



Child Care Provider COVID-19 Requirements and Recommendations



Effective Date: UPDATED April 11, 2022

Applicability

This document applies to child care providers, as defined below, to provide health and safety requirements and recommendations while operating with COVID-19. Where this guidance does not require a specific action by child care providers, a provider may choose whether to implement advisory information or best practices. Providers may consider health equity, the level of COVID-19 in their community, the vaccination rate in their program, and the health conditions of the children and staff.

Definitions

For the purposes of this document, the following definitions apply:

- “Child care providers” includes but is not limited to: certified child care, child care programs operated by political subdivisions or governmental agencies caring for children under 13 years of age, recorded programs, registered family, and temporary unlicensed Emergency ChildCare providers.
- “Certified child care” means programs with an active certification as defined in ORS 329A.250(2).
- “Recorded programs” means programs with an active record issued pursuant to ORS 329A.255 or 329A.257.
- “Registered family providers” means programs with an active registration as defined in ORS 329A.250(11).
- “School-based program” means a child care provider as defined above, Certified Child Care Center or Recorded Program serving children or students at or in school facilities. School facility includes public, private, parochial, or charter schools or alternative educational program offering kindergarten through grade 12 or any part thereof.
 - School-based program does not include Certified Family Child Care or Registered Family Child Care.

Requirements for Child Care

The following sections are required for all child care providers as defined above. Child care providers may choose to impose stricter requirements.

COVID-19 Exclusion and Notification

Child care providers are required to:

- Exclude from the program any child or staff member who has COVID-19, regardless of vaccination status, for the time period specified in the rules adopted by the Oregon Health Authority under OAR 333, Division 19, in accordance with rules adopted by the Authority.
 - Exclusion from the program must be for the time determined by current Oregon Health Authority guidance. Refer to [COVID-19 Isolation and Exclusion Guidelines for Child Care Settings](#) for more information.
 - When returning to care, it is recommended that the individual, if 2 years and older, wear a well-fitting mask for an additional 5 days after their isolation is completed. The exclusion period can be shortened if an individual with symptoms of COVID-19 tests negative. Programs should consult with the Local Public Health Authority for additional guidance.
- Notify the Local Public Health Authority immediately if anyone with COVID-19 has been on the premises of the program.
- Notify as soon as possible all families and other individuals if there has been a case of COVID-19 on the premises. Programs should notify families of an exposure so they can watch for symptoms or test. Individuals do not need to be excluded from care after an exposure unless they become symptomatic.

Child care providers are recommended to:

- Recommend a child or staff, regardless of vaccination status, to stay at home if they have primary symptoms of COVID-19 (fever, chills, shortness of breath, new cough, or new loss of taste or smell), or go home if symptoms develop while at child care, and get tested.
 - If the child or staff has only one primary symptom of COVID-19 (fever, chills, shortness of breath, new cough, or new loss of taste or smell), and has a negative COVID-19 test or has *not* been tested, they may return to the program once fever-free for 24 hours and symptom is improving.
 - If the child or staff member has at least two primary COVID-19 symptoms and has not been tested, they should stay home for 5 days and until they are fever-free for 24 hours and symptoms are improving.
 - New cough means out of the ordinary for this person – e.g., not typical asthma, allergies.
 - Fever means 100.4 degrees Fahrenheit or more, without the use of fever-reducing medication.
- Exclusion is not required for non-primary COVID symptoms such as sore throat, fatigue, headache, congestion, runny nose, muscle or body ache. If symptoms persist for more than one day, consider consultation with a medical provider or get testing for COVID-19.
- If a child or staff has been exposed to COVID-19, it is recommended those at least 2 years old wear a well-fitting mask when around others for 10 days after their exposure and watch for COVID-19 symptoms. Testing is recommended if symptoms develop, and testing may be considered 5 days after exposure regardless of symptoms.

