The below information is meant to outline the differences between what is required through regulation in child care licensing rules and what is being recommended as best practice due to COVID-19. The Office of Early Childhood and Out of School Learning (OECOSL) will strongly encourage items listed in the recommended practice column during licensing visits and be providing technical assistance and support to ensure that each child care operator and educator can meet the recommended best practices.

Mandatory

Recommended Practice

Educators Age of caregivers/teachers or applicants Those 65 and over and individuals with identified high-risk medical conditions who are caregivers and child care operators Licensed child care programs the applicant must be twenty-one (21) should limit exposure at work and in their communities. years of age. Caregivers who are involved in maintaining ratio need to be eighteen (18) years of age. Please refer to Indiana • For caregivers/operators who return to work prior to Administrative Code (IAC) 470 for additional requirements. stage 5 programs should consider giving them a role within the child care settings that minimizes their contact For Legally Licensed Exempt Providers (LLEP), the applicant for the with younger children or provides them a role that allows child care program must be eighteen (18) years of age. Refer to them to maintain a safe distance from others within the Indiana Code (IAC) 470 for additional requirements. child care. Those operators who are 65 and older will need to determine if their age and any underlying health conditions allow them to operate their child care safely until stage 5 has been reached. Daily Activities *The child care programs written personnel policies shall address the Conduct daily health assessments by implementing screening infectious disease health hazards. COVID-19 is a health hazard and must be procedures for COVID-19 symptoms for all employees reporting addressed in the child care programs policies. for work. • The child care program shall make every effort to control the spread Examples include self-assessment of symptoms before of communicable diseases and shall establish written health policies arrival in the workplace, screening questions upon and precautions. arrival, and daily temperature checks. In order to

	 minimize missed infections, at least two procedures should be implemented every day. Child care programs should have a plan in place if an employee presents with symptoms that results in their being sent home.
The child care program shall have, and maintain compliance with, a written policy describing the practice of the provider concerning safe conditions in the child care program and grounds.	 Arrival and pick-up procedures should include: Staggering times and/or having child care staff meet families outside, or at the facility entrance, to escort the children as they arrive and depart. Plans for drop off and pick-up should limit direct contact between parents and staff.
*The child care program shall make every effort to control the spread of communicable diseases and shall establish written health policies and precautions. • Child care program should have an illness policy which includes: o The program shall not admit children who are ill upon arrival. o If a child becomes ill during the day, caregivers shall immediately isolate the child from other children and notify the parent to arrange for other immediate care of the child. o Caregivers shall directly observe and supervise all children who are ill until they leave the child care program. o The program may not readmit children who exhibit symptoms of the illness for which they were excluded.	 All child care providers should immediately institute the practice of checking the temperature of each child when they are brought into the child care, before the parent leaves. If the child presents with a temperature of over 100.4, the child should not remain at the child care and must return home with the parent. Children who have had symptoms such as vomiting and diarrhea should remain home for at least 24 hours after the last episode, and should be fever free for at least 24 hours without being given fever-reducing medications. Families should be informed of this new policy in writing and providers can use the template provided by OECOSL to make this notification.
*The child care program shall have, and maintain compliance with, a written policy describing the practice of the provider concerning safe conditions in the child care program and grounds. • The child care program shall make every effort to control the spread of communicable diseases and shall establish written health policies and precautions.	 During nap time, children's naptime mats (or cribs) should be spaced out as much as possible, ideally 6 feet apart. Consider placing children head to toe in order to further reduce the potential for viral spread. This procedure should remain in effect through stage 3. Beginning in stage 4, distancing between naptime mats and cribs should follow licensing rules, though 6 feet is still encouraged when possible.

