



ECE Health Guidelines Comparison Matrix

Updated 6/19/20

Key:

- Blue indicates that the guideline is recommended by at least two entities, reflecting consensus
- No highlight indicates guidance is unique to one entity or there is possible conflicting guidance

| Topic | California For All COVID-19 Updated Guidance: Child Care Programs and Providers 6/5/20 (link) | UCSF Guidance for California Child Care Providers Caring for Children of Essential Workers During COVID-19 5/15/20 (link) | CDC Guidance for Child Care Programs that Remain Open 4/21/20 (link) | CDSS Community Care Licensing Division Provider Information Notice 4/7/2020 (link) | WestEd Healthy Practices during COVID-19 2020 (link) |
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| Face Coverings & Other PPE | -Face coverings necessary for all staff (can be cloth, masks, or shields – type may depend on local guidance) -No face coverings for children under 2; the requirement for children over age 2 depends on county guidance -Gloves necessary for staff when conducting food tasks, trash, using cleaning & disinfectant products; not necessary for children | -Can apply a mask to staff/children over two years old (i.e., mask recommended, but not required) -Wear a mask for close contact/when handling body fluids | -Staff members and older children should wear a face covering within the facility when feasible -Use a face covering when out in public -No face coverings for children under 2 -Wear an over-large button-down, long-sleeved shirt and wear hair up when washing, feeding or holding a child | -No guidance provided on face coverings or other PPE | -No guidance provided on face coverings or other PPE |
| Hand Sanitizer | -Hand washing preferred for staff & children -At least 60% ethyl alcohol preferred or at least 70% isopropyl alcohol -Optional for staff -Can be used for children under adult supervision but kept out of reach (not for children under 24 months) | -Use hand sanitizer with 60% or more alcohol when soap and water are not available -Keep out of reach of children | -Use alcohol-based sanitizer with at least 60% alcohol (handwashing is preferred) -Keep out of reach of children | -See arrival & pick-up procedures | |

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| Communicating with Staff & Families | <ul style="list-style-type: none"> -Have plans in place to protect and support staff, children, and family members at higher risk -Have plans for sharing info and guidelines with parents & caregivers in their preferred language -Train all staff and communicate with families on COVID practices | <ul style="list-style-type: none"> -Update emergency contact information, update asthma action plans & special needs care plans -Require staff/families to inform program immediately if diagnosed & immediately contact local public health department if aware of confirmed cases -If confirmed case, symptom-free children and staff should not attend or work at another facility | <ul style="list-style-type: none"> -Develop plans to address staff absences -Have high risk staff consult with their doctor about coming to work | <ul style="list-style-type: none"> -Train staff about screening procedures & notify caregivers | |
| Cleaning Procedures | <ul style="list-style-type: none"> -Have procedures to frequently clean/disinfect high-touch surfaces (could designate one staff member responsible for this) -Try to only use easy-to-clean toys and/or provide individually labeled bins for toys and belongings -Designate a container for toys that need to be cleaned -Air out space after cleaning -Clean/disinfect outdoor play equipment between different groups -Require training and protective equipment for using cleaning/disinfectant products | <ul style="list-style-type: none"> -Disinfect high touch surfaces & create a schedule and tracking sheet for cleaning/disinfecting -Clean mouthed toys and objects daily -Disinfect high-touch outdoor play equipment -Provide clean smocks for staff/change children's clothing when soiled (for infants and toddlers) | <ul style="list-style-type: none"> -Clean/disinfect high touch surfaces & develop a schedule for cleaning/disinfecting -Sanitize toys put in mouth -Ensure adequate ventilation when using cleaning products and do not keep/use near children -Don't use toys that can't be cleaned/sanitized and clean between children -If possible, provide disposable wipes for providers and staff to wipe down commonly used surfaces *CDC provides very specific cleaning instructions | <ul style="list-style-type: none"> -Provide toys that are easy to clean/sanitize throughout the day & limit sharing -Designate a tub for toys that need to be cleaned after use -Sanitize bathroom sink and toilet handles before/after each child's use | |
| Hygiene | <ul style="list-style-type: none"> -Implement/enforce strict handwashing guidelines for staff & children (use paper towels or single use cloth towels) | <ul style="list-style-type: none"> -Have children/staff wash hands upon entering and frequently thereafter & follow strict handwashing procedures | <ul style="list-style-type: none"> -CDC provides a comprehensive list of instances in which handwashing is necessary | <ul style="list-style-type: none"> -Implement & enforce strict handwashing guidelines -Dry hands with paper towels or single use cloth towels | <ul style="list-style-type: none"> -Label all personal items and keep them in a separate bag |

