

# COVID-19 Child Care Guidelines

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# Introduction

AeT's Childcare Pop-up Facility (CPF) is essentially an Early Childhood Development (ECD) program. It serves children who are currently not yet eligible for vaccination. Our guidelines are based on best international practices e.g. as proposed by the [Centres for Disease Control and Prevention, \(CDC\)](#) or , [The National Institute for Communicable Diseases](#)). The CPF uses them as the basis of implementing its layered COVID-19 prevention and intervention strategies. This document provides background information to be used to mentor the CPF supervisors and/or CPF administrators. It also contains suggestions for the infographic Guidelines to be exhibited at the CPFs.

## Section 1: COVID-19 Protocol for AeT's CPFs

Our CPF COVID-19 guidelines are intended to be implemented at our pop-up facilities. We expect them to be implemented in the following context:

- Its key aim is the protection of children under 3 years of age who are currently not eligible for the COVID-19 vaccine. Therefore, each CPF pop-up facility supervisor and/or administrators will have to make decisions about the use of COVID-19 prevention strategies daily to protect people who are not fully vaccinated.
- Our CPF will be frequented by a mixed population of fully vaccinated and
- not (fully) vaccinated people and

On a practical level, this prevention strategies remain in place (see 2.1 below)

- Consistent and correct mask use
- Physical distancing and cohorting
- Ventilation
- Handwashing and respiratory etiquette
- Staying at home when sick and getting tested
- Contact tracing in combination with isolation and quarantine
- Cleaning and disinfecting
- Promoting vaccination

These COVID-19 prevention strategies remain critical to protect people, including children and their supervisors, who are not fully vaccinated, especially in areas of moderate-to-high community transmission levels. When considering whether and how to remove prevention strategies, one prevention strategy should be removed at a time, and children and their supervisors should be closely monitored (with adequate testing through the community) for any outbreaks or increases in COVID-19 cases.

In addition to the guidelines, awareness needs to be created among the CPF supervisors and/or administrators on the COVID-19 status of their surrounding communities. The primary factors to consider include:

- Level of [community transmission](#) of COVID-19.
- [COVID-19 vaccination coverage](#) in the community and among children and the CPF supervisors.
- COVID-19 outbreaks or increasing trends in the surrounding community.
- Strain on health system capacity for the community.
- Ages of children served by the facility and the associated social and behavioral factors that may affect risk of transmission and the feasibility of different prevention strategies.

## Section 2: COVID-19 Child Care Guidelines (Infographics)

### 2.1 Conventional COVID19 Protocol (Prevention Fundamentals)

# Slow the Spread of COVID-19

**GET A COVID-19 VACCINE**

**WHEN WITH YOUR FRIENDS, WEAR A MASK**

**AND STAY 6 FEET APART FROM OTHERS**

**COVER YOUR COUGHS AND SNEEZES**

**WASH YOUR HANDS**

**STAY HOME IF YOU ARE SICK**

**20 SECONDS**

**60% ALCOHOL**


**cdc.gov/coronavirus**

The infographic is a purple-bordered collage of illustrations. At the top, the title 'Slow the Spread of COVID-19' is in bold black text. Below it, six panels illustrate prevention methods: 1) 'GET A COVID-19 VACCINE' shows two people flexing their arms with vaccine marks. 2) 'WHEN WITH YOUR FRIENDS, WEAR A MASK' shows three people wearing different colored masks. 3) 'AND STAY 6 FEET APART FROM OTHERS' shows three people standing in a hallway with dotted lines and arrows indicating distance. 4) 'COVER YOUR COUGHS AND SNEEZES' shows a hand holding a 60% alcohol hand sanitizer bottle and another hand dropping a tissue into a trash can. 5) 'WASH YOUR HANDS' shows a person washing hands at a sink with a 20-second timer and a 60% alcohol hand sanitizer bottle. 6) 'STAY HOME IF YOU ARE SICK' shows a person in bed with a fever icon and a house with a red 'X' over the door. The CDC logo is in the bottom left, and the website 'cdc.gov/coronavirus' is in a yellow bar at the bottom.