Vaccination



The Early Learning Division and the Oregon Health Authority encourages everyone who is eligible obtain a COVID-19 vaccination and booster dose. Staying up to date with your vaccination against COVID-19 is the best way to protect yourself and your community from becoming severely ill. Find out more about how to get a vaccine [here](#).

School-based program child care vaccination requirement:

School-based programs, as described above, must ensure that all staff and volunteers age 16 and older who enter the program are up to date with COVID-19 vaccinations.

- Staff and volunteers may not teach, work, learn, assist, observe, or volunteer at a program unless they are up to date with COVID-19 vaccinations or have provided documentation of a medical or religious exception.
- This requirement does not apply to short-term visitors or individuals making deliveries.

Staff and volunteers must provide the program proof of COVID-19 vaccination or documentation of a medical or religious exception.

- A medical exception must include a document signed by a medical provider, who is not the individual seeking the exception, certifying that the individual has a physical or mental impairment that limits the individual's ability to receive a COVID-19 vaccination. The medical documentation must indicate a specified medical diagnosis, and whether the impairment is temporary in nature or permanent.
- A religious exception must include a form prescribed by the Oregon Health Authority, signed by the individual stating that the individual is requesting an exception from the COVID-19 vaccination requirement on the basis of a sincerely held religious belief and a statement describing the way in which the vaccination requirement conflicts with the religious observance, practice, or belief of the individual.

People are considered up to date with vaccinations:

- If an individual is 18 years of age or older:
 - Has received two (2) doses of a 2-dose primary series (Moderna or Pfizer) of COVID-19 vaccine within the last 5 months; OR
 - Has received one (1) dose of a 1-dose primary series (Johnson & Johnson) of COVID-19 vaccine within the last 2 months; OR
 - Has completed a primary 1-or-2-dose COVID-19 vaccine series and received a booster dose of a COVID-19 vaccine.
- If an individual is 5 to 17 years of age and has received 2 doses of a 2-dose primary series of COVID-19 vaccine.

Communicable Disease Plans

Child care providers are required to:

Follow a written communicable disease management plan that complies with the rules adopted by the Oregon Health Authority in OAR 333, Division 19 and includes:

- A protocol to notify the [Local Public Health Authority](#) (LPHA) of any confirmed COVID-19 cases among children or staff;
- A protocol for exclusion of individuals consistent with Oregon Health Authority rules in OAR 333, Division 19 (OAR 333-019-0010);
- A protocol to end program activities if cases warrant or if recommended by the Oregon Health Authority or LPHA;
- A designated COVID-19 Point of Contact to facilitate communication, maintain healthy operations, and respond to COVID-19 questions from state or local public health authorities, state or local regulatory agencies, families and staff. All staff and families should be provided the contact information for the COVID-19 Point of Contact.

Recommended Prevention Strategies

The following best practices are recommended to be established by child care programs to prevent transmission of COVID-19. Each child care program should consider policies and practices that best support every child and staff's health and well-being. Opportunity for transmission decreases with each mitigation effort that is implemented.

The best prevention strategies are:

- Vaccination and booster doses for those eligible,
- Masks (see below for details),
- Physical distancing and stable groups,
- Ventilation and airflow,
- Hand hygiene, respiratory etiquette,
- Cleaning, and
- Staying home if ill.

Best Practices for Testing

Oregon Health Authority recommends individuals be tested for COVID-19 if they have symptoms or are at high risk for severe COVID-19 and have been exposed. It is recommended that the test be taken between 3-5 days after exposure. Locate testing and find out more by visiting this site: <https://govstatus.egov.com/or-oha-covid-19-testing>.

