



CHILD CARE SOLUTIONS

navigating the way to high quality child care



GUIDANCE FOR REVITALIZING OR REOPENING YOUR CHILD CARE BUSINESS

Strategies to Aid Child Care Businesses Emerge From the "Pause" Safer and More Robust

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INTRODUCTION

The COVID-19 pandemic has drawn unprecedented attention to the child care system. Let's use this opportunity to promote the value of NYS registered and licensed child care professionals!

Without child care, other essential workers with young children could not go to work; however, school closures and the prevailing advice to stay home has created fear of putting children in group care. Maya Angelou once said "I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel."

Now is the time for child care professionals to change the way people "feel" about child care. This guide is intended to help revitalize or re-open child care businesses in a way that keeps children and caregivers healthy, and promotes the public perception of regulated child care as a safe place. Child care providers can no longer continue with "business as usual". Let parents know about all the improvements undertaken to keep children and caregivers healthy. Promote NYS regulated child care as a safer option than neighborhood teenagers or elderly relatives.

Whether you are re-opening or transitioning from caring for the children of temporary essential workers to previously enrolled families, this guide was put together by to assist you in adjusting your business to promote confidence.



Call: (315) 446-1220 or Toll-Free (888) 729-7290

E-mail: ccs@childcaresolutionscny.org

Visit: www.childcaresolutionscny.org

BUSINESS CONSIDERATIONS

GENERAL INFORMATION

BE SURE TO CONTACT YOUR LICENSOR OR REGISTRAR IF AND WHEN YOU DECIDE TO REOPEN YOUR PROGRAM

- Develop “virtual tour,” parent interview, and child orientation options for parents and children
- Update enrollment and emergency authorization information for children
- Update emergency contacts for staff
- Notify of any changes in household composition for FDC/GFDC; including “temporary visitors/residents” or household members in program regularly due to COVID-19
- Re-organize space as needed; for non-contact storage of children’s belongings, consider change in use of “common areas” used by multiple age groups, especially in center-based programs, need for social distancing, and separation of groups of children to reduce risk, “isolation area for ill children or staff,” etc.
- In FDC/GFDC, you may need to arrange space differently if household members are “at risk” due to health issues
- Consider use of HEPA air filtration equipment/system and use of open/“fresh” air whenever possible
- Ensure HVAC filters are changed more often
- Evaluate and plan for increased costs; possible supplies, staffing increases, etc.
- Designate an area outside of your program for arrival and departure (see daily screening and monitoring of staff and children). Obtain a “non-contact” thermometer for this purpose
- Plan time within in day for cleaning/sanitizing; prior to opening each day, at end of day, and periodically throughout the day
- Consider if waivers or revised application documents are needed to accommodate changes in program activities or space – i.e. group size/separation of children, “screen time” related to instruction for school-aged children, health records for staff and children, use of alternate space for brief periods
- Post a COVID-19 Symptom sheet for parents and staff (similar to flu posting)
- Revise and/or update your program’s visitor and volunteer policies and procedures
- Utilize volunteers or interns for other “non-contact” with children tasks, such as record management, admin tasks, sanitizing, cleaning, etc.
- Screen volunteers and visitors to program the same as children and staff.
- Do you have a place for isolated “breaks” for staff on the premises? A place where they can store and remove several changes of clothing if needed?
- Review each child's IHCP/IEP plans to confirm what services they need and if they can actually be provided during this time.
- If child has special health care needs, suggest the parents contact the child's Health Care Provider to determine if it is safe for the child to return to child care during the outbreak
- Considering breaking your reopening plan into phases to more easily monitor if cases are increasing based on current practices.
- Update Staff/Employee Handbooks and Agreements

UPDATING PARENT HANDBOOKS & CONTRACT

- Evaluate if changes in your payment and absence policies are needed to account for unexpected program closings or if child is quarantined
- Update Health Care Plan and procedures for daily health checks, exclusion for symptoms, and medication administration
- Update symptoms list on daily health check form
- Field trip and transportation policies and procedures may need to change
- Visitor policies and use of volunteers may need to change



