



DISTRICT OF COLUMBIA

OFFICE OF THE STATE SUPERINTENDENT OF

EDUCATION

Enhanced Child Care Health and Safety Checklist

An Optional Resource to Support the Implementation of OSSE's Health and Safety Guidance for Child Care Providers: COVID-19 Recovery Period

(Released Sept. 8, 2020)

This health and safety checklist is an **optional resource for child care providers currently operating** to support the effective implementation of the [Health and Safety Guidance for Child Care Providers: COVID-19 Recovery Period](#). This guidance incorporates re-opening guidance for child care providers issued by DC Health on [July 29, 2020](#).

Please note this resource does not cover all provisions as articulated in the OSSE health and safety guidance. Child care providers remain responsible for closely reviewing and implementing all required provisions of the health and safety guidance.

This document contains two checklist resources.

1. [Be Prepared Every Day: A Daily Health and Safety Checklist](#). This checklist can be used every day by child care providers to support the facility's readiness to receive children and staff members.
2. [Policy and Process Preparedness Health & Safety Checklist](#). This checklist can be used to help providers ensure they have the right policies and processes in place to protect the health and safety of their staff and families during this public health emergency.

For resources and information on the District of Columbia Government's coronavirus (COVID-19) response and recovery effort, please visit coronavirus.dc.gov. The Centers for Disease Control and Prevention's (CDC) most recent, supplemental guidance for child care providers can be accessed [here](#). OSSE guidance, this checklist, and other related resources will be updated and posted [here](#) under the section titled Resource for Child Care Providers as additional recommendations from the CDC or DC Health become available.

For any questions regarding this checklist or related guidance, please contact Eva Laguerre, director, Licensing & Compliance, Division of Early Learning, Office of the State Superintendent of Education (OSSE) at (202) 741-5942 or Eva.Laguerre@dc.gov.

Be Prepared: A Daily Health and Safety Checklist for Childcare Providers Operating During COVID-19

When completing the checklist, if the answer to any of the questions is “no,” the child care provider must take immediate action to correct. In the event in which immediate resolution is not possible, the child care provider should contact their licensing specialist for guidance.

All protocols should be aligned with OSSE’s Health and Safety Guidance for Child Care Providers: COVID-19 Recovery Period.

DATE: _____

START OF THE DAY

Question	Yes	No
Have all surfaces, materials, and toys been cleaned, disinfected and sanitized?		
Are all the classrooms and common areas stocked with the appropriate hand hygiene, cleaning, sanitizing, and disinfecting supplies for use throughout the day and in the event a staff member or child becomes ill?		
Is a hand hygiene station available for staff, children and essential visitors to use as they enter the building?		
Do you have a staff member designated to meet families curbside or door side, to limit the amount that families need to enter the building?		
Do you have a staff member designated to screen children, staff, and essential visitors for symptoms, following OSSE guidance, as they arrive? <i>Such a staff member must wear a cloth face covering <u>and</u> maintain a social distance of at least 6 feet or barrier protection or Personal Protective Equipment (PPE), per OSSE’s guidance.</i>		
Do you have copies of OSSE’s (or an equivalent) daily screening tracker available to log the results of the daily symptom screenings for children and staff?		
If any child, staff member, or essential visitor was found to have: 1) fever or other symptoms of COVID; 2) confirmed to have been in close contact with an individual with COVID-19; or 3) visible signs of illness, was the child, staff member, or essential visitor excluded?		
Do staff that work with infants and very young children have multiple clean, large, button-down, long-sleeved shirts to wear?		
Are all staff, parents/guardians, and essential visitors wearing face coverings? Are children age 2 and older wearing cloth face coverings, as appropriate and feasible? Are extra face coverings available in the event a child, staff member, or essential visitor needs one or needs a replacement?		
Have you designated an isolation area and do you have additional personal protective equipment (PPE) available in the event a staff member or child becomes ill during the day? Have you designated a staff member that will supervise the isolation area?		

