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OPERATIONAL POLICIES & PROCEDURES (COVID-19)

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DPHSS Guidance Memorandum 2020-20

RE: Minimum Requirements for Operations of Childcare Facilities

Outlined below are requirements for the opening of childcare facilities, which are based on guidance from the U.S. Centers for Disease Control and Prevention.

A. General Restrictions, Requirements, and Recommendations

1. Operate at no more than the percent of occupancy rate for the facility, including employees, as identified in current or future Executive Orders.
2. Maintain ratio of staff to children required by regulations to ensure safety.
3. Staff members and older children are to wear face coverings within the facility. Face coverings are NOT be put on babies and children under age of two because of the danger of suffocation.
4. Implement social distancing
 - Special events such as festivals, holiday events, and special performances are prohibited.
 - At nap time, ensure that children's naptime mats (or cribs) are spaced 6 feet apart and place children head to toe in order to further reduce the potential for viral spread.
 - Recommendations:
 - Childcare classes should include the same group each day, and the same childcare providers should remain with the same group each day.
 - Alter or halt daily group activities that may promote transmission.
 - Keep each group of children in a separate room.
 - Limit the mixing of children, such as staggering playground times and keeping groups separate for special activities such as art, music, and exercising.
 - Stagger arrival and drop off times and/or

B. Intensify cleaning, sanitization, and disinfection efforts

1. Prior to opening, thoroughly clean and disinfect the facility using disinfectant cleaning supplies according to CDC guidelines.
2. Facility is to develop a schedule for cleaning and disinfecting.
3. Routinely clean, sanitize, and disinfect surfaces and objects that are frequently touched, especially toys and games. This may also include cleaning objects/surfaces not ordinarily cleaned daily such as doorknobs, light switches, classroom sink handles, countertops, nap pads, toilet training potties, desks, chairs, cubbies, and playground structures.

4. Use all cleaning products according to the directions on the label. For disinfection, most common EPA-registered, fragrance-free household disinfectants should be effective. A list of products that are EPA-approved for use against the virus that causes COVID-19 is available.

- <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19>

5. Toys that cannot be cleaned and sanitized are prohibited for use.
6. Toys that children have placed in their mouths or that are otherwise contaminated by body secretions or excretions are to be set aside until they are cleaned by hand by a person wearing gloves. Clean with water and detergent, rinse, sanitize with an EPA-registered disinfectant, rinse again, and air-dry.
7. Cloth toys are prohibited.
8. Sharing of toys with other groups of infants or toddlers are prohibited unless these items are washed and sanitized before being moved from one group to the other.
9. Set aside toys that need to be cleaned and sanitized.
 - Place in a dish pan with soapy water or put in a separate container marked for “soiled toys.” Keep dish pan and water out of reach from children to prevent risk of drowning. Washing with soapy water is the ideal method for cleaning. Try to have enough toys so that the toys can be rotated through cleanings.
10. Children’s books, like other paper-based materials such as mail or envelopes, are not considered a high risk for transmission and do not need additional cleaning or disinfection procedures.
11. Clean and Disinfect Bedding
 - Use only bedding (sheets, pillows, blankets, sleeping bags) that can be washed. Keep each child’s bedding separate, and store in individually labeled bins, cubbies, or bags. Cots and mats are to be labeled for each child. Bedding that touches a child’s skin are to be cleaned and sanitized weekly or before use by another child.
12. Diapering
 - Follow the CDC guidance for diapering:
<https://www.cdc.gov/healthywater/hygiene/diapering/childcare.html>

C. Washing, Feeding, or Holding a Child

1. Contaminated clothes are to be placed in a plastic bag or washed in a washing machine.
2. Infants, toddlers, and their providers should have multiple changes of clothes on hand in the childcare center or home-based childcare.
3. Hands are to be washed before and after handling infant bottles prepared at home or prepared in the facility. Bottles, bottle caps, nipples, and other equipment used for bottle-feeding should be thoroughly cleaned and sanitized after each use.