CONSIDERATIONS FOR BRINGING EMPLOYEES BACK AFTER FURLOUGHS OR LAYOFFS

- New and/or updated training is advised for staff prior to re-opening or revitalizing your program
- Screen staff prior to returning to work; consider if some staff may need adaptations or accommodations to work duties and responsibilities
- Follow OCFS/DOH policies and procedures if staff have been exposed to disease
- Consider additional emotional support needed for staff – increase opportunities for staff meetings and consider offering new “perks” like grocery delivery, lunch, discounted child care for their own child(ren)
- Update and orient staff to resources available for themselves, parents, and children in the community
- Practice responding to difficult or stressful situations which may occur with your staff, such as parent contacts and support, incidences of serious illness, hospitalization, etc.

HEALTH AND SAFETY CONSIDERATIONS



CLEANING, SANITIZING & DISINFECTING

Follow updated cleaning and disinfecting guidance from the CDC:

“Reopening Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools, and Homes”

- **Webpage:** <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>
- **PDF File:** https://www.cdc.gov/coronavirus/2019-ncov/community/pdf/Reopening_America_Guidance.pdf

CDC’s Cleaning & Disinfecting Decision Tool: https://www.cdc.gov/coronavirus/2019-ncov/community/pdf/ReOpening_America_Cleaning_Disinfection_Decision_Tool.pdf

CDC’s Interim Guidance for Cleaning and Disinfection for Congregate Settings for COVID-19: <https://ocfs.ny.gov/main/news/2020/COVID-group-residential-interim-cleaning-guidance.pdf>

CDC’s Cleaning and Disinfecting Your Facility: <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>

- Clean and disinfect surfaces that are touched frequently such as door knobs, sink handles, tables, toys, cubbies, chairs, crib railings, nap mats, play-ground equipment, etc.
- With an increase in the frequency and potential potency of cleaning products used, it’s important for staff to protect themselves from increased exposure to toxic substances and fumes. Be sure to read all instructions on how to safely use individual products.
- Be sure to have Poison Control numbers posted conspicuously in case of an emergency.
- Ask parents to donate cleaning supplies, PPE, hand sanitizer, etc. but request specific items that meet OCFS requirements.
- Use only toys/games/activities that can be easily disinfected. Do not share toys unless they are cleaned and disinfected between use.
- Place “dirty toy bins” throughout your program’s play areas to easily pick up and remove toys to the bins for later disinfecting. Limit what the child brings from home, such as no extra toys, backpacks, lunch pails etc.
- Ask parents to provide shoes or slippers only to be worn at the program to reduce outside germs coming in on shoes.
- Purchase no-touch trash receptacles.
- Disinfectant products used must be EPA registered. [Click here to access the EPA database of approved disinfectants.](#) This database is updated weekly.
- Visibly dirty surfaces must be cleaned with water and soap before disinfecting.
- As much as possible, cleaning products should not be used near children. Staff should have proper PPE to protect themselves from increased exposed to cleaning products and fumes.
- Ensure that all bedding is kept separate, individually used, and washed at least weekly unless visibly soiled.
- Specialty deep cleaning services by outside company can be very costly and **are not necessary.**
- If someone at your program gets sick (but not likely COVID-19), follow the CDC’s recommendations for cleaning when someone gets sick: <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>



The CDC recommends that if COVID-19 is confirmed in a child or staff member:

- Close off areas used by the person who is sick.
- Open outside doors and windows to increase air circulation in the areas.
- Wait up to 24 hours or as long as possible before you clean or disinfect to allow respiratory droplets to settle before cleaning and disinfecting.
- Clean and disinfect all areas used by the person who is sick, such as offices, bath rooms, and common areas.
- If more than 7 days have passed since the person who is sick visited or used the facility, additional cleaning and disinfection is not necessary.
- Continue routine cleaning and disinfection.