DATE: _____

END OF DAY

Question	Yes	No
Do you have a staff member designated to meet families curbside or door side, to limit the amount that families need to enter the building?		
Is a hand hygiene station available for parents/guardians if they enter the building?		
Did staff and children wash their hands before leaving for the day?		
Did you remind parents/guardians and staff about the daily health screen and to bring multiple clean cloth face coverings for their children/themselves, as appropriate?		
Have all surfaces, materials, and toys been cleaned, disinfected and sanitized?		
Do you have sufficient hand hygiene, cleaning, disinfection and sanitization supplies for tomorrow? Are all classrooms and common areas stocked accordingly?		
Have you laundered machine washable toys and soiled fabrics (e.g., clothing, bedding)?		
If a child or staff member developed symptoms during the day, were they dismissed and all areas, toys and equipment with which they came into contact cleaned and disinfected?		

Policy and Process Preparedness Health and Safety Checklist

When completing the checklist, if the answer to any of the questions is “no,” the child care provider must take immediate action to correct. In the event in which immediate resolution is not possible, the child care provider should contact their licensing specialist for guidance.

Any protocol or process should be aligned with OSSE’s Health and Safety Guidance for Child Care Providers: COVID-19 Recovery Period.

Communication with Staff and Families

Question	Yes	No
Are there protocols in place to communicate with staff and families regarding changes in policies and practices due to the health and safety guidance?		
Has information been provided to staff and families on COVID-19 prevention and response protocols and behaviors that prevent the spread of COVID-19?		
Are there protocols in place to alert staff and families of the travel restrictions for all residents and persons traveling to or from “high-risk” areas for non-essential travel? <i>The communication should include that those who traveled for non-essential purposes will be required to quarantine for 14 days following their return or arrival to the District.</i>		

Vaccines and Health Forms

Question	Yes	No
Are there protocols in place to communicate with families the immunization requirement that all children who attend child care must be fully vaccinated per Centers for Disease Control and Prevention (CDC) and DC Health standards?		
For families with children age 2 and younger, has it been communicated that a comprehensive physical health exam is still a requirement for entry and continued enrollment?		
For families with children age 3 and older, has it been communicated that there is a 90-day extension to provide documentation of a child’s comprehensive physical exam and oral health assessment? <i>Please note that this extension does not apply to vaccinations and for all children to remain up-to-date on their appropriate immunization schedule. This 90-day extension for health forms expires on Nov. 2, 2020 and for oral health forms on Jan. 31, 2021.</i>		

Reopening Buildings

Question	Yes	No
Have you submitted an Unusual Incident Report (UIR) to OSSE to notify them of your planned date for reopening? This communication should be sent to OSSE.childcarecomplaints@dc.gov once you have a date set for reopening.		
If you’re reopening your building after a prolonged closure, have you ensured your		

ventilation systems work properly?		
On reopening your building after a prolonged closure, have you flushed your water systems to clear out stagnant water and replace it with fresh water?		

Physical (Social) Distancing

Question	Yes	No
Are protocols, per District and CDC guidance, in place for curbside or doorside drop-off, to limit the amount that parents/guardians need to enter the building?		
Are schedules in place to limit interaction of groups of children? <i>This includes staggered entry/exit times, staggered transition times so that groups of children are not mingling in restrooms or eating locations, and consistent assignment of staff and children to the same classroom each day to limit mixing.</i>		
Are rooms set up to allow for physical distancing? <i>This includes to allow no more than 10, or briefly 11, individuals (staff and children) in a given activity, and tables/chairs/mats as spaced as possible.</i>		
Are outdoor activities scheduled to allow for physical distancing? <i>This includes individuals not mixing between groups and extra physical distance (more than 6 feet) between groups.</i>		
If using partitions, do they meet the specifications in OSSE's and DCRA's guidance?		
Are there protocols in place to ensure that floaters, runners, substitutes, essential visitors and any adults briefly joining the classroom (the "11 th person") are following the additional safety precautions (i.e., use of a non-medical (cloth) face mask, washing hands, wearing a clean smock and booties) before entering a room and interacting or touching a child?		
Are there sufficient supplies for each child in each programmatic activity, to allow for spacing of children <i>and</i> to limit children reaching for the same sets of supplies?		