Best Practices for Masks

Masks are no longer a state requirement in child care. Individuals and programs should assess their personal and community's risk when determining whether to wear a mask. Programs may choose to implement their own masking requirements. The Early Learning Division (ELD) and the Oregon Health Authority (OHA) encourage programs to support individual choice to wear a mask. The ELD and the OHA in alignment with the Center for Disease Control, **strongly recommend** that masks be worn by all individuals age 2 and older indoors when:

- There are high [levels](#) of COVID-19 transmission in communities,
- There are medium [levels](#) of COVID-19 transmission and individuals are:
 - Unvaccinated,
 - Immunocompromised,
 - Have disabilities,
 - Have underlying health conditions that increase risk for severe COVID-19,
 - 65 and older,
 - Living with people who have underlying health conditions.
- Some programs may choose to continue universal masking at lower COVID-19 community levels because it promotes an inclusive and supportive environment for those children and staff who are at higher risk for severe COVID-19.

It is recommended that individuals 2 years and older returning to care after COVID-19 isolation should wear a well-fitting mask for an additional 5 days after their isolation is completed.

Best Practices for Stable Groups

1. Keep adults and children in the same groups as much as possible.
2. Staff and children from different groups should practice physical distancing of 3 feet if possible.
3. Interaction with individuals from other groups should be minimized.

Best Practices for Food and Nutrition

1. As possible, create small and stable mealtime cohorts.
2. Strive for 3-feet of distance between individuals while eating.
3. Closely supervise all meal times, including infant feeding and toddler meals, to prevent children from sharing and/or touching each other's food.
4. Children and staff returning after an exclusion may eat with their typical cohort and do not require additional separation.

How to help your child wear a face covering

It's understandable that children may be afraid of wearing face coverings at first. Here are a few ideas to help make them seem less scary:

- Let your child pick out and decorate their own face covering.
- Try different styles to find one that's a comfortable fit.
- Put a face covering on a favorite stuffed animal or draw one on a favorite book character.
- Introduce the mask when everyone is relaxed and comfortable but not too sleepy.
- Practice wearing the face covering at home to help your child get used to it.
- Play some "let's pretend" games with characters that wear masks.
- Point out other people wearing masks while you're out.



Children under the age of two or who can't remove a face covering should not wear one.

For more information visit healthoregon.org/coronavirus or call 211



Best Practices for Ventilation and Air Flow

Ventilation is a primary tool to reduce viral spread indoors and promote a healthy learning environment. Indoor air spaces need special consideration because of COVID-19 transmission potential from the buildup in air of smaller particles and aerosols that are generated from breathing, talking, laughing, shouting, singing, coughing, and sneezing. In addition, improved indoor air quality is associated with better child and staff attendance, engagement, and well-being, as well as other health outcomes, including reduced asthma and allergies. Optimization of indoor air quality can provide benefits extending beyond mitigating infectious disease transmission.

Improve the indoor air quality by:

1. Increasing circulation of outdoor air as much as possible by opening windows and doors, using fans and employing other methods. See [OHA Indoor air considerations for COVID-19 for smaller spaces](#) and [CDC ventilation recommendations](#);
2. Exhausting air from indoors to the outdoors;
3. Cleaning the air that is recirculated indoors by using effective filtration methods (e.g., HEPA filters) to remove virus-containing particles from the air; and
4. As applicable, ensure that ventilation systems (e.g., HVAC) operate properly.

All ventilation strategies should include safety and health precautions including restricting the amount a window is open, putting screens in windows and covers on fans, minimizing exposure to pollen or smoke, and adjusting the thermostat to maintain a comfortable temperature.

Best Practices for Handwashing and Respiratory Etiquette

Regular handwashing is one of the best ways to remove germs, avoid getting sick, and prevent the spread of germs to others. Washing hands can keep you healthy and prevent the spread of respiratory and diarrheal infections from one person to the next.

Germs can spread from other people or surfaces when you:

- Touch your eyes, nose, and mouth with unwashed hands.
- Prepare or eat food and drinks with unwashed hands.
- Touch a contaminated surface or objects.
- Blow your nose, cough, or sneeze into hands and then touch other people's hands or common objects.

