierarchy of controls, we also focus on mitigation strategies to use within restrooms, for food preparation areas, and on contact surfaces; employee wellness; training; waste and laundering; and communication. No single mitigation strategy will be sufficient to address COVID-19 health and safety risks; rather, a multilayered risk management approach using controls, which can include vaccines, is recommended to limit the spread of COVID-19.

It is important to continue to monitor the global (World Health Organization or WHO), federal (CDC), state, and local guidelines for changes or updates in recommendations, disinfection strategies, worker protections, and other COVID-19 risk management best practices. It is also important that childcare center employers consistently monitor and evaluate the effectiveness of implemented mitigation strategies and alter their approaches as needed.

The following document addresses aspects of the childcare industry that have not been previously evaluated in other AIHA guidance documents. Please refer to the “Resources” section for links to AIHA guidance documents concerning other areas that may have characteristics in common with and guidance applicable to the childcare industry, including office settings and K-12 education.

Any relaxation or modification of the recommendations herein (e.g., based on employee vaccine status) should be based on and comply with federal, state, and local requirements, as well as best practices.

What should an Employer do to reduce risk for themselves, their employees, and their customers?

Employers are encouraged to continually monitor global (WHO), federal (CDC), state, and local guidelines for changes or updates in recommendations, disinfection strategies, worker protections, and other COVID-19 best management practices. Employers should also consider developing a knowledgeable team to monitor, assess, and implement new strategies as they become available and as knowledge evolves regarding SARS-CoV-2 transmission, vaccines, new virus variants, and other aspects of the virus.

Employers are also encouraged to complete a task-based risk assessment or job hazard analysis to best



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determine, by job task, where engineering or administrative controls can be implemented to reduce or eliminate virus transmission. Refer to the [OSHA Job Hazard Analysis](#) document.

Due to the wide variety of types and sizes of buildings and spaces, it may not be possible for all companies or employers to implement all of the following guidelines. However, implementing as many as possible through a multilayered risk management approach can help reduce health risks and risk of transmission.

Ventilation

- Keep heating, ventilation, and air conditioning (HVAC) systems operational to maintain thermal comfort and maximize outdoor air based on system design.
 - Strive to maintain the relative humidity at 40-60%.
 - Refer to [AIHA's Indoor Environmental Quality document](#).
- If you need assistance on HVAC issues, ask an HVAC professional and see the American Society of Heating, Refrigerating, and Air-Conditioning Engineers' (ASHRAE) COVID-19 preparedness resources for more information.
 - AIHA occupational and environmental health and safety (OEHS) science professionals and industrial hygienists are also well-versed in general dilution ventilation. AIHA has a [consultants list](#) of such qualified professionals.
- Consider using portable high-efficiency particulate air (HEPA) filtration units with variable flow control or other ventilation-related engineering controls to accommodate differing room sizes and ventilation needs. Refer to [AIHA's Indoor Environmental Quality document](#) for more information. Consider whether the noise of these units when they are turned on is appropriate for the particular application.
- If fans, such as pedestal fans or hard mounted fans, are used, take steps to minimize air blowing from one person directly at another individual. If fans are disabled or removed, it is important to remain aware of and take steps to prevent [heat hazards](#).
 - Be mindful of using portable pedestal or overhead ceiling fans, as these may contribute to spread of the virus.
- Use natural ventilation by opening windows and doors to increase air flow, if possible.

Enhanced Cleaning and Disinfecting Practices

- Consider developing a standard operating procedure, checklist, or audit system to consistently train employees on enhanced cleaning and disinfecting practices or to track when and how cleaning and disinfecting is conducted, including cleaning and disinfection of spaces previously occupied by someone confirmed to have had COVID-19. Refer to [AIHA's guidance document on workplace cleaning for COVID-19](#).
 - Make Safety Data Sheets (SDS) for cleaning and disinfection products available and ensure employees are aware of the hazards of use. Incorporate new hazards into the existing OSHA Hazard Communications Program.
 - Use disposable wipes or rags when available. Ensure reusable rags are maintained, handled, and cleaned per manufacturers' instructions. For more information, see the "Laundering" section below.
 - All items should be allowed to dry thoroughly after cleaning.
 - Establish a disinfection routine and ensure disinfection protocols follow product instructions for application and contact time.
 - Keep all cleaning and disinfection products secure and out of reach of children.
- Select appropriate disinfectants.