Daily Health Screening

Question	Yes	No
Do you have a process, per District and CDC guidance, in place to screen children, staff, and essential visitors daily for symptoms of or exposure to COVID-19 upon arrival to the facility?		
For those children and staff with pre-existing health conditions who present with symptoms similar to COVID-19, is there a protocol in place to confirm via written or verbal documentation from the healthcare provider that those specific symptoms are <i>not</i> due to COVID-19? (<i>Parent/guardian or staff self-report is not acceptable.</i>)		
If a child or staff member becomes ill during the day, are staff following OSSE Licensing and Health and Safety Guidelines regarding exclusion and dismissal due to illness?		
Do you have a process, per District and CDC guidance, in place if a staff member must check another individual's temperature? Such a process must include the use of a barrier/partition <i>or</i> personal protective equipment (PPE).		

Non-Medical (Cloth) Face Coverings

Question	Yes	No
Are all staff and essential visitors aware of the requirement to wear non-medical (cloth) face coverings while in the facility or on facility grounds?		
If a staff member indicates they are unable to wear a non-medical (cloth) face covering, have they submitted documentation from their healthcare provider <i>and</i> have you received a waiver from OSSE? <i>Staff without a medical clearance from a health care provider and a waiver from OSSE must wear a face covering or should not participate in congregate child care.</i>		
Are there communication protocols in place to ensure parents/guardians are aware that they must wear non-medical (cloth) face coverings for drop-off, pick-up and any time they interact with child care staff?		
Is there communication protocol in place to determine, in coordination with parents/guardians, whether it is developmentally feasible for children age 2 and older to wear a non-medical (cloth) face covering?		
Is there a protocol in place to regularly check and ensure staff are wearing non-medical (cloth) face coverings correctly* and at all times**? <i>*Covers nose and mouth and fits snugly against the sides of your face. Click here for a video tutorial.</i> <i>**This includes while outdoors unless engaged in vigorous physical activity and a physical distance of 6 feet can be maintained.</i>		
Are protocols in place to support the safe use and storage of clean non-medical (cloth) face coverings?		
Are extra non-medical (cloth) face coverings available in the event that staff, essential visitors or children forget or soil their coverings?		

Hygiene

Question	Yes	No
Are protocols in place to ensure frequent hand-washing, appropriate use of gloves (including during food service, diaper changes, and supervising a sick child in an isolation area), and good hygiene practices (including covering coughs and sneezes with an elbow or tissue) are used throughout the day?		
Is signage in every classroom and near every sink regarding hygiene expectations?		
Are staff trained on these protocols?		
Is there a hand hygiene station available at the entry door for children, parents/guardians and staff to clean their hands upon arrival?		
Do child care providers who wash, feed or hold infants or very young children have access to clean, large, button-down, long-sleeved shirts to wear while performing these activities?		
Are protocols in place to ensure staff immediately wash any skin that comes in contact with a child's secretions (using the hand washing procedure)?		
Have staff been trained to ensure the correct use of PPE as articulated in Appendix B of the OSSE health and safety guidance? <i>NOTE: While specifically referenced here, appropriate use of PPE applies to many sections of the</i>		

<i>guidance. Ensure that any training thoroughly covers all scenarios in which PPE must be used.</i>		
Is there sufficient PPE available to follow Appendix B: PPE Requirements for Child Care Staff as articulated in the OSSE child care health and safety guidance?		