Everyone should be advised and encouraged to frequently wash their hands or use hand sanitizer. Remind children with picture-based signage and regular verbal reminders from staff of the critical nature of hand hygiene.

Remind children (with signage and regular verbal reminders from staff) of the importance of respiratory etiquette. Respiratory etiquette means covering coughs and sneezes with an elbow or a tissue. Tissues should be disposed of in a garbage can, then hands washed or sanitized immediately.

Best Practices for Transportation

1. Exclude individuals from transportation in accordance with exclusion requirements listed above.
2. Ensure children who become sick during the program participation are sent home as soon as possible. If the program is responsible for transporting the child home, that child should be separated, wearing a mask if 2+ years and older and able, and maintaining physical distancing of six feet from the other children in the vehicle.
3. Clean the entire transportation vehicle daily, paying particular attention to frequently touched surfaces, such as seats, steering wheel, door handles, handrails, air vents, and the top of seats. Disinfectant products should be approved by the EPA for use against SARS-CoV-2: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19>. Car safety seats and seat belts should be cleaned with mild detergent and water. Air vents should always be in the open position for outside air circulation. If safe and weather permits keep the windows slightly open for ventilation purposes.

Best Practices for Health Education, Training, and Communication

All staff and families should be educated to maintain good hygiene and behave in ways that prevent transmission of COVID-19. This includes the following best practices:

1. Having a method to train staff and inform families regarding COVID-19 safety precautions, and information on recognizing signs and symptoms of COVID-19.
2. Providing training to staff when updates to safety precautions are made, and for new staff prior to first day of work or during employee orientation.

Best Practices for Cleaning and Building Maintenance

**Note: Know the difference between cleaning, sanitizing, and disinfecting and the 3-Step Method:*

1. WASH
2. RINSE
3. SANITIZE or DISINFECT

**Cleaning* is first used to remove dirt and debris from surfaces using a detergent or soap and water prior to sanitizing or disinfecting.

**Sanitizing* is used to reduce germs from surfaces but not totally get rid of them. Sanitizing solutions reduce the germs from surfaces to levels that are considered safe. The sanitizing 3-Step Method is most often used for food surfaces, kitchens, and classrooms.

**Disinfecting* is used to destroy or inactivate germs and prevent them from growing. Disinfecting solutions are regulated by the U.S. Environmental Protection Agency (EPA). The disinfecting 3-Step Method is most often used for body fluids and bathrooms/diapering areas.

1. Use products approved by the EPA for use against SARS-CoV-2 for household disinfectant: <https://www.epa.gov/pesticide-registration/listn-disinfectants-use-against-sars-cov-2-covid-19>. Diluted household bleach solutions may also be used for some surfaces. If using bleach, make a fresh bleach dilution daily; label the bottle with contents and the date mixed.
2. For children or adults with asthma use bleach products sparingly or when children are not present. Use wipes or apply product directly to a dampened towel, rather than using spray.
3. Operate ventilation systems properly and/or increase circulation of outdoor air as much as possible by opening windows and doors, using fans, and other methods. Run ventilation systems continuously and change the filters more frequently. Do not use fans if they pose a safety or health risk, such as increasing

exposure to pollen/allergies or exacerbating asthma symptoms.

For example, do not use fans if doors and windows are closed and the fans are recirculating the air.

4. Toys should be sanitized as they become dirty and at least weekly. Water tables should be cleaned in between each use by a group. Toys may be cleaned using hot water and soap/detergent in a washing machine, dishwasher, or by hand. Dry toys completely in a hot dryer when possible. Do not wash toys with dirty dishes, utensils, etc.

When washing toys by hand:

Step 1: Wash and scrub toys thoroughly with soap or detergent and warm water to remove most of the dirt, grime, and saliva. It is important to clean toys before sanitizing them because the sanitizer kills germs better on clean surfaces.

Step 2: Rinse toys with water to remove the dirt, soap residue, and germs to help make a clean surface.