FACE MASKS/COVERINGS

Per OCFS, day care space and the outside space used exclusively by the program only, are not considered a public space therefore; **children DO NOT need to wear masks during program hours.** Consider masks needed for older children (3 yrs and older) if public parks, outdoor walks, or field trips are a part of your program.

Per NYSDOH, all essential staff working with the public must wear a mask therefore all staff must be wearing a mask during program hours; you can click [here to view executive orders 202.17](#) and [here to view 202.18](#).

- Programs must supply face coverings to staff or the staff can bring/make their own to wear.
- Parents must wear masks during pick up and drop off, if coming within 6 feet of staff or other parents picking up/dropping off.
- Face coverings do not necessarily need to be surgical masks or N95 masks, homemade face coverings are adequate. [Click here to view "Use of Cloth Face Coverings to Help Slow the Spread of COVID-19" infographic.](#)
- Possibly decorate the paper mask with stickers that children would find amusing, and/or have staff bring in a photo of themselves to show the children while they are wearing a mask so as to ease the child's concern about who is behind the mask. Do a lot of talking with the children so they recognize a familiar voice behind the mask.
- Encourage parents to tell older children that they will see their teachers wearing masks so everyone can stay healthy and showing them pictures of essential workers wearing a mask so they have a visual reference before they come back to the program.
- The purpose of a cloth face covering is not to protect the person wearing it from other, but instead to protect others from the person wearing the mask in case they are positive but do not have symptoms.
- Face coverings should consist of a cloth face covering and NOT surgical masks or N95 masks. If you have to come into close contact (within 6 feet) before you are able to screen them, only then is it recommended to use a surgical mask if possible.



HEALTH AND SAFETY CONSIDERATIONS CONT.

DAILY MONITORING OF STAFF & CHILDREN FOR COVID-19 SYMPTOMS

- When conducting the daily health check staff should maintain 6 feet between themselves and the parent and child. If not possible, gloves, face coverings, eye protection, should be worn. Gloves need to be changed in between each child. Use hand sanitizer if hand washing is not possible in between each child.
- Request that the parent take child's temperature before they arrive/upon arrival or have staff take children's temperature upon arrival. If child's temperature is 100.0°F or higher (NYS DOH fever temperature during COVID-19), the child will not be permitted to stay at the program.
 - Take a child's temperature again at least 4 hours after initial reading. (i.e. once at arrival, again after lunch, and before nap)
- Take staff temperatures upon arrival and again 4 hours after arrival.
- Emphasize the importance to staff and families the need to stay home if they are sick.
- Educate staff and parents of symptoms of COVID-19, and request that they are especially attentive to any possible symptoms they may have or they see present in children.
- Educate staff and parents on the proper way to take a temperature and read a thermometer.
- Suggest to parents to have alternate care plans available in the event that their child becomes ill during program hours as it is critical for them to be picked up immediately.
- If a child becomes ill during program hours, they need to be isolated from the other children under direct supervision and parents need to come up or make arrangement to have the child picked up immediately. Supplies used for the child need to be thoroughly disinfected after they leave the program.
- Avoid shaking hands, hugging or too much close contact when consoling a child.
- If a staff member becomes ill at the program they should leave immediately.
- Staff or children that have symptoms of illness but definitely do/did not have COVID-19, may return when symptoms no longer meet exclusion criteria in the programs HCP.
- For those that have been diagnosed with COVID-19, [click here to read "Protocols for Essential Personnel to Return to Work Following COVID-19 Exposure or Infection."](#)

CDC EXAMPLES OF SCREENING METHODS:

Example 1 Reliance on Social Distancing

- Ask parents/guardians to take their child's temperature either before coming to the facility or upon arrival at the facility. Upon their arrival, stand at least 6 feet away from the parent/guardian and child.
- Ask the parent/guardian to confirm that the child does not have fever, shortness of breath or cough.
- Make a visual inspection of the child for signs of illness which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness.