Cleaning, Sanitizing and Disinfecting

Question	Yes	No
Is there a protocol in place to regularly clean, disinfect and sanitize surfaces, materials, and toys throughout the day and at the end of the day per District and CDC guidance?		
Are the products used to clean, sanitize, and disinfect on the EPA list of approved disinfectants effective against SARS-CoV2 (COVID-19)?		
Are staff trained on the specific cleaning protocols, especially related to high-touch surfaces and toys?		
Are signs posted in every classroom and throughout the building with reminders regarding cleaning, disinfection, and sanitization, as well as hand hygiene?		
Do you have a process in place to conduct a regular inventory of cleaning, disinfecting, and sanitization supplies?		
Are there cleaning, sanitization, and disinfection protocols in place to appropriately respond to specific scenarios as listed in the OSSE health and safety guidance? <i>This includes: if a child or staff develops symptoms, are confirmed to have COVID-19, or a child requires a medical treatment that is oral, nebulized, or aerosol-generating.</i>		

High-Risk Individuals

Question	Yes	No
Is there a protocol in place to notify all families and staff of the DC Health recommendation that any individual at increased risk for experiencing severe complications due to COVID-19 consult with their medical provider before participating in congregate care?		

Meals

Question	Yes	No
If you serve food: Do you have a process to support individualized (non-family-style) meals and snacks?		
Do you have proper food storage and serving equipment available?		
Does your hand-washing policy ensure staff and children wash hands before and after meal service?		
Does your cleaning, sanitizing, and disinfecting policy ensure tables and chairs are cleaned and sanitized before and after meal service and routine cleaning of high-touch services in the meal preparation area?		
Do your hygiene procedures ensure that children do not share utensils, cups or plates?		

Exclusion, Dismissal, and Return to Care

Question	Yes	No
There are four reasons for which a child, staff member, or essential visitor is to be excluded from care: 1) exhibiting symptoms as listed in the “Daily Health Screening” section of the guidance; 2) they or a close contact are confirmed to have COVID-19; 3) they are awaiting COVID-19 test results; or 4) they have traveled to a high-risk state or country, as defined by DC Health, for non-essential travel in the last 14 days. Have these criteria been clearly communicated to families and staff?		
Are there protocols in place to ensure that a child, staff member, or essential visitor meeting one of the four exclusion criteria is not admitted to the facility?		
If a child or staff member develops a fever or other signs of illness during the day are there protocols in place to be able to isolate the impacted individual?		
For individuals who become ill during the day, is there a protocol in place to ensure that children are picked up and staff are able to leave for home as soon as possible?		
Based on why a child or staff member was excluded or dismissed from care, are there protocols in place that clearly communicate the return to care criteria to families and staff?		
For any child or staff member who was excluded from care, are there protocols in place to ensure the individual is not admitted back into the facility until they have met the necessary return to care criteria?		
For staff, are there flexible and non-punitive leave policies in place that all sick employee to stay home?		

Exposure Reporting, Notifications, & Disinfection

Question	Yes	No
Have you identified a staff member that will act as the COVID-19 point of contact (POC) for OSSE and DC Health?		
Do you have contact information for all staff members and essential visitors in the event of a positive case or close contact among these individuals?		
Are there protocols in place to ensure that in the event of a confirmed COVID-19 case in a child or staff member that the appropriate reporting steps are followed to OSSE (via UIR) and DC Health (via the Non-Healthcare Facility COVID-19 Consult Form here)? <i>Notification to DC Health should not be sent until the results of a COVID-19 test have come back and the results are positive.</i>		
Once guidance is provided from DC Health, are communication protocols in place to notify families and staff of a COVID-19 case, while ensuring the privacy of the individual?		
In the event of a confirmed COVID-19 positive case in the facility, are protocols in place to follow the cleaning, sanitization, and disinfection guidance of impacted areas and materials? <ul style="list-style-type: none"> <i>Impacted areas need to be cleaned, disinfected, and sanitized if seven days or fewer have passed since the person who is sick used the facility.</i> <i>Areas used by the person who is sick should be closed off as soon as possible but if in use cleaning, disinfection, and sanitization can wait until those using the space leave for the day.</i> 		