Step 3: Sanitize toys. Sanitizing reduces the germs from surfaces to levels that are considered safe. Dip the toys in a sanitizing solution, or cover the toys sufficiently with spray. Protect your skin by wearing household rubber gloves. Allow toys to dry completely (i.e., overnight) or allow 2 minutes before wiping toys dry with a paper towel. When using a bleach solution for sanitizing, chlorine from the sanitizing bleach solution evaporates off the toys so no residue remains, and further rinsing is not necessary.

Thermometers, pacifiers, teething toys, and similar objects should be cleaned and reusable parts sanitized between uses. Pacifiers should not be shared.

5. Vacuum carpeted floor and rugs every other day, and as they become dirty, when children are not present. If contaminated, disinfect with appropriate cleaners indicated for use on
 - a. these surfaces.
6. High touch surfaces, such as doorknobs, light switches, non-food countertops, handles, desks, phones, keyboards, and toilets, should be disinfected at least daily, including at the end of the day.
7. Toilet and diapering areas including but not limited to handwashing sinks, counters, toilets, toilet handles, floors, diaper trash cans, and bathroom floors must be disinfected daily, with the exception of changing tables which should be disinfected after each use.
8. Tables and high chair trays should be cleaned and sanitized before and after each use.
9. Food preparation surfaces, counter tops, eating utensils and dishes and food preparation sinks should be cleaned and sanitized after each use. Counter tops should also be sanitized at the end of the day.
10. Kitchen floors should be sanitized daily.
11. Refrigerators should be cleaned and sanitized monthly.
12. Bedding, linens and clothing should be sanitized in a washing machine using hot water and machine dried at least weekly, and in between use by another child. Wear disposable gloves when handling dirty laundry from a person who is sick. Bag all items that go in the laundry before removing from the area. Do not shake dirty laundry. Dirty laundry from an ill person can be washed with other people's items.
13. Use cleanable covers on electronics, such as tablets, touch screens, keyboards, and remote controls.
14. In home-based programs: clean spaces between the times when household members and children utilize the space.

Additional Resources

[Association of Camp Nurses – Communicable Disease Management Template](#) [CDC Guidance: Cleaning and Disinfecting Your Facility](#)

[Oregon Health Authority Oregon Administrative Rules 333-019-0010 Disease Related School, Child Care, and Worksite Restrictions](#)

[Oregon Health Authority Oregon Administrative Rules 333-019-1030 Vaccination Requirements for Teachers and School Staff](#)

Oregon Health Authority Oregon Administrative Rules [333-019-1005](#) Public Health and Safety Requirements for Child Care Providers and Youth Programs

Document accessibility: For individuals with disabilities or individuals who speak a language other than English, OHA can provide information in alternate formats such as translations, large print, or braille.

Contact the Health Information Center at 1-971-673-2411, 711 TTY or COVID19.LanguageAccess@dhsosha.state.or.us.

