Early Learning/Preschool

FOCUS AREA 1
Opening Schools

During the pandemic, the demand for child care services became critical due to the closure of early learning programs such as California State Preschool, Head Start/Early Head Start, and Migrant Head Start programs. As schools consider re-opening, preschool programs have special considerations inclusive of age and developmentally appropriate practices, licensing standards, sanitation, etc.

Due to the uncertainty with COVID-19, different considerations were applied to this focus area to provide support for preschool programs to re-open, families to access child care resources, and to offer subsidized child care programs where appropriate.

1. ESSENTIAL QUESTION: What resources and programs are available to support families in need of early learning services?

Implementation, Recommendations, and Considerations

District school personnel should share information regarding support available through the Riverside County Office of Education (RCOE). The RCOE Early Care and Education Unit will work with families and LEA stakeholders to provide guidance regarding available child care slots and programs aligned to specific needs. Additionally, families in need of assistance paying for child care may qualify for the California Alternative Payment Program (CAPP) by completing the Eligibility List Online Application. Consider various resources listed below as options for child care support for families.

Resources
- Eligibility List Online Application
- https://mychildcare.ca.gov/#/home
- Online child care referral
- Riverside County Local Planning Council
- Online Child Care Referral System
- Child Care Assistance through the California Alternative Payment Program

2. ESSENTIAL QUESTION: Which instructional platform will allow for staff and student safety while simultaneously earning the contracts?

Implementation, Recommendations, and Considerations

It is important for LEAs to consider the implications of funding/contracts, staffing, program, etc. when considering the three instructional platforms (face to face, distance learning, hybrid) to ensure attendance continues to contribute to the earning of the contract. It is necessary to contact CDE and RCOE to confirm flexibility of the desired program options and potential implications to funding and contracts (i.e., year-round or full day). If selecting distance learning or hybrid platforms, it is necessary to determine availability and access to technology such as alignment to district technology platform, devices, internet, remote access, etc. Please note that additional staffing may be required for hybrid programs as well as providing professional development for all staff.

Resources
- Distance Learning Guidance: Early Childhood Learning and Knowledge Center (ECLKC)
- National Health and Safety Performance Standards: Caring for Our Children

3. ESSENTIAL QUESTION: What arrival and departure procedures are most important to include when opening classrooms to students?

Implementation, Recommendations, and Considerations
It is important to consider local ordinance and determine district policy for the use of face covering by staff, families, and children over the age of 2 during drop-off and pick-up times. Designating one central entry point at each setting for health checks or temperature screenings, as well as consideration for varied program start options such as staggered start and pick-up times, will help streamline safety procedures. It is imperative to limit direct contact between families and staff members and adhere to social distancing recommendations. It is necessary to have established hand washing protocols for all staff, children, and essential visitors upon entry. Consider designating a writing instrument per child/family or sanitize the writing instrument between each use during sign-in/out.

Resources
- Community Care Licensing: PIN 20-06-CCP
- Cloth Face Coverings Fliers from the CDC: Use Cloth Face Coverings to Slow the Spread of COVID-19
- Important Information About Your Cloth Face Coverings
- How to Safely Wear and Take off a Face Covering

4. ESSENTIAL QUESTION: What steps must be put in place to prepare our environments for opening schools?

Implementation, Recommendations, and Considerations
Districts should use CDC guidance and national standards to create a plan for cleaning, sanitizing, and disinfecting classrooms and play areas, as well as supplies used by children. The plan should address before children arrive, transition periods, and after sessions end. Ensure signs are posted throughout the program to promote hand washing, cough/sneeze etiquette, social distancing, and other preventative measures.

Additional considerations include cleaning objects/surfaces not ordinarily cleaned daily such as doorknobs, light switches, classroom sink handles, desks, chairs, cubbies, and playground structures. Guidance is available for the selection of appropriate sanitizers or disinfectants for child care settings. Toys should be selected for ease of cleaning appropriate to the pedagogic aim. Furthermore, one can consider the impact to play areas and what disinfecting toys may look like. It may be necessary to rotate toys between cleanings to limit the need for consistent washing of toys. Difficult-to-clean toys may need to be simply discarded in the regular trash, especially if they are visibly soiled.

