



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

(Updated Dec. 21, 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](#) issued on Dec. 21, 2020. The Office of the State Superintendent of Education (OSSE) health and safety guidance incorporates District of Columbia Department of Health (DC Health) guidance issued on [Dec. 10, 2020](#) and recommendations from the Centers for Disease Control and Prevention (CDC).

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 and 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 CDC's 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 Health and Safety Guidance.

For any questions regarding this checklist or related guidance, please contact OSSE.DELcommunications@dc.gov.

Be Prepared: A Daily Health and Safety Checklist for Child Care 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? • For an example schedule for routine cleaning, sanitizing, and disinfecting child care facilities and guidance for selecting cleaning products, please refer to OSSE’s Supplementary Guidance for Cleaning, Sanitizing, and Disinfecting Child Care Facilities .		
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 or eliminate the need for families 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? • Such a staff member must wear a cloth face covering <i>and</i> maintain a social distance of at least 6 feet or barrier protection or Personal Protective Equipment (PPE), per OSSE’s guidance in Appendices A & B of the Health and Safety Guidance.		
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? • For an example of a daily screening tool, please refer to OSSE’s Daily Screener Tracker .		
Do you have a process for storing records of daily health screenings for 30 days?		
If any child, staff member, or essential visitor was found to have met any of the following criteria, was the child, staff member, or essential visitor excluded? A child, staff member or essential visitor must stay home or not be admitted if they: <ul style="list-style-type: none"> • Have had a temperature of 100.4 degrees Fahrenheit or higher or any of the symptoms listed in the “Daily Health Screening” section of the guidance in the last 24 hours. • Are confirmed to have COVID-19. 		

<ul style="list-style-type: none"> • Have been in close contact in the last 10 days with an individual confirmed to have COVID-19.¹ • Are awaiting COVID-19 test results, or have a close contact who is awaiting COVID-19 test results. • Have traveled in the past 14 days to a high-risk state, territory, or country <i>unless</i> they have obtained a COVID-19 PCR test at least three to five days after their return <i>and</i> received a negative test result. 		
Do staff that work with infants and very young children have multiple smocks (e.g., gowns/coveralls, such as 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 a well-ventilated isolation area that can be used for each child or staff member that presents symptoms (only one sick individual in the isolation area at a time)?		
Have you designated a staff member that will supervise the isolation area, and protocols to clean and disinfect the area after the sick individual departs? Do you have additional personal protective equipment (PPE) available to use in the event a staff member or child becomes ill during the day?		

¹ The 10-day quarantine recommendation is intended to minimize the risk of transmission of the virus while also minimizing the burden of quarantine. Recent DC Health guidance allows for child care providers to continue to implement the more stringent 14-day quarantine requirement if they choose to. Fourteen days of quarantine remains the most effective strategy for decreasing the transmission of COVID-19. DC Health strongly recommends that individuals who live or work with someone at higher-risk for COVID-19 (see Section L of [OSSE Health and Safety Guidance for Child Care](#)) quarantine for 14 days.

DATE: _____

END OF DAY

Question	Yes	No
Do you have a staff member designated to meet families curbside or door-side, to limit or eliminate the amount that families need to enter the building?		
Is a hand hygiene station available for essential visitors if they need to 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? • For an example schedule for routine cleaning, sanitizing, and disinfecting child care facilities and guidance for selecting cleaning products, please refer to OSSE's Supplementary Guidance for Cleaning, Sanitizing, and Disinfecting Child Care Facilities .		
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 placed in an isolation space and dismissed; and all areas, toys and equipment with which they came into contact cleaned and disinfected per <i>Section H: Cleaning, Disinfection and Sanitization of the Health and Safety Guidance</i> ? Was the individual instructed to seek healthcare provider guidance?		