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- The U.S. Environmental Protection Agency (EPA) has developed a list of products that meet EPA's criteria for use against SARS-CoV-2, [EPA List N](#).
- Do not mix different EPA-registered chemicals together. The combination could be toxic by inhalation. Be particularly careful when using any products containing ammonia, sodium hypochlorite (bleach), or hydrogen peroxide.
- Review product labels and SDS and follow manufacturers' specifications for cleaning and disinfecting.
- Allow for appropriate ventilation during cleaning and disinfecting.
- Provide appropriate signage regarding cleaning and disinfecting measures being taken, if needed.
- Ensure any commonly used items and high-touch surfaces (e.g., equipment used for check-in and checkout, toys, games, cubbies, doorknobs, water faucet handles, and light switches) are cleaned and disinfected on a frequent or regular basis and after each use.
 - Toys that can fit in a child's mouth should be cleaned and disinfected frequently and before being shared with another child. Washing with soapy water is the ideal method of cleaning. Toys that cannot be cleaned or disinfected should not be used.
 - Children's books and other paper-based materials are not considered a high risk of transmission and do not need additional cleaning or disinfection.
 - There is no need to spray disinfectant on outdoor playgrounds, with the exception of high-touch metal or plastic surfaces, such as grab bars and railings.
 - Cleaning and disinfection of wooden surfaces, such as play structures, benches, and tables, or groundcovers, like mulch or sand, is not recommended.
- All items should be allowed to dry thoroughly.
- Prior to meal or snack times, tables should be thoroughly cleaned and disinfected.
- Diapering stations should be immediately disinfected following use, including the removal of soiled trash.
- Consider consulting an occupational and environmental health and safety (OEHS) science professional or industrial hygiene expert if additional advice is needed. AIHA has a consultants list of such qualified professionals.
- The employer should evaluate the childcare center to determine the most appropriate application method for disinfection. Please refer to [EPA's guidance](#) on use of different methods for application of disinfectants to learn more.
 - Currently, CDC does not recommend fogging, fumigation, or wide-area or electrostatic spraying as a primary method for surface disinfection in most cases. Refer to CDC's COVID-19 [webpage](#) on cleaning and disinfecting facilities.
- Naptime mats, cots, or cribs should be disinfected daily.
 - If possible, naptime mats, cots, cribs, and bedding should be labeled for each child and, if applicable, stored separately.
- Kitchen and food preparation areas and equipment should be cleaned and disinfected daily (at a minimum); after cleaning, cutlery and dishware should be stored to prevent contamination.
 - All silverware and dishware should be cleaned in the dishwasher, when available, and stored in a manner such that adjacent silverware is not easily touched when a provider is retrieving a piece.
 - The outside of dishwashers should be cleaned at the beginning and end of each shift.



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- Ice machines that require a handheld scoop should not be used, as it is difficult to control potential contamination in this case.

Personal Hygiene

- Establish a handwashing or sanitizing protocol for all employees and children. At a minimum, this should include handwashing:
 - Upon arrival and departure.
 - Before and after assisting a child with putting on or adjusting their face covering.
 - Before and after preparing or consuming food or drink or feeding children.
 - Before and after assisting a child with using the restroom or diapering a child, even when disposable gloves are worn.
 - Before and after administering medication to a child.
 - After having contact with body fluids or after handling garbage or waste.
 - After handling children’s bottles, cups, and food containers.
- Disposable gloves should be worn by childcare providers during food preparation, feeding, and diapering. These gloves should be removed and discarded immediately after food preparation, feeding, and diapering, followed by handwashing.
- Provide handwashing stations or, if not feasible, touch-free automated hand sanitizer dispensers at high-traffic locations (e.g., the front of the establishment, at exits, near elevators, and outside restrooms). These should contain hand sanitizer with at least 60% ethanol or 70% isopropyl alcohol.
 - If providing neither a station nor a dispenser is feasible, then at a minimum, consider providing hand sanitizer at high-traffic locations. This sanitizer should contain at least 60% ethanol or 70% isopropyl alcohol.

