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Ohio | Department of Health

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Child Care

Guiding Principles

Since the beginning of the pandemic the goal and focus for the child care industry was to:
1. Ensure parents that provide essential functions and services to restart Ohio's economy have a safe and healthy place for their children to go while working.
2. Protect the safety and well-being of the children and families we serve and the professionals we depend on.

Health & Safety Guidance for Ohio Child Care Programs

- Practice Social Distancing – Ratio & Class Size
- Wash and Sanitize Hands and Equipment
- Vigilantly Assess for Symptoms

- Physician Referral at First Sign of Symptoms
- Notification & Coordination with the Local Health Department
- Facial Coverings for Staff and Children

Background

Transitional pandemic rules and best practice guidance has been updated to assist with ensuring every effort is being made to mitigate and prevent the spread of COVID-19.

Transitional pandemic rules are licensing requirements established as Ohio transitions to normal class sizes when/if appropriate. Child Care programs must follow all guidelines set by the Governor of Ohio or the Director of the Ohio Department of Health.

This document summarizes the rules, best practices, and any associated tips.

Note: "employee" includes all administrators, employees and child care staff members (CCSM). These requirements and all new procedures established by the program should be reviewed with all employees.

Mandatory	Recommended Best Practices
Practice Social Distancing - Ratio/Class Size	

Practice Social Distancing - Ratio/Class Size

Effective Sunday, August 9, 2020 Ohio will return to regular ratio and class sizes with the strong recommendation that the class size not exceed the number of children that can safely socially distance in the classroom. Each provider's setting is different and will allow for a different number of children to safely be served never to exceed the below.

- Review back-up staffing plan that ensures background check requirements are followed.
- Maintain stable grouping:
  - Same group of children each day.
  - Same staff with same children each day.
  - Keep siblings together, when possible.
  - Keep children whose parents/guardians have the same employer together, when possible.
  - Groups should not be combined at times when fewer children are present, even if appropriate staff/child ratios are maintained.

Tip: Revise the daily schedules to ensure outdoor play/indoor large motor play at staggered times.

Practice Social Distancing - Ratio/Class Size (*cont.*)

AGE GROUP	RATIO	MAXIMUM GROUP SIZE
Infants	1:5 or 2:12 in same room (birth to less than 12 months)	12
	1:6 (at least 12 months and less than 18 months)	12
Toddlers	1:7 (at least 18 months and less than 2 1/2 years)	14
	1:8 (at least 2 1/2 years and less than 3 years)	16
Preschool	1:12 (at least 3 years and less than 4 years)	24
	1:14 (at least 4 years and not enrolled in or eligible to be in Kindergarten)	28
School-Age	1:18 (enrolled in or eligible to be enrolled in Kindergarten or above and less than 11 years)	36
School-Age	1:20 (at least 11 years and less than 15 years)	40

Type A Family Child Care maintains a ratio of 1:6 (no more than 3 children under the age of 2) with a maximum group size of 12.

In the event a county reaches a Level 4 (PURPLE) Public Emergency on the Ohio Public Health Advisory System, the Ohio Department of Job and Family Services STRONGLY encourages all providers to return to serving ONLY essential service families at the below ratio and class sizes:

Age Group	Ratio/Class Size
Infants	1:4 or 2:6
Toddlers	1:6
Preschool	1:9
School-Age	1:9

Mandatory	**Recommended Best Practices**

Handwashing

Mandatory

- Follow all handwashing procedures pursuant to rule, with the following additions:
    - All employees shall wash their hands upon entering a classroom and prior to leaving for the day.
    - All children shall wash their hands upon arrival and prior to leaving for the day.

Centers and family child care homes may use non-permanent sinks to meet the handwashing requirements.

Recommended Best Practices

- Employees and children should frequently wash their hands.
- Teach children and employees appropriate handwashing practices.
- Require anyone entering the program to wash and/or sanitize their hands.
- Wash hands carefully with soap and water for at least 20 seconds.
- Wash hands after coughing, sneezing, or using a tissue.
- Provide a hand washing/sanitizing station at the program's entrance.

Tips:
- Create a sanitation backpack that includes items such as cleaner, sanitizer, gloves, paper towels, and/or a small trash bag to take when you are caring for the children outside.
- Teach children a 20-second song to sing as they wash their hands.
- Please see "Portable Sinks in Child Care" for additional information at: http://jfs.ohio.gov/cdc/CoronavirusAndChildcare/.
- Communicate with families about the new hand washing practices in place in the program so they can reinforce with their children as well.
- Display handwashing posters to encourage proper washing, available on the provider pandemic page: http://jfs.ohio.gov/cdc/CoronavirusAndChildcare/.
- Watch YouTube videos with the children about proper handwashing: http://jfs.ohio.gov/cdc/CoronavirusAndChildcare/.
- Require employees to watch a video on proper handwashing: https://www.youtube.com/watch?v=LWmok9avzr4&feature=youtube.

Symptom Screening & Physician Referral

Mandatory

- Assess all administrators, employees, child care staff and children for the COVID-19 related symptoms listed below prior to or as soon as they arrive each day.
    - A temperature of at least 100 degrees Fahrenheit
    - Fever or chills
    - Cough
    - Shortness of breath or difficulty breathing
    - Fatigue
    - Muscle or body aches
    - Headache
    - New loss of taste or smell
    - Sore throat
    - Congestion or runny nose
    - Nausea or vomiting
    - Diarrhea
- Anyone with a fever of at least 100 degrees Fahrenheit must stay home or be sent home.
- Individuals who potentially have been exposed should follow quarantine and other recommendations from local public health officials.