In the event of staff absences, a plan is needed to address coverage of personnel to ensure a safe environment and meet licensing standards.

Resources
- CFOC: Sanitizers and Disinfectants for Child Care Settings
- CDC Guidance: Guidance for Child Care Programs That Remain Open
- National Health and Safety Performance Standards - Routine Schedule for Cleaning, Sanitizing and Disinfecting
- Hygiene Signs-Stop the Spread of Germs
- Guidance for Group Size During State of Emergency: CDE
- Community Care Licensing: PIN 20-06-CCP

5. ESSENTIAL QUESTION: What is the plan for containment if we have another COVID-19 or communicable disease outbreak?

Implementation, Recommendations, and Considerations
In the event of a secondary COVID-19 outbreak, programs should immediately review and follow district policy for face coverings to be worn by staff, families, and children over the age of 2 during drop-off and pick-up. Cloth face coverings should NOT be put on babies and children under age two because of the danger of suffocation. Persons with a medical or mental health condition or developmental disability that prevents wearing a face covering shall be exempt. Developmentally, children ages 2-5 may have trouble keeping their mask on. Collaborate with parents and guardians and do your best with each student.

LEAs should have a specific plan for managing children with symptoms of acute respiratory illness and/or COVID-19 exposure. Create an isolation area (such as a cot in a corner of the classroom) that can be used to isolate a sick child. Staff should clean and disinfect surfaces in your isolation room or area after a sick child has used the isolation area and gone home. If COVID-19 is confirmed in a child or staff member, close off areas used by the person who is sick (CDC). It is suggested that the program designate a single bathroom for symptomatic children or procedure for cleaning/disinfecting/sanitizing after each use. Facilities should contain signs posted outside of rooms to indicate appropriate contact and respiratory droplet precautions wherever there are symptomatic children. It is suggested appropriate PPE (face coverings, gloves, etc.) is available outside of the room where there are symptomatic children. Facilities should have a plan developed to immediately notify childrens' families /caregivers if symptoms develop, or if COVID-19 exposure occurs. The plan should also include:
- Procedures for children returning to the program following illness

- Protocols to serve meals to children in isolation or awaiting pick-up
- Protocols to account for shortages
- Notification Protocols to inform families/caregivers who have been notified about your COVID-19 policies.
- An Infectious Disease Response Plan

Resources
- Isolation at Home
- How to Disinfect Your Building or Facility
- Family/Caregiver Notification Template
  - » English
  - » Spanish

FOCUS AREA 2
Health and Safety

In addition to the recommendations outlined in the Safety, Health and Wellness section of this document, there are additional implications and considerations for early learning settings to meet Title 5 and Title 22 requirements (California Department of Education and California Department of Social Services Community Care Licensing). In addressing the isolation measures prescribed by the CDC, LEA child development programs need to keep in mind the use of space, social distancing, and sheltering of students with high-risk that is age and developmentally appropriate.

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1. ESSENTIAL QUESTION: How will a safe and clean environment be maintained throughout the day and between students visiting the classroom?

Implementation, Recommendations, and Considerations
In addition to following the required standards referenced in the preparation of the preschool environment, it is important to post signs to promote hand washing, cough/sneeze etiquette, social distancing, and other preventative measures, as well as ensure hand washing stations and/or alcohol-based hand sanitizers are available in every room.

Resources
- Stop the Spread of Germs
- Sanitizers and Disinfectants for Child Care Settings
- National Health and Safety Performance Standards - Routine Schedule for Cleaning, Sanitizing and Disinfecting

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2. ESSENTIAL QUESTION: How will we maintain staff and student safety?