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

(For more information, see Health and Safety Guidance for Child Care Providers: COVID-19 Recovery Period, Section A. 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?		
<p>Are there protocols in place to alert staff and families of the travel restrictions for all residents and persons traveling to areas anywhere other than a low-risk area, excluding the District, Maryland, and Virginia?</p> <ul style="list-style-type: none"> • <i>Individuals who have traveled to any place other than Maryland, Virginia or a low-risk state, country or territory must either (1) self-monitor and limit daily activities—including not attending child care—for 14 days or (2) self-monitor and limit daily activities—including not attending child care—for at least three-five days and then receive a negative PCR COVID-19 test before returning to child care, per Mayor’s Order 2020-110.</i> • <i>The low-risk states will be posted by DC Health on coronavirus.dc.gov/phasetwo. The CDC website contains a list of countries and territories by risk-level. Individuals who have traveled to countries or territories with Level 3 risk are subject to the Mayor’s Order travel restrictions after return to the District, as above.</i> • <i>Child care providers may choose to incorporate questions about recent travel into their daily health screenings.</i> 		
Has an auditing program been instituted at least every two weeks to ensure practices as described in this checklist and the guidance are being followed?		

Vaccines and Health Forms

(For more information, see *Health and Safety Guidance for Child Care Providers: COVID-19 Recovery Period, Section B. 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?		
Has it been communicated with families that all children must continue to submit their Universal Health Certificates? <ul style="list-style-type: none">• <i>Note: A previous extension granted by DC Health for families submitting Universal Health Certificates has now expired. Families must now be current with their Universal Health Certificates. Partial Universal Health Certificates completed via telehealth shall be accepted.</i>		
Has it been communicated that children aged 3 and older must continue to submit their Oral Health Assessments? <ul style="list-style-type: none">• <i>Note: An extension has been granted by DC Health for families to have until Jan. 31, 2021 to submit their Oral Health Assessments.</i>		

Reopening Buildings

(For more information, see *Health and Safety Guidance for Child Care Providers: COVID-19 Recovery Period, Section C. Reopening and Maintaining Buildings*)

Question	Yes	No
Have you submitted an Unusual Incident Report (UIR) to OSSE to notify of your planned date for reopening? <ul style="list-style-type: none">• <i>This communication shall be sent to OSSE.childcarecomplaints@dc.gov once a date has been set for reopening.</i>		
If you're reopening your building after a prolonged closure, have you ensured your ventilation systems work properly, including inspecting and routinely replacing HVAC filters and ensuring that all HVAC system components and exhaust fans are operable to design?		
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? Is the hot water heater set to at least 140 degrees Fahrenheit?		
In consultation with an experienced HVAC professional, have you reviewed and implemented (as appropriate) additional recommendations from the CDC , the American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE) Guidance for Building Operations During the COVID-19 Pandemic , and ASHRAE guidelines for schools and universities , which includes further information on ventilation recommendations for different types of buildings?		

Physical (Social) Distancing

(For more information, see *Health and Safety Guidance for Child Care Providers: COVID-19 Recovery Period, Section D. Physical (Social) Distancing*)

Question	Yes	No
Are protocols, per District and CDC guidance, in place for curbside or door-side drop-off, to limit or eliminate the amount that parents/guardians/essential visitors need to enter the building?		
Are schedules in place to limit interaction of groups of children? <ul style="list-style-type: none"> • <i>This includes staggered drop-off and pick-up times, staggered transition times so that groups of children are not mingling in restrooms or eating locations, staggering outdoor or recess time, 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? <ul style="list-style-type: none"> • <i>For infants, toddlers, preschoolers and school-aged children this includes no more than 12, or briefly 13, individuals (staff and children); and tables/chairs/mats should be as spaced as possible. Child care providers must continue to adhere to OSSE licensing guidelines Section 121 for adult-to-child ratios and maximum group sizes.</i> 		
Are outdoor activities scheduled to allow for physical distancing? <ul style="list-style-type: none"> • <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 “13 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 with or touching a child? ² <u><i>(These staff members should not attend to more than two classrooms or cohorts per day)</i></u>		
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?		
Are mats/cots/cribs arranged head to toe at naptime to allow at least six feet of distance, head to head, between children, and are they cleaned and sanitized between uses?		
Have communal-use space such as breakrooms and lounges been closed, in-person adult gatherings (e.g., staff meetings) been moved to virtual, non-essential travel for staff (e.g., conferences) been cancelled, and administrative staff moved to telework, as feasible?		