CDC EXAMPLES OF SCREENING METHODS:

Example 2 Reliance on Barrier/Partition Controls

- Stand behind a physical barrier, such as a glass or plastic window or partition that can serve to protect the staff member's face and mucous membranes from respiratory droplets that may be produced if the child being screened sneezes, coughs, or talks.
- Make sure your face stays behind the barrier at all times during the screening.
- Make a visual inspection of the child for signs of illness, which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness.
- Conduct temperature screening. Check the child's temperature, reaching around the partition or through the window.
- Perform hand hygiene. Wash your hands with soap and water for 20 seconds. If soap and water are not available, use a hand sanitizer with at least 60% alcohol. Put on disposable gloves.
- If performing a temperature check on multiple individuals, ensure that you use a clean pair of gloves for each child and that the thermometer has been thoroughly cleaned in between each check.
- If you use disposable or non-contact (temporal) thermometers and you did not have physical contact with the child, you do not need to change gloves before the next check. If you use non-contact thermometers, clean them with an alcohol wipe (or isopropyl alcohol on a cotton swab) between each client. You can reuse the same wipe as long as it remains wet.

Example 3 Reliance on Personal Protective Equipment

- If social distancing or barrier/partition controls cannot be implemented during screening, personal protective equipment (PPE) can be used when within 6 feet of a child. However, reliance on PPE alone is a less effective control and more difficult to implement, given PPE shortages and training requirements.
- Upon arrival, wash your hands and put on a face mask, eye protection (goggles or disposable face shield that fully covers the front and sides of the face), and a single pair of disposable gloves. A gown could be considered if extensive contact with a child is anticipated. **** Staff may need an area to store additional changes of clothing and store soiled clothing per recommendations**
- Make a visual inspection of the child for signs of illness, which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness, and confirm that the child is not experiencing coughing or shortness of breath.
- Take the child's temperature.
- If performing a temperature check on multiple individuals, ensure that you use a clean pair of gloves for each child and that the thermometer has been thoroughly cleaned in between each check.
- If you use disposable or non-contact (temporal) thermometers and did not have physical contact with an individual, you do not need to change gloves before the next check. If you use non-contact thermometers, clean them with an alcohol wipe (or isopropyl alcohol on a cotton swab) between each client. You can reuse the same wipe as long as it remains wet.
- After each screening, remove and discard PPE, and wash hands. Use an alcohol-based hand sanitizer that contains at least 60% alcohol or wash hands with soap and water for at least 20 seconds. If hands are visibly soiled, soap and water should be used before using alcohol-based hand sanitizer.
- If your staff does not have experience in using PPE: Check to see if your facility has guidance on how to don and doff PPE. The procedure to don and doff should be tailored to the specific type of PPE that you have available at your facility.
- If your facility does not have specific guidance, the CDC has recommended sequences for donning and doffing PPE

HEALTH AND SAFETY CONSIDERATIONS CONT.

HANDWASHING

- Emphasize importance of increased frequency and proper handwashing and also hand hygiene.
- Teach children about germs and handwashing and provide visuals of children washing their hands as a reference if possible, such as this one from the CDC: <https://www.cdc.gov/handwashing/index.html>
 - Glo Germ Handwashing Demonstration: <https://youtu.be/h-O279tiR3s>
- Handwashing is preferred over using hand sanitizer. Only use hand sanitizers if soap and running water is not available. Hand sanitizer must contain at least 60% alcohol. Children must be monitored when using hand sanitizer.
- Provide handwashing stations for parents, staff and children entering the building.
- Provide staff trainings on proper handwashing and gloving. Continue to follow OCFS handwashing and diapering regulations.
- Ask parents to bring their own pen to sign in or implement a procedure for staff to sign children in to reduce the number of people touching the sign in screen or pens.
- The use of gloves does not replace the need for handwashing. Handwashing should be done before and after the use of gloves.
- Continue to follow OCFS regulations on handwashing (Appendix B in the Health Care Plan) as a minimum for when to complete handwashing but encourage staff and children to increase frequency of handwashing.