Implementation, Recommendations, and Considerations
It is recommended that child development programs create stable groups of children. This means that the same children and staff should be together whenever possible. To reduce unnecessary exposure within families, siblings should be grouped together whenever possible. Current recommendations are to limit group sizes to 1:10 children per classroom or space. See resource section "Guidance for group size during state of emergency" for additional information.

It is imperative that staff are notified about all COVID-19 policies, including sick leave. Staff training should be provided on prevention, symptoms, and transmission. Encouraging staff to take everyday preventive actions to prevent the spread of respiratory illness is crucial in preventing the spread of illness. Ensure notification templates are posted and available in English and Spanish.

Resources
- CDE Guidance for Group Size During State of Emergency
- Community Care Licensing (CCL)
- CDC Guidance: Communities, Schools, and Workplaces | COVID-19
- Important Information About Your Cloth Face Coverings
- Everyday Preventive Actions
- Prevention, Symptoms, Transmission
- English COVID-19 Notification Template
- Spanish COVID-19 Notification Template
- Professional Development: California Early Childhood Online
- Healthy Hygiene Posters (CDC): Handwashing

3. ESSENTIAL QUESTION: How will we implement and monitor processes for screening upon arrival?

Implementation, Recommendations, and Considerations
In addition to the health screening recommendations and considerations discussed in other areas of this document, it is critical for early childhood programs to ensure all required screenings and health checks are completed as per program regulations and mandates (Title 5; Title 22; Head Start Performance Standards).

Resources
- Community Care Licensing: PIN 20-06-CCP
- CDC Guidance on Screening upon Arrival

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4. ESSENTIAL QUESTION: What considerations are necessary for physical and social distancing with preschool-age children?

Implementation, Recommendations, and Considerations
It is necessary to ensure each child is placed with the same children and teacher each day. Each group of children should be kept separated throughout the day with procedures in place to limit the mixing of children. Examples include staggering playground times and separating groups for special activities such as art, music, and exercising. In addition, at nap time, childrens' mats (or cribs) should be spaced out as much as possible, ideally 6 feet apart. In the event children can not be spaced 6 feet apart, they can also be placed head to toe in order to further reduce the potential for viral spread.

Additional Considerations
Examples of social and physical distancing strategies include using carpet squares, mats, or other visuals for spacing; modeling social distancing when interacting with children, families, and staff; role-playing what social distancing looks like by demonstrating the recommended distance; giving frequent verbal reminders to children; creating and develop a scripted story around social distancing, as well as hand washing, proper etiquette for sneezes, coughs, etc.

Resources
- Community Care Licensing: PIN 20-06-CCP
- Social Distancing in Early Care and Education Settings

5. ESSENTIAL QUESTION: What should sanitation look like in each classroom?

Implementation, Recommendations, and Considerations

Indoor and Outdoor Learning Environments
Identify surfaces and toys that are low and high risk for transmission and will require regular cleaning. Some toys should be limited to those that can be cleaned and sanitized; some toys that cannot be easily cleaned may need to be discarded in the regular trash after use, especially if visibly soiled. Consult local policy for use of 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, in which the materials do not touch. Be mindful of items more likely to be placed in a child's mouth, like play food, dishes, and utensils. Children's books and other paper-based materials, such as mail or envelopes, are not considered high risk for transmission and do not need additional cleaning or disinfection procedures.

Toy Sharing Prevention
Facilities should consider organizing a set of outdoor toys for each group of children/classroom to minimize cross-exposure. Toys should not be shared with other groups of infants/toddlers or preschoolers, unless they are washed and sanitized before being moved from one group to the other. Machine washable cloth toys should be used by one individual at a time to avoid cross-contamination or eliminated from use.