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| | <ul style="list-style-type: none"> -Discontinue brushing teeth during class -Personal items should be labeled and kept in separate bag; personal toys/blankets should be sent home each day or washed daily -Teach children to avoid touching face, use tissues to wipe nose, sneeze inside elbow, frequently wash hands, etc. | <ul style="list-style-type: none"> -Stop toothbrushing during child care hours & encourage parents to do this at home -Display proper handwashing guidelines & posters for staff and children in bathrooms/near sinks | <ul style="list-style-type: none"> -Place posters about handwashing near sinks | <ul style="list-style-type: none"> -Post signs in restrooms & near sinks on handwashing -Stop toothbrushing during class; encourage caregivers to do so at home -Label personal items and keep in separate bag -Personal toys should be kept at home -Teach, model & reinforce healthy habits & social skills (use tissue to wipe nose, cough inside elbow, etc.) -Teach children to use a tissue when flushing toilet | <ul style="list-style-type: none"> -Anything brought to school should be sent home each day -Stop brushing teeth at care & encourage parent/guardians to do this at home -Reduce number of items brought to/from school |
| Arrival & Pick-Up Procedures | <ul style="list-style-type: none"> -Ask caregivers entering the classroom to wash their hands and their children's before drop off, prior to pick up, & as soon as they get home -Install hand sanitizer near all entry doors/high traffic areas (out of reach to children) -Ask parents to bring their own pens or clean after every use -Consider staggering arrival/drop off times -Set-up brief entryway pick-up/drop-off when possible -Parent/caregivers should enter one at a time; provider may ask them to wear a face covering | <ul style="list-style-type: none"> -Provide hand sanitizer/handwashing facilities to use before/after -Ask parents to bring their own pens; do not share pens; disinfect electronic check-in frequently -Consider alternating drop-off/pick-up times for each small group -Consider moving sign-in outside the facility -Limit entry to people who are essential (have office staff work remotely) | <ul style="list-style-type: none"> -Set up hand hygiene stations at entrance and have children clean hands before entering -Place sign-in stations outside if possible or try to develop curbside pick-up/drop off -Provide sanitary wipes for cleaning pens between use -Consider staggering arrival and drop off times -Same person should drop off/pick up child every day if possible -Have administrative staff work remotely if possible -Additional suggestions: greet children outside, designate a parent volunteer to walk all | <ul style="list-style-type: none"> -Ask caregivers entering the classroom to wash their hands and their children's before drop off, prior to pick up, & as soon as they get home -Install hand sanitizer near all entry doors & high traffic areas (out of reach to children) -Ask parents and caregivers to bring their own pens -Use entryway pick up & drop off when possible -Caregivers should enter/exit one at a time and remain distant | |