- Post signs at each hand sanitizer station to encourage proper use and illustrate proper hand sanitizing techniques.

- When diapering, employees should follow good hygiene practice, including washing all body parts that came in contact with a child’s secretions.
 - Infants, toddlers, children, and employees should have multiple changes of clothes on hand in the childcare center.
 - Each individual’s clothing should be stored separately.
 - If clothing comes in contact with a child’s secretions, it should be changed immediately.
 - Contaminated clothing should be washed immediately in a washing machine or placed in a plastic bag until it can be washed.

Physical Distancing

- Physical distancing can help limit transmission. Employers should follow all local, state, or federal physical distancing requirements.
- Modify or adjust workstations to minimize close contact (e.g., within six feet or less for a cumulative 15 minutes over a 24-hour period) of employees and children with other employees, children, and others when possible.
 - If possible, childcare centers should limit the number of children per classroom to ensure physical distancing and limit the mixing of children from different classrooms (i.e., cohorting).
 - The same childcare providers should remain with the same group each day and, if feasible, childcare providers should not “float” between classrooms.
- To the extent possible, each group of children should be kept in a separate classroom and communal rooms (such as those used for electives such as art, music, or exercising) should be disinfected between cohorts or should not be used.

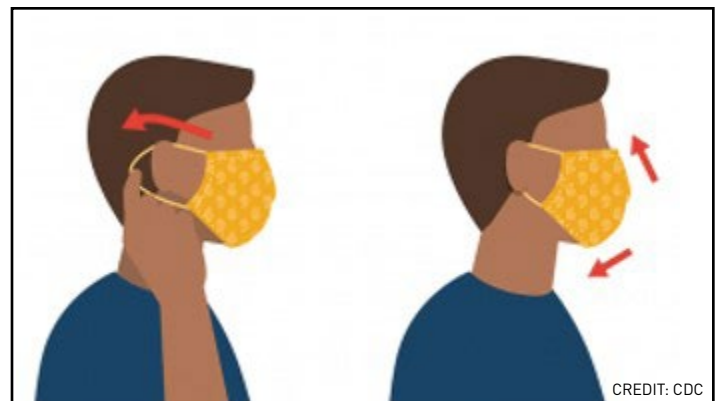


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- Communal tables and group work should be avoided, if possible. If desks are used (such as in pre-K), they should be spaced to permit physical distancing and should face the same direction, rather than towards each other or the center of the classroom.
 - If communal tables must be used, dividers or physical barriers can be installed between students.
- Use methods to physically separate employees, children, and their guardians in the facility (e.g., break rooms and entrance and exit areas), when possible.
 - Use visual cues, such as floor markings and signs to encourage physical distancing.
 - Space chairs at least six feet apart. Use barriers, such as screens, when possible.
 - Be mindful that barriers can disrupt ventilation and airflow.
- Post signs around the facility as reminders to maintain physical distancing at all times.
- Consider relocating drop-off and pickup location areas by using all building entrances (not just the main entrance) and staggering arrival and departure times to prevent mixing of children and their guardians from different classrooms or cohorts.
 - Schedule drop-off and pickup times in advance such that the employees can anticipate arrivals and departures and to prevent all children from being dropped off or picked up at once.
 - If feasible, the same guardian should drop off and pick up each child every day.
 - If possible, childcare providers should greet children outside as they arrive and then walk or carry children to their classroom, rather than permitting guardians to enter the school. At pickup, employees should walk or carry children to their cars or caregiver outside of the building.
 - Encourage employees and families not to linger or socialize in check-in areas.
- Naptime mats, cots, or cribs should be spaced out as much as possible to ensure sufficient physical distancing.
 - If possible, arrange children head to toe to reduce the potential for viral spread.