Toy Sanitation
Routines should be established for sanitizing indoor and outdoor learning environments. Washing with soapy water is the ideal method for cleaning. Facilities should attempt, whenever possible, to have enough toys so that the toys can be rotated through cleanings. Toys that children have placed in their mouths or that are otherwise contaminated by body secretions or excretions should be set aside until they are cleaned by hand by a person wearing gloves or disposed of in the regular trash if they cannot be cleaned. All toys should be cleaned with water and detergent, rinsed, and sanitized with an EPA-registered disinfectant, rinsed again, and air-dried. Preschool providers may also clean toys in a mechanical dishwasher. When placing very small toys in the dishwasher, consider using a laundry mesh bag or dishwashing basket on the top rack to prevent losing pieces. Machine washable cloth toys should be laundered before being used by another child. Toys that need to be cleaned should be set aside by placing in a dishpan with soapy water or put in a separate container marked for "soiled toys", ensuring the dishpan and water is kept out of reach from children to prevent the risk of drowning.

Resources
- Environmental Protection Agency (EPA): List N:Disinfectants for Use Against SARS

6. ESSENTIAL QUESTION: What is the diapering policy/procedure in place?

Implementation, Recommendations, and Considerations
Prior to diapering a child, child care and preschool providers should wear gloves and wash their hands as well as the child's hands. Safe diaper changing procedures should be followed at all times and diapering procedures should be posted in all diaper changing areas.

After diapering, child care and preschool providers should wash their hands (even if wearing gloves) and disinfect the diapering area with approved sanitizing products.

Resources
- Diaper-Changing Steps for Child Care Settings
- CDC: Diapering Hygiene Print and Go Fact Sheet

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7. ESSENTIAL QUESTION: What is the policy/procedure for washing, feeding, or holding a child?

Implementation, Recommendations, and Considerations
To the extent possible, when washing, feeding, or holding very young children, child care and preschool providers should protect themselves and others. This can be accomplished by wearing an appropriate covering over their clothes such as a smock, and by wearing long hair above the collar. Child care and preschool providers should wash their hands, neck, and anywhere contaminated by a child's secretions. Children's clothing should be changed when contaminated by secretions. Coverings worn over child care and preschool providers' clothing should be changed if soiled and the provider should immediately wash his/her hands. Contaminated clothes should be placed in a plastic bag and/or washed in a washing machine. Multiple changes of clothing should be available for infants, toddlers, preschoolers, and providers. Child care and preschool providers should wash their hands prior to, and immediately after, handling infant bottles prepared at home or in the facility. Bottles, bottle nipples, bottle caps, and other equipment used for bottle-feeding should be thoroughly cleaned after each use by washing in a dishwasher or by washing with a bottlebrush, soap and water, and then sanitizing.

Resources
- CDC: Guidance for Childcare Programs That Remain Open

8. ESSENTIAL QUESTION: What does healthy hygiene behavior look like in a classroom?

Implementation, Recommendations, and Considerations
Healthy hygiene behavior is a critical component of early learning settings. Local ordinance and district policy for cloth face coverings to be worn by staff, families, and children over the age of two, should be considered. Cloth face coverings should NOT be put on babies and children under age two due to the danger of suffocation. Developmentally, children ages 2-5 may have trouble keeping their mask on, so please work with families and do your best. Persons with a medical or mental health condition, or developmental disability that prevents wearing a face covering, shall be exempt. Additional protective measures should be in place such as covering coughs and sneezes. Encourage parents and caregivers to regularly brush the teeth of their children at home rather than allowing tooth brushing during class.

In relation to hand washing, posters should be placed near sinks describing hand washing steps. Developmentally appropriate posters in multiple languages are available from CDC. Adults and children are advised to wash hands with soap and water for at least 20 seconds. If hands are not visibly dirty, alcohol-based hand sanitizers with at least 60% alcohol can be used in the event soap and water are not readily available. Children should be supervised at all times when using hand sanitizer to prevent ingestion. Children, including infants who are unable to wash their own hands, should also be assisted with hand washing and staff should immediately wash their own hands upon conclusion of assisting children with hand washing.