Child care programs hast have appropriately timed, nutritious meals and snacks shall be made available in such quantity as to meet the needs of each child. Your individual child care programing requirements for food service and meals are still required to be implemented. Hand washing is required before and after eating.	 If a cafeteria or group dining room is typically used, meals should be served in classrooms instead. Programs should not participate in family style meals and should practice social distancing during meal times, ideally 6 feet apart. Programs should maintain the same unit (group) of children during meal times as well. Bagged or boxed meals with all necessary utensils, condiments, napkins, etc. included would be the preferred method. In addition, prior to any meal service, all children should utilize hand washing or sanitizing to ensure safe eating practices.
*Child care programs shall make available daily activities appropriate to the age, developmental needs, interests, and number of children in the care of the provider.	Heightened attention to Social Emotional Learning will be critical during this period, and should be made available to all children and staff as part of the daily curriculum. • Additional, age appropriate, learning about the medical and public health implications of COVID-19 will also be critical, and should likewise be made available to all children and staff. • Children with disabilities and special educational needs are at elevated risk during this time, and careful attention should be paid to ensuring continued learning and wellbeing.
*The child care program shall have, and maintain compliance with, a written policy describing the practice of the provider concerning safe conditions in the child care program and grounds. • The child care program shall make every effort to control the spread of communicable diseases and shall establish written health policies and precautions.	It is recommended adults and children ages 2 years and up wear face coverings through stage 3. Cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance. The cloth face coverings recommended are not surgical masks or N-95 respirators. Child care programs supporting infants and toddlers can protect themselves by: Wearing an over-large, button-down long-sleeved shirt and by wearing long hair up off the collar in a ponytail

	or other up-do. They should change the button-down shirt, if there are secretions on it, and wash their hands again.
Daily Activit	ies
*Group size requirements found in Indiana Administrative Code (IAC) 470 are required to be followed. Your individual programs grouping policies must be followed.	Social distancing practices should be continued with new policies that do not allow more than the Executive Order that is in place. • In addition, it is recommended that when possible programs keep the same children in consistent unit with the same teacher/caregiver. Flexibility can be used for intermittent scheduling when appropriate; however, the overarching goal is to minimize mingling of children.
*Age grouping policies apply at all times throughout the day. This includes both inside and outside activities. Group size requirements found in Indiana Administrative Code (IAC) 470 are required to be followed. Your individual programs grouping policies must be followed.	Limit the mixing of units, such as staggering playground times and keeping units separate for special activities such as art, music, and exercising. • Beginning in Stage 3, playgrounds can be occupied by multiple units, so long as social distancing is being practiced and the program is following disinfecting practices. • Playground structures should be disinfected after each unit leaves the playground.

Cleaning/Sanitizing

Clean the child care facility daily.

- Keep the child care facility in a sanitary condition at all times.
 - Sanitize toys, furniture, and other equipment used by children, weekly and when they become soiled or contaminated.
 - O Wash all soiled items prior to sanitization.
 - Staff shall not do major cleaning, except for spills after meals and art projects, while children are present in the area being cleaned.
 - Staff shall sanitize cots daily after each use. Staff may sanitize cots weekly if the same child uses the same cot each day. If staff sanitize cots weekly, they shall clearly identify assigned cots.
 - O Staff shall sanitize the area and all equipment in the area between uses
 - If the sink for tooth brushing is in a toilet room, the faucet and sink must be sanitized before being used for tooth brushing
 - All food preparation surfaces and eating surfaces shall be sanitized.
 - All articles that are used by infants or toddlers shall be sanitizable and sanitized daily and whenever soiled.
 - All articles an infant chews on shall be sanitized after each child's use.
 - o Caregivers shall sanitize pacifiers when contaminated.
 - Staff shall sanitize all cribs as often as necessary and at least daily.
- The building used for child care programs shall at all times be

Toys that can be put in the mouth should be cleaned and sanitized. Other hard surfaces, including diaper changing stations, door knobs, and floors should be disinfected.

