



This AAP guidance is based on what is currently known about the transmission and severity of coronavirus disease. Further guidance is available on the CDC website.

Decisions about implementing strategies for early care and education (e.g., dismissals, event cancellations, other social distancing measures) should be made locally, in collaboration with local health officials who can help determine the level of transmission in the community.

Since a majority of Head Start and childcare programs are closed across the country, it is anticipated that much of this guidance will be used for those serving essential workers. However, this FAQ might also be helpful as early care and education centers look to re-open their programs.

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## **Q: How should I conduct daily health checks? The Caring for Our Children (CFOC) standards do not suggest taking temperatures daily but I see many programs have added this?**

**A:** You should take the temperature of all children and staff at check-in, using any method: axillary (armpit), oral or other. A fever is  $\geq 100.5^{\circ}\text{F}$ . For additional information, see the [CDC Guidance for Childcare Programs that Remain Open](#).

The CDC offers suggestions for conducting these daily temperature checks including an option for parents conducting daily temperature checks and reporting fever. It is worth noting this option relies on parent knowledge and skill to appropriately use a thermometer. It may be worthwhile to share resources or instructions for families on the proper way to take a temperature.

[Fever and Your Child](#) tipsheet

[Fever and Your Child](#) tipsheet in Spanish

Relevant Caring for Our Children Standards: [Standard 3.1.1 Daily Health Check](#)

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## **Q: Should I change my staff to child ratios?**



Q: It is recommended to follow guidance from your state and local public health department as well as your state licensing entity. However, it is suggested to keep staff to child ratios as small as possible and to keep children from different classrooms in separate physical spaces.

Relevant Caring for Our Children Standards:

[Standard 3.6.2 Caring for Children who Are Ill](#)

[Standard 1.1.1.2 Ratios for Large Family Child Care Homes and Centers](#)

[Standard 1.1.1.1 Ratios for Small Family Child Care Homes](#)

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## Q: How do I select the appropriate sanitizer for cleaning my program? ^

A: First clean the surface (remove dirt and impurities from the surface) before disinfecting to kill the germs. If the surface is not cleaned first, the disinfectant is less likely to be effective.

Most common EPA-registered household disinfectants should be effective for disinfecting program spaces. The EPA offers a list [here](#). However, the CDC also suggests that diluted household bleach solutions can be used if appropriate for the surface. Follow manufacturer's instructions for application and proper ventilation. It is important to note that **different bleach products have different concentrations**. Check to ensure the product is not past its expiration date as the concentration will degrade over time. Never mix household bleach with ammonia or any other cleanser.

It is important to note the contact time needed to disinfect a surface for COVID-19. Read more [here](#).

Relevant Caring for Our Children Standards: [Standard 9.2.3.10 Sanitation Policies and Procedures, 3.3 Cleaning, Sanitizing, and Disinfecting](#)

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## Q: How much physical space do I need per child? ^

⚠: CFOC recommendations from research studies range between forty-two to fifty-four square feet per child. Droplets from the virus that causes COVID-19 and other respiratory viruses can spread about 3 feet before they start to fall to the ground. However, some tiny particles may stay suspended for a longer distance. Therefore, when possible, keep children 6 feet apart during nap time (can have cots oriented head to foot), when eating and doing other activities. This may be difficult to achieve in the toddler and young child age groups. Avoid close group learning activities like reading circles.

Relevant Caring for Our Children Standards: [Standard 3.6.2.2 Space Requirements for Care of Children Who Are Ill](#)

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### 👉 If I am serving children of health care workers, should I be using PPE? ^

⚠: The CDC recommends personal protective equipment (PPE) during daily temperature checks when social distancing or barrier/partition controls cannot be implemented. Head Start, child care center, and family child care home staff serving children of essential health care workers, are encouraged to consider utilizing PPE while changing diapers, feeding children, and sanitizing toys. Because PPE may be challenging to find at times, staff can prioritize facemasks and face shields if available. Safety goggles can be used in the absence of face shields. Wearing gloves during cleaning, diapering and preparing food is recommended. Hand washing or use of an alcohol-based hand sanitizer after these procedures is always required, whether or not gloves are used.

The CDC is continually updating their guidance on personal protective equipment (PPE). Check their webpage for the newest guidance.

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### 👉 Should I encourage families to keep their well-child appointments? ^

⚠: Families should contact their child's doctor's office. The AAP released [guidance on receipt of well-child visits](#); it is recommended for children to have well-child visits through the first 24 months, because of the importance of early childhood immunizations and developmental screening.

Individual primary care providers may have developed different processes and may be using

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## Q: How can I prepare families for telehealth appointments? ^

A: Families should contact their child's doctor's office. Pediatric providers are rapidly learning new telehealth technologies, and government regulations and insurance payments have rapidly changed to make this a great strategy for families to stay connected with their doctor.