Face Coverings

- Face coverings can help limit transmission. Employers should follow all local, state, or federal face covering requirements.
- Cloth or disposable non-medical face coverings are NOT PPE but do offer some protection to the wearer and others and should be worn while near other people in common spaces or shared workspaces. The use of face coverings is not a substitute for physical distancing, engineering controls, cleaning and disinfecting, proper hygiene, or staying home while sick.
- Train employees on the proper way to maintain, wear (covering both the nose and mouth), handle, and clean face coverings, as discussed by CDC. Refer to the graphic below and to [CDC's guidance on how to wear masks](#).
- Encourage employees to wear cloth or disposable face coverings at all times, particularly when physical distancing cannot be maintained, except while eating or drinking and in the event of heat stress.



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- Face coverings should not be worn by babies and children under age two because of the danger of suffocation.
- Follow federal, state, and local guidance regarding the use of face coverings during naps.
- Encourage employees to wear cloth or disposable face coverings if using public transportation to get to work. Refer to [CDC's guidance on safe use of public transportation](#) during COVID-19.
- Additional information on cloth face coverings can be found in [CDC's guidance for using masks](#) to slow the spread of COVID-19.
- Refer to [AIHA's guidance document on using hand air dryers](#) during the COVID-19 pandemic for more information.
- If feasible, work with HVAC professionals to ensure that bathrooms are well ventilated and, if filtration is used, that proper filtration practices are being followed.
- Increase frequency and efforts to keep bathrooms clean and properly disinfected and maintain a record of sanitary work practices.
 - Take precautions when cleaning or maintaining showers, sinks, and toilets (i.e., avoid creating aerosols, close toilet lids before flushing, and use disposable gloves).

Restrooms

- Post signage limiting restroom occupancy, to allow for proper physical distancing, and to remind customers and employees to wash their hands before and after using the restroom.
- Minimize touchpoints when entering and exiting restrooms, if possible.
 - If the door cannot be opened without touching the handle, provide paper towels and a trash can by the door so that a paper towel can be used when touching the handle and then discarded.
 - Consider controlling access to bathrooms with a key so that disinfection measures can be better managed. If a key is used, consider disinfecting it after each use.
- If possible, allow doors to multi-stall restrooms to be opened and closed without touching handles.
- Place signs as reminders to close toilet lids (if present) before and after flushing.
- Use no-touch faucets, towel dispensers, soap dispensers, and waste receptacles when possible.
- Hand soap should be readily available for use by occupants.
- Provide paper towels in restrooms.

Waste and Laundering

- Single-use items and used disinfection materials can be treated as regular waste, following regular safety guidelines.
- Any reused cloth materials should be washed and dried on the highest temperature setting allowable for the fabric.
- When handling dirty laundry, wear gloves and a mask and do not shake.
- If the bedding for naptime is to be provided by the families of the children, a clean set should be sent with the child at the start of the week for their individual use and should be returned to the families to launder at the end of each week.
- If the bedding is provided and laundered by the childcare facility, it should be laundered weekly, at a minimum, or before use by another child, whichever comes first.
- Clothes hampers or laundry baskets, if used, should be cleaned according to manufacturers' instructions.
- Wash hands after handling dirty laundry.