## 2.1 Intervention in the even of a COVID19 case at the CPF

### A Child in My Classroom is Showing Signs of COVID-19: What Do I Do? Quick Guide for Child Care Providers


#### KNOW POSSIBLE SYMPTOMS OF ILLNESS




Cough




Fever



Headache








Diarrhea



Vomiting

**OTHER SYMPTOMS INCLUDE:**  
*Shortness of breath, chills, sore throat, loss of taste or smell, muscle pain, runny nose, feeling tired, and poor appetite. Symptoms may be very mild or more severe.*

**EMERGENCY WARNING SIGNS (CALL 911):**  
*Trouble breathing, persistent pain or pressure in the chest, new confusion, inability to wake or stay awake, and bluish lips or face.*

- **1. SEPARATE the Child**
  - Be discreet and calm.
  - Make sure you and the child (if age 2 or older) are wearing a mask and standing at least 6 feet apart.
  - Following the child care program protocol, have the child safely escorted from the classroom to a designated isolation area.
- **2. INFORM**
  - Contact designated staff responsible for COVID-19 concerns (e.g., program director).
  - Let them know the child is being escorted to the isolation area and will need to be supervised (according to child care program protocol).
- **3. CLEAN and DISINFECT**
  - Close off the classroom and wait 24 hours before cleaning and disinfecting, if possible. This will allow more time for the virus to die off.
  - The classroom should be cleaned and disinfected, especially items in the child's area and shared items the child may have touched (e.g., doorknob, bathroom, and supplies).
  - Note: Disinfectants can trigger an asthma attack. Choose safer products if any children have asthma.
  - Open outside door(s) and window(s) to increase ventilation in the room (if possible).
- **4. IDENTIFY Close Contacts**
  - Write down where the child was relative to other children in the room.
  - Note the name of any person who was within 6 feet of an infected child for a total of 15 minutes or more over a 24-hour period. Work with child care administrator to inform close contacts in accordance with applicable privacy laws.
- **5. NOTIFY Administration about the Sick Child**
  - Assist child care administration with close contact assessment. Observe applicable privacy laws.
  - Consider linking family of the sick child to any emergency services (such as a nutrition program) that the child might need while in quarantine\* at home.

Ref: <https://www.cdc.gov/coronavirus/2019-ncov/downloads/community/schools-childcare/childcare-providers-quick-guide-print.pdf>

## Section 3: Background Information on the GuideLines

### 1.1. Promoting vaccination

Vaccination is currently the leading public health prevention strategy to end the COVID-19 pandemic. People who are fully vaccinated against COVID-19 are at low risk of symptomatic or severe infection. A [growing body of evidence](#) suggests that people who are fully vaccinated against COVID-19 are less likely to have an asymptomatic infection or transmit COVID-19 to others than people who are not fully vaccinated. In most settings, people who are [fully vaccinated](#) and do not have compromised immune systems can safely resume activities they did before the pandemic, except where prevention measures are required by state, local, tribal, or territorial laws, rules, and regulations, including local business and workplace guidance.

[People 12 years and older are now eligible for COVID-19 vaccination](#), but most of the pop-up facilities serve children under 12 years old. These child care facilities can [promote vaccinations](#) among the CPF supervisors and families, including pregnant women, by providing information about COVID-19 vaccination, encouraging vaccine trust and confidence, and establishing supportive policies and practices that make getting vaccinated as easy and convenient as possible.

When promoting COVID-19 vaccination, consider that certain communities and groups have been disproportionately affected by COVID-19 illness and severe outcomes, and some communities might have experiences that affect their trust and confidence in the healthcare system. carie and families may differ in their level of vaccine confidence. Administrators can adjust their messages to the needs of their families and community and involve trusted community messengers as appropriate, including those on social media, to promote COVID-19 vaccination among people who may be hesitant to receive it.

To promote vaccination, the CPF recommends:

- To visit [vaccines.gov](#) to find out where the CPF supervisors and families can get vaccinated against COVID-19 in the community and promote COVID-19 vaccination locations near the ECE program.

- To encourage caries and families, including extended family members that have frequent contact with children in the facility, to get vaccinated as soon as they can.
- To identify potential barriers that may be unique to the workforce and implement policies and practices to address them.
- Find ways to adapt key messages to help families and carriers become more confident about the vaccine by using the language, tone, and format that fits the needs of the community and is responsive to concerns.
- Host information sessions to connect parents and guardians with information about the COVID-19 vaccine. The CPF supervisors and health professionals can be trusted sources to explain the safety, efficacy, and benefits of COVID-19 vaccines and answer frequently asked questions.
- Promote vaccination information as part of enrollment activities for families entering the facility.