RESPIRATORY ETIQUETTE

- Teach staff and children proper respiratory etiquette to potentially decrease transmission of disease through droplets.
 - Cough into your elbow
 - Throw away tissue immediately after use, do not reuse tissues or use handkerchiefs.
 - Wash hands after blowing your nose, coughing, sneezing, and/or after touching secretions or contaminated supplies
- Glo Germ Cough & Sneeze Demonstration: <https://youtu.be/KFYDkTyTehE>
- Put up posters to remind staff, parents, visitors & children the importance of respiratory etiquette



SOCIAL DISTANCING IN PROGRAM & CLASSROOMS

- Limit class sizes to less than 10 bodies in one space, space recommendations 42-44 sq feet per child.
- Avoid shared spaces, if spaces must be share, they need to be cleaned and disinfected in between groups.
- Do not allow extra visitors or volunteers into the program
- Paying close attention to times when children would naturally group together and plan alternative activities to avoid groupings, i.e. not using the sensory table but provide small plastic bins with sensory materials children can use individually (tossing out the sensory materials afterwards, and making sure not to share individual bins between children).
- If possible, keep the same groups of children and staff together daily. If your program is caring for children of first responders, consider keeping those children together away from the other groups/classrooms.
- Move cribs and nap mats ideally 6 feet apart. For children on nap mats, alternate head and toe to reduce face-to-face transmission.
- Allow any staff able to work from home, such as administrative staff, to telecommute from home. Implement email or call forwarding if possible.
- Increase amount of time and activities completed outside where physical distancing may be more easily maintained and air is well ventilated.

PICK UP AND DROP OFF CONCERNS

- Continue to post NYS DOH signage regarding daily screening of those entering your programs. If they have symptoms, been exposed, or have traveled, they should not enter the program. Designate a “check point” staff person.
- If possible try to stagger arrival/departure times for parents and children. Advise parents they may need more time for arrival and departure for their child due to social distancing and safety procedures. Meet parents outside or at the main entrance to drop off child and conduct the daily health check before the child enters the building and then again at pick up. Maintaining 6 feet between staff and the parent and child.
- Require parents to wear face covering when dropping off and picking up child, supply cloth coverings if parents forget. If parent cannot wear a face covering due to medical reasons, make arrangements to meet parent outside where 6 feet of distance can be maintained to accept/release child.
- Consider a curbside pick-up/drop off procedure. One designated staff can meet the family outside the facility to get the child and conduct the daily screening/health check.
- Consider putting the sign in/out station outside. Supply hand sanitizer to use before parent signs child in.
- Consider having staff sign children in and out instead of the parents.
- Disinfect pen between each parent/guardian signing children in and out. Suggest parents use their own pen
- Stagger drop off and pick up times to allow time for screening and privacy of information given during screening.
- Choose one staff member to greet children at arrival then at pick up time, release them to their parent/guardian to limit the number of interactions.
- Request families to choose one parent/guardian to pick up and drop of the children off daily.
- If possible, request that parents stay in their vehicle with their child until the previous family has completed their pick up/drop off to reduce traffic at the entrance and also to all for privacy of information when completing the daily health check/screening process at drop off.

MEDICATION ADMINISTRATION

- If a child typically receives a nebulizer treatment, request the parents get an MDI inhaler to use during program hours.
- If an MDI inhaler is not an option, staff should use proper PPE such as gloves, face shield/googles and face mask (not cloth covering) and a smock/gown that can be washed or disposed of, to protect themselves from virus particles that are in the aerosol droplets.
- Staff should continue to follow a child’s individual health care plan.
- Staff should review individual health care plans with parents/guardians to add any additional information the staff need to know to ensure the child’s needs are met.