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Training

- Provide awareness training to employees on cleaning and disinfection products used in the workplace following [OSHA's Hazard Communication Standards](#).
 - For employees who will use cleaning and disinfecting products, training should also include proper use, PPE, disposal, and relevant precautionary measures.
- Provide instruction and training to employees on how to correctly maintain, handle, wear, clean, and dispose of cloth or disposable face coverings.
- Provide appropriate training and education for all PPE, including disposable and reusable gloves.
 - **NOTE: If an employer chooses to provide or the employee supplies their own N95 respirator, please fully consider all the potential OSHA requirements.**
 - Use videos and in-person visual demonstrations of proper PPE donning and doffing procedures, while maintaining physical distancing during these demonstrations.
 - Emphasize that care must be taken when putting on and taking off PPE, to ensure that the worker or the item does not become contaminated.
 - PPE should be: (1) disposed of; or (2) properly disinfected and stored in a clean location when not in use.
 - Stress hand hygiene before and after handling all PPE.
 - Correct maintenance on handling, wearing, cleaning, and disposing of PPE.
- Make SDS for cleaning and disinfection products available and ensure employees are aware of the hazards of use. Incorporate new hazards into your existing [OSHA Hazard Communication Program](#).
- Implement and inform employees of supportive workplace policies, as applicable.
 - Provide flexible sick leave policies consistent with public health guidance. Providing paid sick leave is important to encourage employees to stay home when sick.
 - Refer to [CDC's guidance for businesses and employers](#) regarding COVID-19 test results from employees.
 - Offer employees the flexibility to stay home to care for sick family members.
 - Implement human resources policies consistent with public health guidance and state and federal workplace laws. For more information on employer responsibilities, visit the [Department of Labor](#) and [Equal Employment Opportunity Commission](#) websites.
 - Provide employee assistance programs and community resources to help employees manage stress and receive support.
 - Offer special accommodations upon request for employees at increased risk for severe illness, to allow them to perform their job duties safely, while also protecting sensitive employee health information.
- Post signs and reminders at entrances and in strategic places to provide instructions on hand hygiene, respiratory hygiene, and cough etiquette. Include signs with images for non-English readers, as needed.
- Train employees on new or modified working schedules, how they can stay up to date on new scheduling requirements, and how to make requests for schedule changes if a need arises.
- Conduct training for employees on diapering procedures and disinfection routines.
 - Consider providing infographic sheets or posting signs as visual reminders of the appropriate protocol.



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Other Control Measures

- It is important to comfort crying, sad, or anxious infants, toddlers, and children, which may involve close contact between children and childcare providers. To the extent possible, when in close contact with children, childcare providers can protect themselves by wearing a disposable gown or a long-sleeved, button-down overlay that can be removed and by wearing long hair up and off the collar.
- Consider not permitting nonessential objects brought from the home in the classroom (i.e., for show and tell activities).
- Consider canceling or postponing nonessential events, such as festivals, holiday events, and special performances.
- Restrict visitors, including parents, from entering the childcare center, if possible.
- It is recommended that each night, parents are required to take home and thoroughly wash all bibs, bottles, bottle caps, nipples, food containers, utensils, and any other feeding items brought from home. During the day, used or empty bottles and other feeding items brought from home should be placed in each child's cubby or bin, out of children's reach.
- Do not encourage sharing of children's utensils, food, snacks, or drinks.
- To the extent possible, for snacks and meals provided by the center, prepackaged boxes or bags should be prepared for each child, rather than "buffet" or other family-style food serving.
- Employees and children should be encouraged to stay home if they are symptomatic.
- Employers are encouraged to explore work-from-home options (if feasible, such as for administrative staff), staggered work shifts or hours, and other flexible approaches for employees.
- If employees commute to work using public transportation, consider asking them to:
 - Use other forms of transportation, if possible.
 - Maintain physical distancing and wear cloth or disposable face coverings.
 - Commute at off-peak times, if possible.
 - Wash their hands before the trip and as soon as possible after arriving.
- Educate employees on recognizing the symptoms of COVID-19 and provide instructions on what to do if they develop symptoms.
- Although perhaps not necessary if handwashing protocols are rigorously followed, consider providing disposable gloves to employees, especially for cleaning and disinfecting, removing waste materials, and cleaning the restrooms.
 - If gloves are worn, change them regularly; wearing gloves is not a substitute for handwashing.
 - If worn, inspect gloves frequently. Remove or replace any gloves that are torn, damaged, or contaminated.
- Plan for employee absences by developing flexible attendance and sick leave policies, plan for alternative coverage, and monitor and track employee absences related to COVID-19.
- Stay informed of local and state COVID-19 information and updates in your geographic area.

Communication

- Communication and training should be easy to understand, in languages preferred to be spoken or read by the employees, and include accurate and timely information.
 - Methods for communicating with employees could include emails, texts, automated phone calls, websites, and signage.
- Adopt a communication strategy that is customized to your organization and emphasizes transparency.