Additionally, all children, staff, and volunteers should engage in hand hygiene at the following times:
- Arrival to the facility
- After breaks
- Prior to, and immediately after, preparing food or drinks
- Prior to, and immediately after, eating or handling food and/or feeding children
- Prior to, and immediately after, administering medication or medical ointment
- Prior to and immediately after diapering
- After using the toilet or helping a child use the bathroom
- After coming in contact with bodily fluid
- After playing outdoors or with sand and water
- After handling garbage

Resources

- CDC Guidance: Communities, Schools, and Workplaces | COVID-19
- Important Information About Your Cloth Face Coverings
- Healthy Hygiene Posters (CDC): Handwashing
- CDC: Cover Cough and Sneezes

9. ESSENTIAL QUESTION: What is the policy/procedure for Food Preparation and Meal Service?

Implementation, Recommendations, and Considerations
In relation to policies and procedures for food preparation and meal service, early learning and preschool program staff should ensure adults wash their hands before preparing food as well as after helping children to eat. Children should wash hands prior to and immediately after eating. Meals should be served in classrooms rather than in cafeteria or group dining areas. Family-style service should not be permitted. In settings where meals are typically served family-style, each child's meal should be plated and served to ensure multiple children are not using the same service utensils.

Resources

- CDC Guidance for Food Preparation and Meal Service
- Provide Pesticide Management Training for all staff that perform cleaning, sanitizing, or disinfecting tasks.
- State Pesticide Management Training (Insert district pesticide training video if available)

FOCUS AREA 3
Communication
Implications and considerations for early learning and preschool settings related to effective communication systems emphasize the importance of communicating policies and procedures in advance of implementation to staff, families, and children. Input from these stakeholders as well as the community should also be considered whenever possible.

1. ESSENTIAL QUESTION: What effective communication systems are in place in a county, LEA, department and/or classroom?

Implementations, Recommendations, and Considerations

Communications should be posted publicly to available platforms (e.g. social media, websites, etc.) and policies and procedures should be continuously revisited and revised in response to updates provided by the Center for Disease Control, Community Care Licensing, Public Health Director, and district regulations.

2. ESSENTIAL QUESTION: What are effective communication resources?

Implementations, Recommendations, and Considerations
Effective communication resources for early learning and preschool settings will be critical and include, but are not limited to, the following:

How to Protect Yourself and Others
Protect yourself and others from COVID-19 by learning how it spreads and taking everyday preventive actions.

How to Safely Wear and Take Off a Cloth Face Covering
Resource on the proper use of cloth face coverings to prevent the spread of COVID-19.

Important Information About Your Cloth Face Coverings
Learn general recommendations for the use of face cloth coverings and how face cloth coverings are different from other mask types.

Utilize Healthy Hygiene Handouts and Posters (see link below to CDC):

What to do if you are sick (alternative languages available)
If you are sick with COVID-19, or suspected of being infected with it, follow the steps in this fact sheet to help prevent spreading it to people in your home and community.

Stop the Spread of Germs Poster
Help prevent the spread of respiratory diseases, like sick with COVID-19 by avoiding close contact with people who are sick; covering cough and sneeze; avoiding touching eyes, nose.

Stay home when you are sick!
If you feel unwell or have the following symptoms, fever, cough, or shortness of breath, stay home and do not go to work or school.

Stay Healthy Wash Your Hands
Germs are all around you. Stay healthy by washing your hands often with soap and water for at least 20 seconds. If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if your hands are visibly dirty.

Symptoms of Coronavirus Disease 2019 Poster
Patients with COVID-19 have often experienced mild to severe respiratory illness. Symptoms can include fever, cough and shortness of breath. Symptoms may appear 2-14 days after exposure.

Wash Your Hands
Follow these steps for proper hand washing to prevent the spread of germs. Wash your hands with soap and water for at least 20 seconds.

Resources

- CDC Guidance: Communities, Schools, and Workplaces | COVID-19
- Important Information About Your Cloth Face Coverings
- Healthy Hygiene Posters (CDC): Handwashing
- CDC: Cover Cough and Sneezes