² All floaters, runners, substitutes, essential visitors and any adults briefly joining a classroom should be **strictly limited** to the **maximum** extent feasible.

Daily Health Screening

(For more information, see Health and Safety Guidance for Child Care Providers: COVID-19 Recovery Period, Section E. Daily Health Screening)

Question	Yes	No
<p>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, and store records of screenings for 30 days?</p> <ul style="list-style-type: none">• <i>For an example of a daily screening tool, please refer to OSSE's Daily Screener Tracker.</i>		
<p>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></p>		
<p>If a child, staff member or essential visitor becomes ill during the day, are staff following OSSE Licensing and Health and Safety Guidelines regarding exclusion and dismissal due to illness?</p>		
<p>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) as outlined in Appendix B of the Health and Safety Guidance.</p> <ul style="list-style-type: none">• <i>Note: Physical temperature checks at the facility as a screening tool are not recommended by DC Health. Child care providers that choose to implement a physical temperature checks must adhere to Section E of the OSSE Health and Safety Guidance for Child Care Providers.</i>		

Non-Medical (Cloth) Face Coverings

(For more information, see Health and Safety Guidance for Child Care Providers: COVID-19 Recovery Period, Section F. 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? <ul style="list-style-type: none">• <i>Staff without a medical clearance from a health care provider and a waiver from OSSE must wear a face covering or may 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 for each family to determine whether it is developmentally feasible for children age 2 and older to wear a non-medical (cloth) face covering? <ul style="list-style-type: none">• <i>Parents and child care staff should discuss individual considerations for children of any age, including medical or developmental conditions that may prevent them from wearing a mask, and consult with the child's healthcare provider if necessary (e.g., for children with conditions such as asthma), to determine if an individual child is able to wear a mask and attend childcare safely.</i>		
Is there a protocol in place to regularly check and ensure staff are wearing non-medical (cloth) face coverings correctly and at all times? <ul style="list-style-type: none">• <i>Face coverings and masks must completely cover nose and mouth and fits snugly against the sides of your face. Click here for a video tutorial.</i>• <i>Face coverings and masks must be worn while outdoors unless engaged in vigorous physical activity AND a physical distance of six 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 staff, essential visitors or children forget or soil their coverings?		

Hygiene

(For more information, see *Health and Safety Guidance for Child Care Providers: COVID-19 Recovery Period, Section G. Hygiene*)

Question	Yes	No
Are protocols in place to ensure frequent handwashing, 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 hygiene 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 smocks (e.g., gown/coverall such as 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 handwashing procedure)?		
Have staff been trained to ensure the correct use of PPE as articulated in Appendix B of the OSSE health and safety guidance? <ul style="list-style-type: none">• <i>Note: While specifically referenced here, appropriate use of PPE applies to many sections of the 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, Disinfection, and Sanitization

(For more information, see *Health and Safety Guidance for Child Care Providers: COVID-19 Recovery Period, Section H. Cleaning, Disinfection, and Sanitization*)

Question	Yes	No
Are there protocols 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, using OSSE’s Supplementary Guidance for Cleaning, Sanitizing, and Disinfecting Child Care Facilities and CDC’s guidance for safe and correct application of disinfectants ?		
Are the products used to clean, disinfect and sanitize on the EPA list of approved disinfectants effective against SARS-CoV2 (COVID-19) ?		
Are the products following manufacturer’s instructions for concentration, application method, contact time and drying, and are cleaning products stored in a safe location?		
Are staff trained on the specific cleaning protocols, especially related to high-touch surfaces and toys?		
Are custodial staff, classroom educators and other staff who may be cleaning and disinfecting spaces throughout the building, adhering to PPE requirements per Appendix B of the Health and Safety Guidance for Child Care Providers?		
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 for Child Care Providers? <ul style="list-style-type: none"><i>This includes: if a child or staff member develops symptoms, is confirmed to have COVID-19, or if a child requires a medical treatment that is oral, nebulized, or aerosol-generating.</i>		

High-Risk Individuals

(For more information, see Health and Safety Guidance for Child Care Providers: COVID-19 Recovery Period, Section 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 healthcare provider before participating in congregate care?		