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- Communicate to employees what is being done to mitigate the spread of COVID-19 (e.g., disinfection routines, health policies for staff, and health and safety measures in place).
- Establish formal and informal routes of communication for employees to express concerns, questions, comments, and feedback.
- Communicate the importance of good personal hygiene (i.e., hand hygiene, covering their noses and mouths when sneezing or coughing, and not sharing food) to children upon arrival and throughout the day.
- Understand and communicate that childcare facilities have the right to refuse any childcare service if the child is exhibiting symptoms of illness.
- Provide a communication pathway for parents, caretakers, and guardians to inform the childcare center of their child's, or someone in their family's, diagnosis or potential close contact with COVID-19.
- If the workplace is in a multi-tenant location, sharing the building with other businesses, consider establishing a communication pathway with other tenants to inform each other of confirmed COVID-19 cases in the building.
 - Communicate ventilation concerns and response with other tenants (e.g., HVAC systems can be shared by multiple tenants and therefore adjusting the system in one area may have negative effects in another area).
- Conduct employee and child temperature screenings and wellness checks before each shift and during child drop-off, respectively. **(NOTE: Comply with [OSHA's Access to Employee Medical and Exposure Records Standard](#) for confidentiality.)**
 - Temperature screening methods can include a manual thermometer (use non-contact infrared thermometers) or thermal camera meeting [FDA recommendations](#). Additional screening information and guidance can be found on [CDC's web-site](#).
 - Assign an employee to manage and conduct temperature screenings while following CDC guidelines. If this is not possible, employees can self-check their own temperatures.
 - Screening should be done in a manner such that the privacy of employees and children is respected.
 - Perform visual inspections for other signs of illness (e.g., flushed cheeks, rapid or difficulty breathing without recent physical activity, fatigue, or coughing).
 - Employees or children who have a fever of 100.4 degrees Fahrenheit (38 degrees Celsius) or above or other signs of illness should not be admitted into the facility.
- Childcare center employers can consider incorporating a wellness questionnaire similar to [CDC's general screening survey](#). However, we encourage checking your regional health department websites. For example, there is a [personnel screening form](#) available on the San Francisco Department of Health's website.
 - Refer to [CDC's guidance for businesses and employers](#) regarding employees who have symptoms or signs of COVID-19 (i.e., fever, cough, or shortness of breath) or who have had close contact with someone who has COVID-19.

Employee and Child Wellness

- Communicate to employees and the families of enrolled children the importance of being vigilant when monitoring personal health symptoms contacting their employer, manager, or the director of the center if or when they start to feel sick.
- Revisit your sick leave program to allow for time off and follow all HR policies and HIPAA or other regulatory requirements.



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- Childcare centers can consider evaluating children showing signs of COVID-19 using [CDC's guide for childcare providers](#).
- In the event that a child develops symptoms or signs consistent with COVID-19 or has had close contact with someone who has COVID-19, refer to [CDC's guidance on what to do if a child becomes sick](#) at your childcare program and [COVID-19 Child Care Symptom Screening Flowchart](#).
- If an employee or child enrolled at the childcare center tests positive for COVID-19:
 - Follow federal, state, and local recommendations for reporting and communicating cases, while remaining compliant with regulations and guidelines pertaining to protecting private health information, such as confidentiality required by the Americans with Disabilities Act (ADA). See [OSHA for guidance on reporting workplace exposures to COVID-19](#).
 - Engage HR immediately and enforce all applicable HR rules and regulations.
 - Follow federal, state, and local recommendations for any individuals that had close contact with the employee or child.
 - Use trained personnel to perform enhanced cleaning and disinfecting of any surfaces that the employee or child may have come into contact with.
 - Encourage the trained personnel to wear face coverings and gloves, dispose of their gloves after use, and wash their hands and faces when complete. Visibly dirty surfaces should be cleaned using a detergent or soap and water PRIOR to disinfection.
 - For disinfection, use only EPA-registered disinfectants on [List N](#).
- Encourage employees and the families of enrolled children who are sick to stay home. This includes:
 - People with flu-like symptoms or who live with someone with these clinical symptoms.
 - People with COVID-19, people who live with someone with COVID-19, or people who have been exposed to someone with COVID-19.
- Employers are encouraged to educate employees to recognize the symptoms of COVID-19 and provide instructions on what to do if they develop symptoms.