D. Food Preparation and Meal Service

1. Serve meals in classrooms; cafeteria-style feeding is prohibited.
2. Sinks used for food preparation are not be used for handwashing.
3. Caregivers should ensure children wash hands prior to and immediately after eating.
4. Caregivers should wash their hands before preparing food and after helping children to eat.

E. Modify drop off and pick up procedures

1. Hand hygiene station is to be set up at the entrance of the facility so that children (and adults, if authorized) can clean their hands before they enter. If a sink with soap and water is not available, provide hand sanitizer with at least 60% alcohol. Keep hand sanitizer out of children's reach and supervise use.
2. Establish written protocols for controlling and limiting parents and visitors onto the premises of the facility.
3. Childcare providers are to greet children outside the facility as they arrive and escort them inside. Similar practice is to be implemented for departing children.
4. If requiring sign-in stations, disinfect pens between each use.
5. If possible, older people, such as grandparents, or those with serious underlying medical conditions should not pick up children.

F. Implement screening procedures upon arrival

1. Screen children upon arrival.
2. Instruct parents/guardians to take their child's temperature before coming to the facility, and upon arrival, ask the parent/guardian to confirm that the child does not have fever, shortness of breath or cough.
3. Make a visual inspection of the child for signs of illness which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness.

G. Employee Health and Hygiene

1. Screen all employees reporting to work for COVID-19 symptoms; employees with symptoms are not permitted to work.
2. Provide and maintain PPE for employees to perform enhanced cleaning/disinfection.
3. Stagger shifts, breaks, and meals whenever possible.
4. Conduct training for employees on enhanced disinfection and proper PPE base on CDC guidelines.


for LINDA UNPINGCO DENORCEY, MPH
Director

REOPENING PLANS

DOC'S KIDDIE COLLEGE

Start Date: Monday, 22 June 2020

- Tentative
- Will be determined on the number of currently enrolled families in need of child care services.

Adjusted Hours: 7:30 am – 5:30 pm

- Temporary
- Staff will require time to clean, sanitize and maintain facility before opening and after closing.

Staff Coverage: 1 Director and 1-2 Providers

- Number of providers may increase or decrease based on the number of child in attendance.
- Will maintain Staff:Child Ratios
- Staff will have adjusted work schedules due to the reduced hours and reduced enrollment.
- 1 Director on duty at all times
- Staff will remain with their intended group of children.
- If no children are in attendance, staff will be dismissed from facility after cleaning and sanitizing tasks are complete.
- Staff will only be permitted in facility when on duty.

Operational Policies and Procedures:

- Will observe all requirements set forth by DPHSS Guidance Memorandum 2020-20.
- Will also include additional measures for the Health and Safety of children and staff.

GENERAL GUIDANCE

A. EMPLOYEE TRAINING

Child care program administrators shall train employees on the following:

- Information related to COVID-19 from the Centers for Disease Control and Prevention (CDC), including how the illness is spread, how to prevent its spread, symptoms, and when to seek medical assistance for sick children or employees.
- Health screening for children, staff and patrons.
- Proper cleaning and sanitizing procedures and approved cleaning products.
- Proper use of PPE (personal protective equipment).
- Strategies for social distancing in the classroom.

B. GENERAL PREVENTION PRACTICES.

- Wash hands frequently (e.g., before and after meals, after coming inside, after sneezing, blowing your nose, or coughing) with soap and water for at least 20 seconds.
- All occupants (staff and children over 2 years of age) will be required to wear face masks and other necessary PPE.
- Parents and visitors will be required to wear face masks and other necessary PPE when entering facility.
- Provide easy access to soap and warm water for handwashing for all children and staff.
- Except for diapering or when eating, preparing, or serving food, hand-sanitizing products with 60% alcohol may be used as an alternative method to handwashing. Hand sanitizer must be stored out of reach of children when not in use.