FOOD PREPARATION AND MEAL TIME

- Request parents supply weekly meals and snacks to eliminate transporting lunch pails back and forth from home to the program. If it is not realistic for parents to supply meals and snacks ahead, request they use brown bags or a disposable bag to send in meals and snacks.
- Eliminate “family style” serving during this time
- If parent sends lunch in reusable lunch pail, disinfect outside of lunch pail when accepting it from the parents.
- Suggest staff wearing over-sized, button-down shirt when feeding/holding infants that is changed between children, wear hair up, wash hands, neck, or any skin that was touched by child secretions. Put soiled clothes in tied bags immediately after use. Do not launder at child care program. Do not permit staff who are diapering to be involved in food prep
- If you are the only provider with the children, be sure to wash hands before, put on gloves, perform diaper changing, remove gloves, thoroughly wash hands before applying new gloves to perform meal prep.

PROGRAMMING & CURRICULUM THAT SUPPORT SOCIAL DISTANCING

ACTIVITIES

- Plan for activities that avoid groups of children interacting together
- Plan activities that allow for social-distancing play such as:
 - Tapping a balloon with a short length of a pool noodle to keep the balloon up in the air.
 - Opening up a cereal box and give children their own set of crayons to spread out on the floor and color
 - For more activity ideas from our Professional Development team, visit our website: <https://childcaresolutionscny.org/activity-ideas>
- Wipe down handles of tricycles and other toys in between children using them
- Create multiple areas for children to play with favorite toys. i.e., make multiple block areas or art/creative areas



CURRICULUM

- Plan activities that allow for individual play.
- Plan activities that do not require sharing toys by groups of children.
- Avoid water play activities for groups of children, instead:
 - Use small containers for individual water play; as a child is done with the water play activity dump out the water and sanitize the container with a bleach/water solutions BEFORE allowing another child to play with the container and any toys that may have been in the container.
- Take your learning outside. Art, science, math, literacy all can be done outdoors.
- Allow time for emotional and stress relief strategies. Use breathing exercises, yoga, or group discussion to allow time for children and adults to cope with their current situations.

ROOM ARRANGEMENT

- Move furniture and equipment to allow for children to sit and interact with greater distance between them (for example, removing a child-sized couch where 2-3 children would normally sit close to each other).
- Be aware of children's personal items in cubbies – limit the items coming into the program and ask that these items be placed in a small (non-plastic) bag.
- Place dirty toy bins throughout the space to easily pick up and remove toys that have been mouthed for cleaning/sanitizing later.
- Make new “floor markers” for children showing them where they can sit during circle or story time – space these markers 6 feet from each other.
- Ask parents to sign in using their own pen or have a pen available in each cubbie for parents to use.
- Remove toy baby bottles, toy utensils, cups from children's play areas so as to reduce the possibility of these items being mouthed.
- Remove toys from the environment that are not easily washable. Create a schedule for washing and sanitizing toys.



MENTAL HEALTH CONSIDERATIONS

SOCIAL EMOTIONAL SUPPORT FOR CAREGIVERS

The **New York State Association for Infant Mental Health** has put together a collection of resources to support caregivers, "Supporting You Through COVID-19": <https://www.nysaimh.org/covid-19-forum/>



SOCIAL EMOTIONAL CURRICULUM FOR CHILDREN

Fighting the Big Virus

A new free Trinkka and Sam story titled, *Fighting the Big Virus: Trinkka, Sam, and Littletown Work Together*, has been developed with funding from National Child Traumatic Stress Network to help families with young children talk through their experiences and feelings related to COVID-19. The story was created with the hope that children will learn the about family and community strengths and challenges, ways grown-ups help keep children safe, and a sense of gratitude for frontline workers. Download the story, a coloring book, a booklet of common questions children may ask, and a parent guide here. The story is also available in many different languages in an effort to reach as many families as possible during this unfamiliar time.

<https://piploproductions.com/trinka-and-sam-virus/>

Sesame Street: Caring for Each Other

Sesame Street has put together a webpage filled with content you can use all day long to spark playful learning, offer children comfort, and focus a bit on yourself, too. After all, it's important that we take care of ourselves, so that we can best care for our families.