What should an **Employee do** to reduce risk to themselves and the children attending the childcare center?

- Employees should evaluate their health continuously; if they are sick, have a fever or symptoms, or have someone sick at home, then they should remain home.
 - **NOTE: Employer HR policies, HIPAA guidelines, and other laws should be followed at all times.**
- Disinfect shared equipment and high-touch surfaces frequently, after each use at least.
- Maintain a clean cloth or disposable face covering. Replace it frequently, if needed, and replace after contamination.
 - When wearing a face covering, ensure both your nose and mouth are covered.
 - Change your face covering if it becomes wet, damaged, or contaminated.
 - Wash your hands before touching your face covering.
 - Wear a cloth or disposable face covering while using public transportation.
 - Additional information on cloth face coverings can be found on [CDC's website](#). (**NOTE:** Cloth or disposable non-valved face coverings primarily protect other people but can also protect the wearer. When wearing a face covering, ensure



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both your nose and mouth are covered. Use of a cloth or disposable face covering is not a substitute for physical distancing.)

- Have extra face coverings on hand.
- Maintain good hygiene practices by washing your hands with soap and water for at least 20 seconds or using a hand sanitizer with at least 60% ethanol or 70% isopropyl alcohol. For more information, refer to [CDC's handwashing guidelines](#).
- If you are an employee who tests positive for COVID-19, or who has come in close contact with someone who has COVID-19, follow [CDC's guidelines](#).
- At minimum, wash hands after physical contact with each child or their guardian; after being in a public place; after touching your face covering; after blowing your nose, coughing, or sneezing; after using the restroom; after touching any common contact surfaces; and before eating. Avoid touching your eyes, nose, or mouth with unwashed hands.
- Wash your hands when you arrive at work, throughout the day during various activities (e.g., before and after preparing food, before and after administering medication, after handling garbage, before and after diapering, and after using the bathroom or helping a child to do so), after touching your face covering, when you leave work, and when you arrive home.
- Cover your mouth and nose with a tissue when you cough or sneeze and throw used tissues in the trash. If you do not have a tissue, cough or sneeze into your elbow, not your hands. Immediately wash your hands after blowing your nose, coughing, or sneezing. Learn more about [coughing and sneezing etiquette](#).
- Let your employer know if you have concerns about PPE or face coverings that may be provided to you and ensure that you are properly instructed on how

to use them. CDC has recommended sequences for donning and doffing PPE.

- **NOTE: If an employer chooses to provide an N95 respirator, please fully consider all the potential OSHA requirements.**

Worker Rights

This document presents and supports workplace protections that are essential components of occupational health and safety systems and programs. These basic protections are worker rights, as well as essential ingredients of occupational health and safety systems.

What can Parents, Guardians, and Caregivers do to reduce the risk of transmission of COVID-19?

- Comply with instructions regarding COVID-19 precautions set forth by the childcare facility, including but not limited to physical distancing requirements and use of face coverings.
- Evaluate your own health and your family's health continually. If you or your child are sick, stay home. If you or your child have an elevated temperature, stay home. If someone in your house is sick, stay home. If you or your child have allergies and uncontrollable sneezing, stay home.
- Check with the childcare facility, prior to going, regarding any current requirements for families to follow specific to COVID-19.
- Use online and electronic services in place of in-person services, if feasible.
 - If you anticipate needing to complete paperwork, consider filling this out at home prior to your visit or bringing your own pen.
- Wear a cloth or disposable face covering as you and your child enter and leave the buildings and while indoors.



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- Wash your and your child's hands before and after you leave the building, if possible, especially if touching common high-touch surfaces. If not feasible, use hand sanitizer that contains at least 60% ethanol or 70% isopropyl alcohol when you enter and before you leave the building.
- If using public transportation to get to and from the childcare facility, wash your and your child's hands when you enter and before you leave the building. If not feasible, use hand sanitizer that contains at least 60% ethanol or 70% isopropyl alcohol.
- Maintain adequate physical distance from other guardians, children, and employees when walking throughout the childcare center, whenever possible.
- Cover your and your child's mouth and nose with a tissue when you or they cough or sneeze and throw used tissues in the trash. If you do not have a tissue, cough or sneeze into your elbow, not your hands, and encourage your child to do the same. Immediately wash your or your child's hands after blowing your or their nose, coughing, or sneezing. Learn more about [coughing and sneezing etiquette](#).