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| | <ul style="list-style-type: none"> -Same person should drop off/pick up child every day if possible -Reduce contact between children & adults -Consider designating one staff member to escort children in/out and sign children in/out | | <p>children to their classroom and back to their cars, transport infants in car seats</p> | | |
| Health Screening | <ul style="list-style-type: none"> -Must have screening procedures in place for all staff and children before they enter: ask about COVID-19 symptoms within last 24 hours and if anyone in the home has had symptoms or a positive test (exclude anyone who answers yes) -Take each child's temperature each morning with a no-touch thermometer -Only use a touch-method thermometer when a fever is suspected (clean & disinfect after use) -Exclude any person showing symptoms (take note of allergies, as this is not a reason to exclude) -Monitor children and staff throughout the day; send home children with fever of 100.4 degrees or higher, cough, or other COVID symptoms after isolating from general room | <ul style="list-style-type: none"> -Conduct a health check on each child before their parent leaves -Ask about fever, cough, trouble breathing in last 24 hours -Take a temperature screen of staff and children at the beginning of each day if using a touchless thermometer -If no touchless thermometer, ask families to take child's temperature before coming (staff and family members in FCCHs should also take temperature and monitor symptoms) -Use a touch thermometer only if you suspect fever during the day -Anyone with a temperature of 100.4 F or higher or signs of COVID must be excluded -If child or staff becomes ill, isolate them and notify family to pick up right away -Child care center staff should check temperature and symptoms before coming to work | <ul style="list-style-type: none"> -Provides examples of health screenings, including asking parents to take the child's temperature before arrival, standing behind a physical barrier and conducting a visual inspection, then a temperature screening (does not specifically recommend against using a touch thermometer), or wear PPE if staff have to do screenings with no physical barrier (have to remove and discard PPE between each screening) -Do not admit anyone with a fever of 100.4 or above or other signs of illness -Establish procedures to ensure children/staff who come sick or become sick while there are sent home as soon as possible -Keep sick children/staff separate until sent home (have an | <ul style="list-style-type: none"> -Develop screening procedures for all staff, residing family members in a FCCH, and children -Ask about symptoms within last 24 hours for individual and anyone in their homes , plus recent exposure to a suspected or confirmed case -Take children's temperature each morning only if using a no-touch thermometer (wipe with an alcohol wipe after each use) -Only use a touch thermometer when a fever is suspected (clean & disinfect after use) -Monitor staff & children throughout the day -Exclude anyone with temperature of 100.4 degrees or higher -If staff or child shows symptoms, isolate & notify caregiver to pick up immediately -Ask caregivers to screen themselves & children daily prior to arrival | |

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| | <ul style="list-style-type: none"> -Document/track incidents of possible exposure & notify local health officials/staff/families immediately -Conduct visual wellness checks of all children upon arrival -Establish procedures for safely transporting anyone who is sick to their home or healthcare facility -Advise sick staff/children not to return until they meet CDC criteria to discontinue home isolation | <ul style="list-style-type: none"> -Children/staff with other illnesses should stay home if meeting usual exclusion criteria -Wear a mask during the health check | <ul style="list-style-type: none"> isolation room/area designated & disinfect after child/staff leave) -Sick staff should not return to work until they meet criteria to discontinue home isolation -Provides more specific instructions if a COVID-19 case is confirmed | <ul style="list-style-type: none"> -Family & staff self-screening should include taking temperatures before arriving to work or beginning care -Conduct visual wellness checks upon arrival and ask health questions when concerned -Recommended to document & track all known incidents of possible exposure -Caregiver must notify provider if child has taken fever reducing medication in past 24 hours | |
| Group Size & Staffing | <ul style="list-style-type: none"> -Children should remain in groups as small as possible (follow local guidelines for group size) -Keep same children/staff with each group and include children from the same family in the same group whenever possible | <ul style="list-style-type: none"> -Smaller, stable groups when possible (utilize Child Care Licensing guidance on ratios/group size) -Keep same children and provider with each group and include children from the same family in the same group when possible -Assign groups and teachers to their own classrooms | <ul style="list-style-type: none"> -Child care classes should include the same group each day and same child care provider should remain with the same group -Keep each group of children in a separate room -Consider creating a separate group/room for children of healthcare workers/first responders or consider only serving these children if a separate room is unavailable | <ul style="list-style-type: none"> -Keep same children & staff with each group and keep children from the same family in the same group whenever possible <u>Child Ratios & Group Sizes:</u> -Child Care Centers: group size of no more than 10, <i>not including the teacher</i> -Child Care Center staff ratios: 1:4 for infants, 1:6 for toddlers, 1:10 for preschool & school age, 1:6 for mixed age groups -FCCHs can serve up to 14, but group size must be no more than 10 children (i.e., if more than 10, group will have to be divided into two) -FCCH ratios: 1:4 for infants only, 1:6 for mixed age (but max of 2 infants) | |