<https://www.sesamestreet.org/caring>

RESOURCES

CENTER FOR DISEASE CONTROL AND PREVENTION (CDC) GUIDANCE

CDC: "Guidance for Childcare Programs that Remain Open"

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html>

Office of Child Care Webinar: Discussion with CDC Regarding Guidance for Child Care Programs that Remain Open

<https://youtu.be/J7hEDYbqXRc>

ECLKC Webinar: "Caring for Children in Group Settings During COVID-19" (please see Attachment 2 for the PowerPoint slides that go along with this webinar)

https://goto.webcasts.com/starthere.jsp?ei=1307432&tp_key=457529d53e

"Caring for Children in Group Settings During COVID-19" Resource List

<https://cache.webcasts.com/content/citr003/1307432/content/457529d53eebf913dfbf993b2cbf1f6e77abab81/COVID-19Resources.pdf>

AAP: "Guidance Related to Child Care During COVID-19" has 12 FAQs on the webpage below.

<https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/guidance-related-to-childcare-during-covid-19/>

CDC: "Guidance for Schools and Child Care Programs: Before and During an Outbreak"

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html>

CDC: If programs re-open they should still be following "Interim Guidance for Administrators of US K-12 Schools and Child Care Programs" in the event that a child or staff are exposed to COVID-19.

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-schools.html>

Caring for Children in Group Settings During COVID-19: A Follow-up Conversation

https://goto.webcasts.com/starthere.jsp?ei=1312141&tp_key=80ad8382b9

CDC: Guidance for Schools and Childcare Programs: Before and During an Outbreak

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html>

AAP: COVID-19 Planning Considerations: Return to In-person Education in Schools

<https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/covid-19-planning-considerations-return-to-in-person-education-in-schools/>



OBTAINING PERSONAL PROTECTIVE EQUIPMENT (PPE) AND CLEANING SUPPLIES

CARES Grant for PPE and Cleaning Supplies

Child Care Solutions received a CARES grant from the NYS Office of Children & Family Services to purchase allowable supplies such as face coverings, gloves and cleaning products for distribution to child care programs that were still open and operating as of April 25, 2020.

Due to the scarcity of supplies delivery of the items may take several weeks. Child Care Solutions will arrange for eligible child care providers to pick-up supplies as soon as delivery is complete. We've included other options for obtaining supplies on your own in this section.



Office of Emergency Management (OEM)

Child Care programs can submit a request to their local Office of Emergency Management for personal protective equipment. Call the office and give your name and email address to the OEM representative. The OEM will send an application that you must complete and return. Once the application is received and supplies are available, the OEM will fulfill the program's request.

Onondaga County Office of Emergency Management

(315) 435-2525

Cayuga County Office of Emergency Management

(315) 255-1164

Other Supply Sources

Child Care Solutions staff have identified several additional sources of supplies that child care providers may consider contacting. This list is not indented to endorse any company, nor is it considered an inclusive list of potential sources. The list is comprised only of the sources that our staff were aware of when this document was finalized.

- **Cleaning Supplies**

- **WB Mason:** 1-888-926-2766
- **Office World:** (315) 432-9000

- **Face Coverings:** Multi-layer surgical type masks (FDA approved), KN95, reusable, and Antimicrobial face coverings are available at various prices and quantities through:

- **Spinnakercustom.com**

(315) 431-2787

Lisette Broad; Email: sales@spnnakercustom.com

- **Cooley Brand**

(315) 254-2142

Karie Ballway; Email: kballway@cooleybrand.com

- **Gloves**

- **Golden Protective:** 1-800-896-6230

- **Hand Sanitizer**

- (315) 491-0498

Don Stroup; Email: dstroup@statechemical.com

- **Thermometers:** Thermometers have been ordered by Child Care Solutions for programs who have been open and operating as of April 25th, 2020, as of the release of this guide we are still waiting for them to be delivered.