Resources

[AIHA: Effective and Safe Practices, Guidance for Custodians, Cleaning, and Maintenance Staff Guidance Document](#)

[AIHA: Employers' Guide to COVID-19 Cleaning and Disinfection in Non-Healthcare Workplaces Guidance Document](#)

[AIHA: Joint Consensus Statement on Addressing the Aerosol Transmission of SARS-CoV-2 and Recommendations for Preventing Occupational Exposures](#)

[AIHA: Reducing the Risk of COVID-19 Using Engineering Controls Guidance Document](#)

[AIHA: Worker Rights White Paper](#)

[AIHA: Workplace Cleaning for COVID-19](#)

[ASHRAE: Coronavirus \(COVID-19\) Response Resources from ASHRAE and Others](#)

[Association for Early Learning Leaders: COVID-19 Updates & Resources](#)

[Caring for Our Children: National Health and Safety Performance Standards – Guidelines for Early Care and Education Programs](#)

[CDC: COVID-19 Child Care Symptom Screening Flowchart](#)

[CDC: COVID-19 – Children, Teens, and Young Adults](#)

[CDC: COVID-19 – Cleaning and Disinfecting Your Facility](#)

[CDC: COVID-19 – COVID-19 Testing Overview](#)

[CDC: COVID-19 – General Business Frequently Asked Questions](#)

[CDC: COVID-19 – Guidance for Businesses and Employers Responding to Coronavirus Disease 2019 \(COVID-19\)](#)

[CDC: COVID-19 – Guidance for Operating Child Care Programs During COVID-19](#)

[CDC: COVID-19 – How to Wear Masks](#)

[CDC: COVID-19 – Protect Yourself When Using Transportation](#)

[CDC: COVID-19 – Use Masks to Slow the Spread of COVID-19](#)

[CDC: COVID-19 – Vaccines for COVID-19](#)

[CDC: Facilities COVID-19 Screening](#)

[CDC: Quick Guide for Child Care Providers](#)



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[CDC: What to Do if a Child Becomes Sick or Receives a New COVID-19 Diagnosis at Your Child Care Program](#)

[Department of Labor: Coronavirus Resources](#)

[EPA: Can I Use Fogging, Fumigation, or Electrostatic Spraying or Drones to Help Control COVID-19?](#)

[EPA: List N](#)

[FDA: Non-Contact Temperature Assessment Devices During the COVID-19 Pandemic](#)

[OSHA: Access to Employee Medical and Exposure Records](#)

[OSHA: Hazard Communication Standards](#)

[OSHA: Heat](#)

[OSHA: Job Hazard Analysis](#)

[OSHA: Recording Workplace Exposures to COVID-19](#)

[OSHA: Safety Management – Recommended Practices for Safety and Health Programs](#)

[San Francisco Department of Public Health: Attachment A-1 – Personnel Screening Form](#)

[U.S. Equal Employment Opportunity Commission: Coronavirus and COVID-19](#)

[U.S. Equal Employment Opportunity Commission: What You Should Know About COVID-19 and the ADA, the Rehabilitation Act, and Other EEO Laws](#)

Disclaimer

AIHA is not legally responsible and shall be held harmless from all claims, causes of action, and demands, whatsoever, any third party may incur on account of damage, loss or injury resulting from adhering to these guidelines.

These guidance documents were primarily developed for those smaller business that don't have readily available occupational health and safety resources, and designed to help business owners, employers, employees and consumers implement science-backed procedures for limiting the spread of the coronavirus. They are subject to any local, state, or federal directives, laws, or orders about operating a business and should only be used if they do not conflict with any such orders. These documents are subject to revision and shall be updated accordingly.

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