## 1.2. Consistent and Correct Mask Use

When people who are not fully vaccinated wear a mask correctly and consistently, they protect others as well as themselves. Consistent and correct mask use by people who are not fully vaccinated is especially important indoors and when physical distancing cannot be maintained.

- The CPF recommends universal indoor mask use in areas of substantial to high transmission, regardless of vaccination status.
- Indoors: Mask use is recommended for people who are not fully vaccinated, including children and the CPF supervisors. [Children under 2 years of age](#) should not wear a mask.
- Outdoors: In general, people do not need to wear masks when outdoors. However, particularly in areas of [substantial to high transmission](#), the CPF recommends that people age 2 and older who are not fully vaccinated wear a mask in crowded outdoor settings or during activities that involve sustained close contact with other people who are not fully vaccinated.

## 1.3. Physical Distancing

The pop-up facility should implement physical distancing to the extent possible indoors.

Maintaining physical distance is often not feasible in a child care setting, especially during certain activities (e.g., diapering, feeding, holding/comforting,



etc.) and among younger children in general. When it is not possible to maintain physical distance, it is especially important to layer multiple prevention strategies, such as cohorting, masking indoors, improved ventilation, handwashing, covering coughs and sneezes, and regular cleaning to help reduce transmission risk. Mask is important when physical distance cannot be maintained. A distance of at least 6 feet is recommended between adults who are not fully vaccinated.

#### 1.4. Ventilation

Improving ventilation is an important COVID-19 prevention strategy that can reduce the number of virus particles in the air. Along with [other preventive strategies](#), including wearing a well-fitting, multi-layered mask, bringing fresh outdoor air into a building helps keep virus particles from concentrating inside.

The pop-up facility is a well designed ventilated tent that can be rolled up to bring in fresh air.

#### 1.5. Handwashing and Respiratory Etiquette

People should practice handwashing and [respiratory etiquette](#) (covering coughs and sneezes) to keep from getting and spreading infectious illnesses including COVID-19. can monitor and reinforce these behaviors and provide adequate handwashing supplies.

- Teach and reinforce [handwashing](#) with soap and water for at least 20 seconds.
- Remind everyone in the facility [to wash hands frequently](#) and assist young children with handwashing.
- If handwashing is not possible, use hand sanitizer containing at least 60% alcohol (for the CPF supervisors and parents only)
- Hand sanitizers should be stored up, away, and out of sight of young children and should be used only with adult supervision for children under 6 years of age.
- Post [signs and graphics](#) that describe how to stop the spread of germs in important facility locations such as entrance, nappy changing area and the kitchen. Signs should be easy to understand, use pictures, and be in primary languages spoken by the CPF supervisors and families.
- Set up hand hygiene stations at facility entrances.
- Wearing gloves is not necessary for protection from COVID-19 in most situations. It is recommended to wear gloves when cleaning and

disinfecting or when caring for someone who is sick with COVID-19, but otherwise proper handwashing is recommended.

## 1.6. Staying Home When Sick and Getting Tested

### Staying Home When Sick

Children and supervisors who have symptoms of infectious illness, such as flu or [COVID-19](#), should stay home and be referred to their healthcare provider for testing and care. Staying home when sick with COVID-19 is essential to keep COVID-19 infections out of programs and prevent spread to others. It also is essential for people who are not fully vaccinated to quarantine after a recent exposure to someone with COVID-19.

The overlap between COVID-19 symptoms with other common illnesses means that some people with symptoms of COVID-19 could be ill with something else. This is even more likely in young children, who typically have multiple viral illnesses each year. Although COVID-19, colds, and flu illnesses have similar symptoms, they are different diseases. Children who have symptoms of infectious illness or certain symptoms of COVID-19 should not attend child care. Encourage families to be on the alert for [signs of illness](#) in their children and to keep them home when they are sick. Parents should pay particular attention to

- Fever (temperature 100.4 °F or higher)
- Sore throat
- New uncontrolled cough that causes difficulty breathing (for a child with chronic allergic/asthmatic cough, see if there is a change from their usual cough)
- Diarrhea, vomiting, or stomachache
- New onset of severe headache, especially with a fever

People who have a fever of 100.4 °F (38.0 °C) or above or other signs of illness should not be admitted to your facility.