Recommended Best Practices

- Refer those displaying symptoms of COVID-19 to an appropriate health care professional (i.e. primary care physician or pediatrician). Local health professionals can help to identify potentially infected or exposed individuals and assist with appropriate notifications.
- Incorporate social distancing while screening or use physical barriers to minimize exposure.
- Provide appropriate personal protective equipment (PPE) for employees who conduct screenings.
- Conduct health screening of any visitors to your program.
- Request parents/guardians and/or visitors wear a mask at arrival and screening.
- Request that children not eat, drink, or have physical activity immediately prior to screening.
- Teach employees how to:
    - Take a temperature.
    - Read a thermometer.
    - Sanitize a thermometer.
    - Properly put on and take off PPE.
- Modify drop off and pick up to ensure social distancing. Examples:
    - Stagger times.
    - Curbside drop-off and pick up.
    - Request same parent/guardian drop off and pick up child.
    - Provide physical guides (6 ft apart), such as tape on ground, for waiting in line.

In addition to testing available through healthcare providers, the state has implemented an initiative to provide testing with no out-of-pocket costs to any individuals of any age at pop-up sites in local communities. Updated testing information and availability can be found at https://coronavirus.ohio.gov.

Mandatory	**Recommended Best Practices**

Symptom Screening & Physician Referral (*cont.*)

Child care providers are encouraged to refer symptomatic staff or children to an appropriate healthcare provider or testing site.

Tips:
- Remind parents/guardians to keep their child home when they are sick
- Communicate with families about the new symptom screening process you have in place. Have them talk with their child prior to arrival about this new process.
- Talk with the children during the day about the new symptom screening process that will happen every day when they arrive.

Exclusion

- Immediately send home any child or employee who has any of the symptoms listed in rule.
- Individuals sent home shall not return until they have been symptom free for 24 hours without the use of medication.
  - If the individual who had the symptoms has had known contact with someone confirmed or probable to have COVID-19, they must complete isolation or quarantine procedures for COVID-19 in coordination with the local health department prior to returning to the program.
- The above requirements also apply to anyone whose symptoms are taken to be observed after arrival.
- If an employee or a child tests positive for COVID-19, they must complete isolation or quarantine procedures for COVID-19 in coordination with the local health department prior to returning to the program.

- When a child meets the COVID-19 exclusion criteria:
  - Isolate the child in a separate room or space until they are taken home.
  - Put a mask on the child, if possible and if appropriate.
- CCSM supervising the child should wear protective clothing and should wash hands often.

Tips:
- Review and test emergency contact numbers.
- Communicate with families about the program's isolation and discharge process.

For the most up-to-date information on when a teacher or child can be with others safely after a diagnosis of COVID-19, visit the CDC's website at https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/end-home-isolation.html.

Dividers

- If a program wishes to use dividers to divide a room into smaller spaces to serve multiple groups of children, it is recommended that the dividers meet the following requirements:
  - At least 6 ft high.
  - Made from nonporous material or material which may be sanitized.
  - Meet requirements set by:
    - Department of Commerce.
    - Local building department.
    - State Fire Marshal.
    - Local fire safety inspector.
- Please see "Using Dividers to Create Separate Spaces in Child Care Settings" at: http://jfs.ohio.gov/cdc/CoronavirusAndChildcare/.

Face Coverings

Face coverings are required for employees and for all children in 3rd grade or above. Face coverings should cover both the mouth and nose to maximize effectiveness. Face shields that wrap around the face and extend below the chin can be considered as an alternative where cloth face coverings would hinder the learning process.

Some situations where face shields would be useful include:
- When interacting with students, such as those with disabilities, where communication could be impacted.
- When interacting with English-language learners or when teaching a foreign language.
- Settings where cloth masks might present a safety hazard.
- For individuals who have difficulty wearing a cloth face covering.
- Consider requiring children to wear masks while being transported.

Mandatory	Recommended Best Practices

Face Coverings (*cont.*)

All employees, staff, administrators and in-home aides are required to wear a face mask, unless not medically appropriate, while indoors.
- Employees who care for individuals with symptoms must use appropriate PPE, provided by the program, in accordance with OSHA standards.

- Programs can consider establishing a facial covering policy for younger children.
- Programs should work to reduce any social stigma for a child who, for medical or developmental reasons, cannot and should not wear a face covering.
- Face covering should not be worn on:
  - Children younger than 2 years of age.
  - Anyone who has trouble breathing or is unconscious.
  - Anyone who is unable to remove the face covering without assistance.

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Additional Best Practice Recommendations to align with COVID-19 Health and Prevention Guidance for Ohio K-12 Schools.

Increased Sanitation and Social Distancing
- Thoroughly clean and sanitize program environment to limit spread on shared surfaces.
- Supplement handwashing by providing hand sanitizer (60% to 95% alcohol based) in high traffic areas including entrances to buildings and class rooms instructing staff and children to use the sanitizer.
- Employees, children, and volunteers should avoid touching their mouths, noses, and eyes since the virus easily enters the body through these membranes.
- Employees should try when possible to maintain 6-foot social distance among children, employees, and volunteers in all program environments, including classrooms, hallways, restrooms, cafeteria, playground, drop-off and pick-up locations, and buses.
- Limit the number of visitors to a program and consider eliminating field trips or large group events where intermingling often occurs.

Additional Assessing Symptoms, Risk Assessment and Mitigation
- Consider monitoring daily absences of students and employees for trends.
- It is recommended that sick leave and absence policies should not penalize employees or children for staying home when symptomatic or in quarantine or isolation.
- Consider requiring that employees, volunteers, and children who have suspected to have COVID-19 cannot return to the program until they meet the CDC criteria for return. Be prepared with appropriate plans for absences.

Please note: Additional information regarding COVID-19 Health and Prevention Guidance for Ohio K-12 Schools may be found at:
http://education.ohio.gov/Topics/Reset-and-Restart