- Intensify cleaning and disinfection effort child care programs should develop a schedule for cleaning and disinfecting including at least one hour a day of deep cleaning when children are not present.
- Routinely clean, sanitize, and disinfect surfaces and objects that are frequently touched, especially toys and games. This may also include cleaning objects/surfaces not ordinarily cleaned daily such as doorknobs, light switches, classroom sink handles, countertops, nap pads, toilet training potties, desks, chairs, and cubbies. Use the cleaners typically used at your child care program.
- Toys that children have placed in their mouths or that are otherwise contaminated by body secretions or excretions should be set aside until they are cleaned by hand by a person wearing gloves.
- Machine washable cloth toys should be used by one individual at a time or should not be used at all. These toys should be laundered before being used by another child.
- Toys should not be shared among child care units unless they are washed and sanitized before being moved from one unit to the other.
- Children's books, like other paper-based materials such as mail or envelopes, are not considered a high risk for transmission and do not need additional cleaning or

maintained in a clean, safe, and sanitary condition and be in a good	disinfection procedures
state of repair.	 Ensure adequate supplies to minimize sharing of high
	touch materials to the extent possible (art supplies,
	equipment etc. assigned to a single child) or limit use of
	supplies and equipment by one group of children at a
	time and clean and disinfect between uses.
	 Avoid sharing electronic devices, toys, books, and other
	games or learning aids when possible.
When diapering children caregivers shall do the following:	In order to avoid any fecal transmission of COVID-19 the
Wash hands with soap and warm water and dry with disposable paper	following diapering procedures
towel	 Wash hands with soap and warm water and dry with
Gather needed supplies and place on diapering area	disposable paper towel
Spread wax paper on changing table covering the entire length and	 Gather needed supplies and place on diapering area
width of the pad	 Spread wax paper on changing table covering the entire
If gloves are used put on gloves after placing the child on the	length and width of the pad
changing table	Put on gloves after placing the child on the changing
Release the soiled diaper	table
Place soiled diaper and wax paper into a plastic bag	Release the soiled diaper
Wash the child's bottom	Place soiled diaper and wax paper into a plastic bag
Remove gloves if used	• Wash the child's bottom
Place clean diaper on child	Remove gloves
• Wash the child's hands	Place clean diaper on child
Take the child to a safe area where he or she can be supervised	• Wash the child's hands
The diapering waste is disposed of in a tightly covered, plastic-lined	Take the child to a safe area where he or she can be
waste container	supervised
Sanitize diaper changing pad and table	Discard the soiled diaper, washcloth and towel, and wax
 Wash hands with soap and warm water and dry with disposable paper 	paper into a tightly covered sanitary waste container lined
towel	with a plastic bag
Additional diapering requirements can be found in Indiana Administrative	Sanitize diaper changing pad and table
Code (IAC) 470 and must be followed.	Wash hands with soap and warm water and dry with
	disposable paper towel
*A child care provider shall provide for a safe environment by ensuring that	The following recommendations remain in effect through Stage 5
no conditions exist in or on the grounds of the facility where the provider	• Infants, toddlers, and their teachers should have multiple
operates a child care program that would endanger the health, safety, or	changes of clothes on hand in the child care. Child care
welfare of the children.	providers should change children's clothes if secretions
	are on the child's clothes.
	Contaminated clothes should be placed in a plastic bag
	and sent home or washed in a washing machine.

A child care provider shall provide for a safe environment by ensuring that no conditions exist in or on the grounds of the facility where the provider operates a child care program that would endanger the health, safety, or welfare of the children.	The following recommendations remain in effect through Stage 5 • Use bedding (sheets, pillows, blankets, sleeping bags) that can be washed. Keep each child's bedding separate, and consider storing in individually labeled bins, cubbies, or bags. Cots and mats should be labeled for each child. Bedding that touches a child's skin should be cleaned weekly or before use by another child.
The child care program must store any item that states "keep out of the reach of children" in a place that is inaccessible to children.	Ensure that employees, children and families have ready access to hand sanitizer, handwashing stations, or other disinfectant products. • Hand Sanitizers are temporarily acceptable products

^{*}Does not apply to Registered Child Care Ministries that are not eligible for CCDF.