The length of time the child should stay out of child care depends on whether the child has COVID-19 or another illness. In most instances, those who have COVID-19 [can be around others](#) after

- 10 days since symptoms first appeared and
- 24 hours with no fever without the use of fever-reducing medications and

- Other symptoms of COVID-19 are improving

Children who test positive for COVID-19 but do not have symptoms can be around others 10 days after their first positive COVID-19 test.

### Close Contacts of Persons with COVID-19

Whether and for how long to stay home for people who have been exposed to a person with COVID-19 depends on vaccination status.

- Children and unvaccinated supervisors who had close contact with someone who has (suspected or confirmed) COVID-19 should stay home ([quarantine](#)) for 14 days after their last exposure to that person. [Close contact](#) is defined as within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period. Some localities might choose to use testing to [shorten quarantine](#)
- People who are fully vaccinated and do not have COVID-19 symptoms [do not need to quarantine or get tested](#) after an exposure to someone with COVID-19.??
- Should educate supervisors and families about when they and their children should stay home and when they can return to the CPF.

### Preparing for When Someone is Sick

The child care facility should implement multiple COVID-19 prevention actions to prepare for when someone is sick with COVID-19.

- Your children or supervisors might begin to have COVID-19 symptoms while at your facility. You should take action to isolate people who begin to have these symptoms from other children and supervisors. Plan to have an isolation room or an area, preferably with access to a separate restroom, you can use to isolate a sick child or supervisor member. Ensure that isolated children are still under adult supervision. Arrange safe transportation home or to a healthcare facility (if severe symptoms) for the child or supervisors if showing symptoms of COVID-19.
- Close off areas used by a sick person and do not use these areas until after [cleaning and disinfecting](#) them; this includes surfaces or shared objects in the area, if applicable.

- Wait at least 24 hours before cleaning and disinfecting. If 24 hours is not feasible, wait as long as possible and increase ventilation in the area. You should ensure safe and proper use of cleaning and disinfection products.
- including storing products securely away from children.

## Getting Tested for COVID-19

Getting tested for COVID-19 when symptoms are compatible with COVID-19 will help with rapid contact tracing and prevent possible spread, especially if key prevention strategies (masking and distancing) are not in use.

- Encourage families to monitor children at home for [signs of infectious illness](#) including COVID-19 to decide when to seek testing or medical care.
- Develop policies that encourage sick employees to stay at home without fear of negative consequences. Ensure policies are clearly communicated to the carrier. criteria can help inform when children and unvaccinated supervisors can return if they have recently had [close contact with a person with COVID-19](#).
- Develop and communicate with supervisors and families about your policies for returning to the facility after COVID-19 illness.
- The pop-up should offer referrals to diagnostic testing to any child or supervisor member who is exhibiting [symptoms of COVID-19](#) in the ECE setting.
- The child care will also use screening testing supervisors as a strategy to identify cases and prevent secondary transmission. This includes screening testing of asymptomatic people without known exposure with the intent of making decisions based on the test results. The CPF should be interested in offering screening testing to supervisors should contact their local health department to discuss options for implementation.

### 1.7. Contact Tracing in Combination with Isolation and Quarantine

The child care facilities will continue to collaborate with local health departments, to the extent allowable by privacy laws and other applicable laws, to confidentially provide information about people diagnosed with or exposed to COVID-19. This allows identifying which children and supervisors with positive COVID-19 test results should isolate, and which close contact should quarantine.

### 1.8. Cleaning and Disinfecting

In general, cleaning once a day is usually enough to sufficiently remove potential virus that may be on surfaces. However, in addition to cleaning for COVID-19, recommended procedures for cleaning should be followed, sanitizing, and disinfection in their setting (e.g., after diapering, feeding, and exposure to bodily fluids).

- Always follow the directions on the label to ensure safe and effective use of the product. The label will include safety information and application instructions. Keep disinfectants out of the reach of children. Many products recommend keeping the surface wet with a disinfectant for a certain period (see “contact time” on the product label).
  - Check the product label to see what PPE (such as gloves, glasses, or goggles) is required based on potential hazards.
  - Ensure adequate ventilation (for example, open windows).
  - Use only the amount recommended on the label.
  - If diluting with water is indicated for use, use water at room temperature (unless stated otherwise on the label).
  - Label diluted cleaning or disinfectant solutions.
  - Store and use chemicals out of the reach of children and pets.
  - Do not mix products or chemicals.
  - Do not eat, drink, breathe, or inject cleaning and disinfection products into your body or apply directly to your skin. They can cause serious harm.
  - Do not wipe or bathe people or pets with any surface cleaning and disinfection products.