C. HEALTH SCREENING

- Conduct daily health checks.
 - Ask staff, children, and families:

- If they have had close contact (defined by the [CDC](#) as being within six feet of someone for 10 minutes or more) with anyone diagnosed with COVID-19.
 - If anyone in their household has symptoms of respiratory illness (fever, cough, or shortness of breath).
 - Evaluate temperature and check for coughs of anyone entering the building. Individuals with a fever over 100.4 F should not be allowed to stay.
 - Temperature may be taken under the arm for infants. For all other children over 6 months, use an oral, ear, or forehead thermometer and sanitize after each reading.
- If a child or staff member develops a cough, fever, or shortness of breath, send them home as soon as possible. They should stay home until they are symptom free (no cough or fever and no fever controlling meds) for at least 72 hours.
- While waiting for a sick child to be picked up, caregivers should stay with the child in a room isolated from others. If the child has symptoms of COVID-19 (fever, cough, or shortness of breath), the caregiver should remain as far away as safely possible from the child (preferably six feet).
- Ensure that the facility has flexible sick leave and absentee policies that discourage people to come in while sick.
- If anyone who has entered the facility is diagnosed with COVID-19, consult with local public health entity regarding cleaning and closure.

D. EXCLUSION POLICY

- Follow [standard exclusion criteria](#) for illness.
- Anyone who has had close contact (defined by the [CDC](#) as being within six feet of someone for 10 minutes or more) with someone diagnosed with COVID-19 should remain home for 14 days after their last contact with the COVID-19 patient.
- If someone in their household has symptoms of respiratory illness, consider asking them to remain home until at least 72 hours after symptom resolution (absence of fever without the use of fever-reducing medication and improvement in respiratory symptoms).

- Recommend exclusion for children or staff who are considered high-risk, including older adults or people who have serious chronic medical conditions.

E. CLASSROOM PRACTICES

- Only staff necessary to maintain ratio compliance should be inside of classrooms.
- Focus on outdoor activities when possible, with no more than one group of children in one outside area at a time.
- Ensure activities are small group or individual activities, rather than whole group, whenever possible.
- Field trips or outings to areas with large crowds are prohibited.

F. CLEANING AND SANITIZING

- All materials from the classroom that are harder to clean (e.g., soft toys) will be removed from classroom and families will be advised to not bring in unapproved toys or materials.
- Follow regular cleaning protocols and use an EPA-registered disinfectant that is active against the coronavirus.
- Clean and disinfect frequently touched surfaces throughout the day.
- Clean and sanitize all toys at the end of the day.
- Clean any machine washable items on the hottest setting.
- Keep a designated bin for separating toys that have been in children's mouths. When a child is done with a mouthed toy, place it in a bin that is inaccessible to other children and wash hands. Clean and sanitize prior to returning to children's area.

G. DAILY SUPPLIES FOR CHILDREN

- Parents will provide the following items according to their child(ren)s age and physical needs:

- o Meals and Snacks

- Only prepared/Ready to eat foods will be allowed. This includes food that requires reheating.
 - Foods that require preparation (Mac and Cheese, Instant Noodles, Frozen Meals, etc) will be prohibited.
 - Limited to only what is needed for the day. Storing of food in facility will be prohibited.
 - Utensils (fork or spoon) for dining (will be sent home daily).
- o Beverages (Juice, Milk, Water)
- To be supplied daily in labeled bottles or thermos.
 - Limited to only what is needed for the day. Storing of beverages in facility will be prohibited.
- o Complete Change of Clothing
- Child(ren) must always have an extra set in their bag/cubby.
 - Will need to be replenished if used/soiled.
- o Diapers, wipes and/or extra training pants
- o Blankets for Nap Time:
- Plastic/Recyclable Bag for Storage of bedding supplies which will be kept in child's personal cubby when not in use.
 - Blankets will be sent home at the end of each week for cleaning
- o Prohibited Items:
- Parents and Children will not be allowed to leave the following items in the facility:
 1. Cloth or Plush Toys or toys that hard difficult to clean or sanitize.
 2. Infant Carriers or Car Seats

H. PREPARATION

- Stay informed about the COVID-19 outbreak.
- Informational posters/flyers around facility.
- Follow guidance from your local public health entity. Know the signs and symptoms of COVID-19 in children and adults.
- Determine how the facility will communicate with staff and parents.
- If a patient with COVID-19 was in the building, the facility may need to close briefly (2 to 5 days) for cleaning and disinfection.
- The facility may need to close if child care cannot safely be provided due to a high number of staff being out of work.