Meals

(For more information, see Health and Safety Guidance for Child Care Providers: COVID-19 Recovery Period, Section J. Meals)

Question	Yes	No
If you serve food: Do you have a process to support individualized (non-family-style) meals and snacks?		
Does your hand-washing policy ensure staff and children wash hands before and after meal service?		
Do your cleaning, disinfecting and sanitizing protocols ensure tables and chairs are cleaned and sanitized before and after meal service and routine cleaning of high-touch surfaces 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

(For more information, see *Health and Safety Guidance for Child Care Providers: COVID-19 Recovery Period, Section K. Exclusion, Dismissal, and Return to Care Criteria and Protocols*)

Question	Yes	No
<p>Are protocols in place to ensure that a child, staff member, or essential visitor must stay home or not be admitted if they:</p> <ul style="list-style-type: none"> • Have had a temperature of 100.4 degrees Fahrenheit or higher or any of the symptoms listed in the “Daily Health Screening” section of the guidance in the last 24 hours. • Are confirmed to have COVID-19. • Have been in close contact in the last 10 days with an individual confirmed to have COVID-19.³ • Are awaiting COVID-19 test results, or have a close contact who is awaiting COVID-19 test results. • Have traveled in the last 14 days to any place other than Maryland, Virginia or a low-risk state, country, or territory, unless they received a negative COVID-19 PCR test after limiting daily activities for at least three-five days after returning from travel. 		
<p>Have the exclusion criteria been clearly communicated to families and staff?</p>		
<p>Are there protocols in place to ensure that a child, staff member, or essential visitor meeting any of the exclusion criteria is not admitted to the facility?</p>		
<p>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?</p> <ul style="list-style-type: none"> • <i>Note: Only one individual may be isolated in the isolation room/area at a time. If two or more individuals are presenting symptoms of COVID-19 they must be isolated separately.</i> 		
<p>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?</p>		
<p>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?</p>		
<p>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?</p> <ul style="list-style-type: none"> • <i>Please see Table 1 of the OSSE Health and Safety Guidance for Child Care Providers or the OSSE Return to Care Criteria graphic for more information.</i> 		
<p>For staff, are there flexible and non-punitive leave policies in place for all sick employees to stay home?</p>		

³ The 10-day quarantine recommendation is intended to minimize the risk of transmission of the virus while also minimizing the burden of quarantine. Recent DC Health guidance allows for child care providers to continue to implement the more stringent 14-day quarantine requirement if they choose to. Fourteen days of quarantine remains the most effective strategy for decreasing the transmission of COVID-19. DC Health strongly recommends that individuals who live or work with someone at higher-risk for COVID-19 (see Section L of [OSSE Health and Safety Guidance for Child Care](#)) quarantine for 14 days.

Exposure Reporting, Notifications, & Disinfection

(For more information, see Health and Safety Guidance for Child Care Providers: COVID-19 Recovery Period, Section L. 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, as well as for families and staff?		
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?		
Have you reviewed DC Health's First Steps for Non-Healthcare Employers when Employees Test Positive for COVID-19?		
Are there protocols in place to ensure that in the event of a confirmed COVID-19 case in a child, staff member, or essential visitor that the appropriate reporting steps are followed to OSSE (via UIR) <u>and</u> DC Health (via the Non-Healthcare Facility COVID-19 Consult Form here)? <ul style="list-style-type: none"><i>Note: 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, disinfection and sanitization 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 individual who is sick used the facility.</i><i>If it is during the day when the COVID-19 case is confirmed AND the COVID-19 positive individual was appropriately excluded from in-person activities while awaiting test results, it is acceptable to close, clean, and disinfect the spaces used by the positive individual after the children and staff in those spaces leave for the day.</i>		