Isolation and Exclusion Guidelines for Child Care Settings

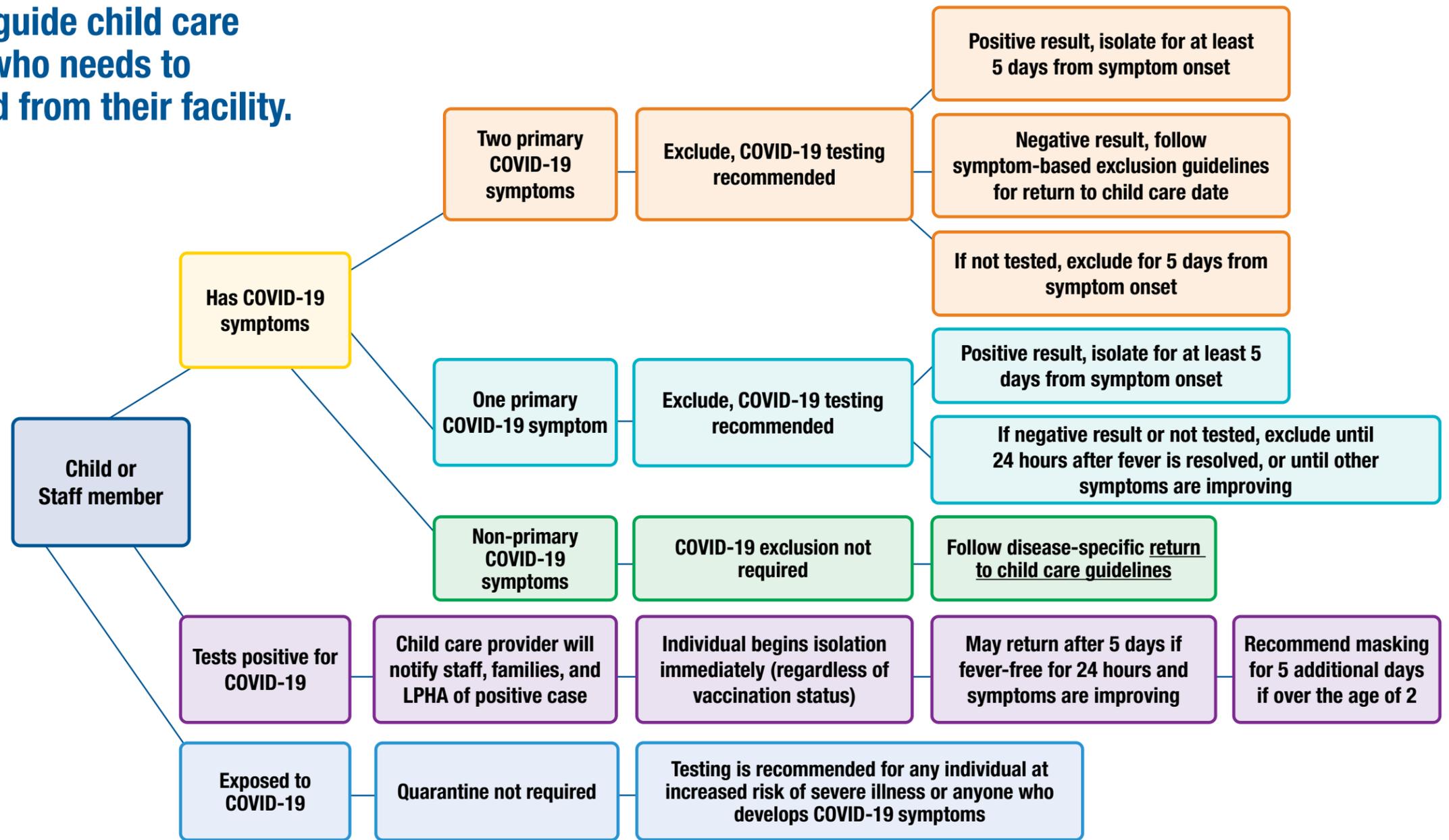
This decision tree is to help guide child care providers in understanding who needs to isolate or should be excluded from their facility.

Isolation is at least a 5-day period for people who have tested positive or have two primary symptoms after being exposed to COVID-19. Individuals 2 years and older are recommended to mask for 5 additional days (day 6 through day 10) after the end of their 5-day isolation period. An individual should continue isolation if symptoms are not improving by day 5.

Exclusion means keeping a child or staff member out of a child care setting if they exhibit symptoms of communicable disease.

Primary COVID-19 symptoms are new cough (atypical, not related to a known underlying condition such as asthma or allergies), temperature of 100.4°F or higher, chills, shortness of breath, and new loss of taste or smell.

Non-primary COVID-19 symptoms are fatigue, muscle or body aches, headache, sore throat, nasal congestion, runny nose, nausea, vomiting, and diarrhea.



Questions? Please contact ProviderContact@ode.oregon.gov or The Oregon Health Authority's [If You Test Positive helpline](#)