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| | | | | *follow these recommendations unless federal, state, or local guidance is more restrictive | |
| Classroom Space/Social Distancing | <ul style="list-style-type: none"> -Arrange activities for small group activities and rearrange space to maintain 6 feet of separation when possible -Offer more opportunities for individual play -Plan activities that do not require close physical contact -Introduce fresh air whenever possible, use air conditioning setting that brings in fresh air, & check/replace air filters -Reduce time spent indoors while maintaining physical distancing -Stagger indoor/outdoor play and adjust schedules to reduce number of children in the same area -Develop developmentally appropriate and easy to understand spacing instructions for kids | <ul style="list-style-type: none"> -Plan activities for individual/small group play that do not require close contact, waiting in line, or sharing objects -Keep a distance of 6 ft when possible – find creative ways for kids to create their own space -Arrange furniture to allow for distancing -Provide proper ventilation indoors & open windows for fresh air, ventilate the facility before and after arrival -Encourage outdoor play -Stagger indoor and outdoor play and adjust schedules to reduce number of kids in the same area | <ul style="list-style-type: none"> -Consider staggering playground times and keep groups separate for special activities | <ul style="list-style-type: none"> -Arrange activities for smaller groups & rearrange furniture to maintain 6 feet of separation when possible -Plan activities that do not require close physical contact between children -Bring children outside when possible -Open windows to ventilate facilities before/after arrival -Stagger indoor and outdoor play & adjust schedule to reduce number of children in the same area -Use yarn, masking tape, or other creative methods for children to create their own space -Model & reinforce social and physical distancing and movement (PIN provides specific suggestions) | |
| Napping | <ul style="list-style-type: none"> -Napping should be 6 feet apart, with heads in opposite directions -Label cots/mats -Keep bedding separate for each child, clean bedding weekly or before use by another child | <ul style="list-style-type: none"> -Place cots 6 feet apart, with children facing head to toe | <ul style="list-style-type: none"> -Label cots and mats for each child -Keep each child’s bedding separate (such as in individual bins), wash weekly or before use by another child | <ul style="list-style-type: none"> -Space cots 6 feet apart and arrange head of each bed in opposite directions | <ul style="list-style-type: none"> -Ensure children’s nap time mats/cribs are spaced out as much as possible -Consider alternating the head of each bed in opposite directions -Have child use their own mat if possible or sanitize between uses |

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| Mealtimes | <ul style="list-style-type: none"> -Utilize more tables to spread children out or use name cards -Handwashing before/after eating -Use paper goods and disposable plastic utensils when possible -Avoid family/cafeteria style meals & ensure meals are provided in individual portions -Immediately clean and disinfect trays and tables after meals -Ensure staff wear gloves when serving food -Ask staff to handle utensils -Keep food covered -Don't allow children or staff to share or touch each other's food -Implement outdoor mealtimes if possible | <ul style="list-style-type: none"> -Seat children with more distance (6 feet if possible) -Handwashing before/after eating -Use disposable plates & utensils when possible -No family style eating & serve food on individual plates -Wear gloves when serving food -Provide healthy meals/snacks/beverages | <ul style="list-style-type: none"> -Plate each child's meal so that children are not using the same serving utensils -Wash hands before and after meal and before/after preparing food or helping children eat -Food prep should not be done by same staff who diaper children -Sink used for food prep should not be used for anything else | <ul style="list-style-type: none"> -Utilize more tables or name cards to space children -Handwashing before/after eating -Use paper goods & disposable plastic utensils when possible -Immediately clean & disinfect trays & tables after meals -Avoid family/cafeteria style meals, ask staff to handle utensils, keep food covered | <ul style="list-style-type: none"> -Utilize additional tables/name cards to spread children out -Serve individual portions rather than family style meals -Sanitize tables before/after meals |
| Other | | <ul style="list-style-type: none"> -Continue IEP for children with special needs -No parent volunteers or other visitors should enter the facility during shelter-in-place -Nebulizers are not recommended in child care programs during the pandemic | <ul style="list-style-type: none"> -Talk with parents of children with disabilities to make sure they get the support they need -Limit nonessential visitors and postpone/cancel classroom volunteers -Provides specific guidance on diapering | | |