When Someone is Sick: If someone in the facility is sick or someone who has COVID-19 has been in the facility in the last 24 hours, [clean and disinfect your facility](#).

Additional considerations for cleaning and disinfection:

- Ensure that personal items such as masks by one child and stored safely while not in use (for example, in individually labeled containers, bags, or cubbies). Ensure that children and supervisors wash hands after handling these personal items.

- Follow recommendations on [cleaning and sanitizing toys](#)
- Learn how to [reduce the chance of an asthma attack while disinfecting](#).

## Section 4: Additional Considerations for the CPF

### 4.1 Holding, Washing, or Feeding Children

It is important for you to comfort crying, sad, or anxious infants and toddlers and they often need to be held. To the extent possible when holding, washing, or feeding young children, protect yourself by:

- Wash your hands frequently.
- Wash your hands and anywhere you have been touched by a child's body fluids.
- Avoid touching your eyes while holding, washing, or feeding a child.
- If body fluids get on the child's clothes, change them right away, whenever possible, and then your hands should be rewashed.
- Wash your hands before and after handling infant bottles prepared at home or in the facility.

### 4.2 Diapering Children

- When [diapering](#) a child, [wash your hands](#) and wash the child's hands before you begin, and wear gloves.
- Where feasible, diapering should not be done by the same person who prepares food. If you are the only person available for both diapering and food preparation, use additional prevention strategies (such as handwashing) between diapering and food preparation.
- After diapering, take off gloves and wash your hands (even if you were wearing gloves) and disinfect the diapering area with a fragrance-free 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.
- If reusable cloth diapers are used, do not rinse or clean them in your facility. Place the soiled cloth diaper and its contents (without emptying or rinsing) in a plastic bag or into a plastic-lined, hands-free covered diaper pail to give to parents or guardians.

### 4.3 Children with Disabilities or Other Healthcare Needs

Provide accommodations, modifications, and assistance for children and supervisors with disabilities or special healthcare needs when implementing COVID-19 safety protocols:

- Work with families to better understand the individual needs of children with disabilities.
- Remain accessible for children with disabilities:
  - Help provide access for [direct service providers](#) (DSPs) (e.g., paraprofessionals, therapists, early intervention specialists, mental health and healthcare consultants, and others). If DSPs who are not fully vaccinated provide services at more than one location, ask whether any of their other service locations have had COVID-19 cases.
  - Ensure access to services for students with disabilities when developing cohorts.
- Adjust strategies as needed
  - Be aware that physical distancing and wearing masks can be difficult for young children and people with certain disabilities (for example, visual or hearing impairments) or for those with sensory or cognitive issues.
  - For people who are not fully vaccinated and only able to wear masks some of the time for the reasons above, prioritize having them wear masks during times when it is difficult to separate children and/or supervisors (e.g., while standing in line or during drop off and pick up).
  - Consider having supervisors who are not fully vaccinated wear a clear or cloth mask with a clear panel when interacting with young children, children learning to read, or when interacting with people who rely on reading lips.
  - Use behavioral techniques (such as modeling and reinforcing desired behaviors and using picture schedules, timers, visual cues, and positive reinforcement) to help all children adjust to transitions or changes in routines.



#### 4.4 Visitors

The CPF should review their rules for visitors and family engagement activities.

- The CPF should limit nonessential visitors, volunteers, and activities involving external groups or organizations with people who are not fully vaccinated, particularly in areas when there is moderate-to-high COVID-19 community transmission.
- The CPF should not limit access for mothers who are breastfeeding their infants, but can ensure compliance with ECE program visitor policies.
- Develop plans for meeting new families that allow family and supervisors to gather while maintaining prevention strategies.
- Develop plans or procedures for parents and/or guardians to visit their children while maintaining prevention strategies.