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## Q: How do I keep myself safe while caring for children? ^

A: The smaller the group, the better, as staffing allows. Infection control and prevention measures are our best defense (hand hygiene, respiratory etiquette, cleaning and disinfecting surfaces). Do these as often as you can.

It is important to continue to be within ratios for age and avoiding mixing groups of children from different ages or rooms. It is also important that classrooms are separated by physical barriers. Your state licensing or public health department may offer further guidance.

*Relevant Caring for Our Children Standards:*

[Standard 3.6.2 Caring for Children who Are Ill](#)

[Standard 1.1.1.2 Ratios for Large Family Child Care Homes and Centers](#)

[Standard 1.1.1.1 Ratios for Small Family Child Care Homes](#)

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**Q: I'm seeing communities looking to match first responders with volunteer childcare providers. I am guessing some of these volunteers will have very little formal training on caring for children and even if they do (such as teachers who are out at the moment), they probably would benefit from some short, practical training on how to protect their own health and the health of the family they are working with. ^**

A: A professional trained childcare workforce is vital for supporting healthy child development and learning. During the COVID-19 pandemic, it might be the reality for some families to access childcare

rom providers with less training. It is encouraged for childcare providers to seek training and technical assistance through the [National Center on Early Childhood Health and Wellness](#).

### **Additional Information:**

For questions and technical assistance: email [health@ecetta.info](mailto:health@ecetta.info)

- [COVID-19 resources](#) for ECE
- [Managing Infectious Disease in Head Start webinar](#)
- [Tips for Keeping Children Safe: A Developmental Guide](#)
- [Responsive Feeding: Developing Health Eating Habits from Birth](#)
- [National Center on Early Childhood Development, Teaching and Learning](#)
  - [15-minute in-service suites](#)

American Academy of Pediatrics offers PediaLink courses for early care and education providers:

- [Medication Administration](#)
- [Keeping Children Safe in Early Care and Education](#)
- [Safe Infant Sleep in Child Care](#)
- [Bug Busting in Early Care and Education](#)

Also check [Child Care Aware of America](#) and your local Child Care Resource and Referral agencies for additional training and technical assistance opportunities.

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## **Q: How can I continue to feed children during center closures?**



**A:** The [USDA is offering guidance](#) on how to offer food during program closures. There are several models of childcare, Head Start programs, and schools offering takeout meals to families and being reimbursed through CACFP. Please contact the state agency that administers your CACFP program.

## Q: I was wondering what the protocol is regarding the use of hand sanitizers with the 3- and 4-year-olds due to Coronavirus. We do not use hand sanitizers with the children at all. Should it be used during this crisis? ^

A: The goal is to increase hand hygiene as much as possible during this pandemic. The CFOC recommendation below is to use soap and water when possible and when there is visible soiling, but hand sanitizer is permissible if soap and water is not available. Given the COVID-19 pandemic, it is recommended to increase significantly the frequency of hand hygiene. If alcohol-based hand sanitizer is available and will increase the frequency that children and staff do hand hygiene, then use it if necessary. Remember that alcohol-based hand sanitizer is toxic if ingested and must be kept out of reach of small children.

Relevant Caring for Our Children Standards: [Standard 3.2.2 Hand Sanitizers](#)

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## Q: How do I develop a written plan for a pandemic? ^

A: Very few childcare centers have any sort of pandemic plan as outlined [in this article](#). “Infectious Disease Outbreaks, Epidemics, Pandemics, and Bioterrorism” in the 2020 edition of *Managing Infectious Diseases in Child Care and Schools* (the 5th edition, chapter 7, pages 187-190.) discusses what to do to prepare for a pandemic, which includes having a plan for alternative child care arrangements for critical workers. Also included is the symptom record form (page 226) and the [Enrollment/Attendance/Symptom form](#) (page 227). Both forms are mentioned in Chapter 7 of *Managing Infectious Diseases in Child Care and Schools*.

Once a pandemic has started, it is necessary to follow local health department guidance, which generally follows CDC guidance.

For Child Care and Development Fund Lead Agencies, they are asked to follow public health guidelines from their local health departments and the Centers for Disease Control and Prevention (CDC) to prepare for a pandemic outbreak. Consider using resources such as:

- [Child Care and Preschool Pandemic Influenza Planning Checklist](#)
- [Preparing Child Care Programs for Pandemic Influenza](#)

Relevant Caring for Our Children Standards: *Caring for Our Children* – recommended standard: [Standard 9.2.4.3: Disaster Planning, Training, and Communication](#) and [9.2.4.4: Written Plan for Seasonal and](#)

**Interim Guidance Disclaimer:** The COVID-19 clinical interim guidance provided here has been updated based on current evidence and information available at the time of publishing. Guidance will be regularly reviewed with regards to the evolving nature of the pandemic and emerging evidence. All interim guidance will be presumed to expire in December 2020 unless otherwise specified.

**Last Updated** 04/15/2020

**Source** American Academy of Pediatrics