#### 4.5 Food Service and Meals

- Maximize physical distance as much as possible between people who are not fully vaccinated while eating (especially indoors). When possible, consider using additional spaces for mealtime seating, including eating meals and snacks outdoors or in well-ventilated spaces whenever possible.
- Given very low risk of transmission from food, food packaging, surfaces and shared objects, there is no need to limit food service operations to single use items and packaged meals.
- People should wash hands with soap and water before and after family style meals.
- Clean frequently touched surfaces. Surfaces that come in contact with food should be washed and sanitized before and after meals.
- Promote hand washing before, during, and after shifts, before and after eating, after using the toilet, and after handling garbage, dirty dishes, or removing gloves.
- Improve ventilation in food preparation, service, and eating areas.

#### 4.6 Playgrounds and Physically Active Play

In general, children and adults do not need to wear masks when outdoors (e.g., participating in outdoor play and physical education activities). When physically active play, physical education activities, and recess are held indoors, people should wear masks and maximize distance when possible.

Physical activities provide children with enrichment opportunities that support physical development and can help them learn and achieve, and support their social, emotional, and mental health. Due to increased exhalation, some [physical activities](#) can put people who are not fully vaccinated at [increased risk](#) for getting and spreading COVID-19. Similar risks might exist for other indoor activities, such as singing, chanting, and yelling.

Preventing COVID-19 for those who are not fully vaccinated in these activities remains important. Children who participate in indoor physical activity and other higher-risk activities should continue to wear masks and keep physical distance and remain in their cohort as much as possible.

ECE providers who are planning structured physically active play should also consider risks for people who are not fully vaccinated:

- Setting of the event or activity. In general, the risk of COVID-19 transmission is lower when playing outdoors than in indoor settings. Consider the ability to keep physical distancing in various settings at the event.
- Physical closeness. Spread of COVID-19 is more likely to occur in physical activity and sports that require sustained close contact.
- Number of people. Risk of spread of COVID-19 increases with increasing numbers of participants.
- Level of intensity of activity. The risk of COVID-19 spread increases with the intensity of the physical activity.
- Duration of time. The risk of COVID-19 spread increases the more time participants spend in close proximity or in indoor group settings.
- Presence of people more likely to develop severe illness. People at increased risk of severe illness might need to take extra precautions.

## Section 5: PEF Supervisors and Other Workers

Workers at increased risk for older adults with severe illness from COVID-19 include older adults and people of any age with certain underlying medical conditions if they are not fully vaccinated. Workers who have an underlying medical condition or are taking medication that weakens their immune system may not be fully protected even if fully vaccinated. Currently, child care recommends continued masking and physical distancing for people with weakened immune systems.

Employers should also understand the potential mental health strains for workers during the COVID-19 pandemic. CDC recommends that ECE administrators should educate workers on mental health awareness and share available mental health and counseling services. As part of the CPF's response plan, administrators should conduct workplace hazard assessments periodically to identify COVID-19 transmission risks and prevention strategies, when worksite conditions change, or when there are instances of COVID-19 transmission within the workplace. Strategies to prevent and reduce transmission are based on an approach that prioritizes the most effective practices, known as the [hierarchy of controls](#). ECE employers should engage and train all workers on potential workplace hazards, what precautions should be taken to protect workers, and workplace policies for reporting concerns. Child care should ensure communication and training for all workers are frequent and easy to understand. Additionally, child care should ensure communication and training are in a language, format, and at a literacy level that workers understand.

## Section 6: Planning and Preparing

### 6.1 Emergency Operations Plans

The child care facilities should have an Emergency Operations Plan (EOP) in place to protect children, the CPF supervisors, and families from the spread of illness and other emergencies. The EOP should:

- Describe COVID-19 prevention strategies to be implemented.
- Describe steps to take when a child or their supervisor's member has been exposed to someone with COVID-19, has [symptoms](#) of COVID-19, or tests positive for COVID-19.
- Be developed in collaboration with regulatory agencies and state, local, territorial, and tribal public health departments, and comply with state and local licensing regulations.
- Be developed with involvement of their supervisors, parents and guardians, and other community partners (for example, health centers).
- Describe how CFP supervisors will be trained on the ECE program's COVID-19 safety protocols.
- Plan for back-up supervisor.
- Consider the range of needs among supervisors, children, and families, including children's developmental needs, children with [disabilities](#), children with [healthcare needs](#), and [children experiencing homelessness](#).