

SANTA BARBARA COUNTY CHILD CARE GUIDE FOR COVID-19

Health & Safety Procedures and Guidance During COVID-19

Version 12: October 6, 2020

Changes made to reflect the updated COVID-19 guidance for child care programs and providers from the state of CA are highlighted in yellow.

This Guide is current as of the above date and is based on standards set forth through the latest CA COVID-19 statewide industry guidance for child care programs and providers as published in the Early Learning & Care Playbook (referred herein as the [CA Guidance for Child Care Programs](#)). Best practice recommendations from Community Care Licensing ([CCL](#)) Provider Information Notice ([PIN 20-06-CCP](#) and [PIN 20-11-CCP](#)) and Center for Disease Control's (CDC) [Guidance for Childcare Programs that Remain Open](#) are also presented. All efforts will be made to keep this Guide as current as possible however due to the quickly changing circumstances surrounding COVID-19 it is best to check [COVID19CA.gov](#), CA Guidance for Child Care Programs, [Santa Barbara County's industry guidelines](#), [CCL](#), and [CDC's](#) websites for updates.



Emergency Child Care Initiative

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Overview

This Guide was created for you, the child care providers in Santa Barbara County who have stepped up to provide child care during the COVID-19 pandemic. Child care is critical to the re-opening and re-building of our community. Providing child care at this time is challenging, with many new guidelines so that children are well cared for and providers help stem, not spread, the virus.

Inside this Guide you will find health and safety guidelines for COVID-19 as well as helpful recommendations. The guidelines are taken directly from the [CA Guidance for Child Care Programs](#), and are presented in tandem with recommendations from [Centers for Disease Control and Prevention](#) (CDC), along with those from [Community Care Licensing \(CCL\)](#).

This is a living document. New rules and updates are released almost daily and will be incorporated into this Guide and posted as quickly as possible. New versions of the Guide will be dated. For this reason, it is always best to refer to the online version. If you must print it out, please frequently check online for updates.

We want to support child care providers who are providing care for workers while also helping child care providers keep our community safe and our children well cared for during this stressful time.

Along with this Guide, we are continually posting the latest information, supportive documents and resources, as well as providing supplies and training to help you do your work on our [website](#). This Guide was developed to be used with two additional resources that are aimed to help programs safely re-open while also considering the business/operational aspects during COVID-19: *Child Care Program Plan for Re-Opening During COVID-19* (Plan) as well as the Checklist for Re-Opening Child Care During COVID-19. Please check the [ECCI webpage](#) regularly for updates and resources.

We are grateful for our first responders – Essential Child Care Providers. Please let us know what you need. Contact us at essentialchildcaresb@gmail.com.

Acknowledgements

The creators of this Guide are [First 5 Santa Barbara County](#), [Santa Barbara County Child Care Planning Council](#), [Children’s Resource and Referral of Santa Barbara County](#), and the [Emergency Child Care Initiative](#).

The [Emergency Child Care Initiative](#) for Santa Barbara County (ECCI) offers partial funding for affordable emergency child care services for critical health care providers, first responders as well as food distribution and other essential employees during the COVID-19 outbreak. A fund for this initiative has been established with support from Jane and Paul Orfalea/the Audacious Foundation and the Natalie Orfalea Foundation, with Lou Buglioli. Other funders have joined the effort, such as the James S. Bower Foundation, the Monroe Foundation and Linked Foundation, and United Way of Santa Barbara County (United Way) serves as a partner and fiscal agent.

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For Santa Barbara County

~In response to the COVID-19 pandemic



The participating organizations and writing team members are not responsible or liable for any information presented or actions resulting from the Guide, Plan, and Checklist.

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Overview of Steps and Resources for Re-Opening

As you prepare to re-open and/or stay open during COVID-19 it is important to assess the risk and plan for the financial viability, organizational sustainability, and business/program stability, and most importantly, the health and safety of staff, children, and families. There are several steps in this process:

Step 1: Review the COVID-19 guidance published by the [State of California](#), the [County of Santa Barbara](#), [Community Care Licensing](#), and [CDC](#). This Guide compiles all of these guidelines along with best practice recommendations into one document to make the process of complying with guidelines as clear as possible.

Step 2: Conduct a detailed risk assessment in accordance with [California's Guidance for Child Care Programs and Providers](#). Develop and implement a COVID-19 protection plan by completing the State Child Care Industry [COVID-19 Prevention Plan Template](#).

Step 3: Confirm your readiness to reopen/stay open by completing the [COVID-19 Industry Guideline Checklist for Child Care Programs and Providers](#) based on [California's Guidance for Child Care Programs and Providers](#). The *Checklist for Re-Opening Child Care During COVID-19* (Checklist; Appendix A) has been developed to assist in this process.

Step 4: Complete the attestation process and all of the required steps posted in the [Here is How to Rise](#).

Step 5: Stay up to date on changes to the guidelines.

The Plan is intended to help child care programs formulate and implement a site-specific COVID -19 protection plan that helps prevent the spread of COVID-19 for staff and the families in your care. The Plan and Guide combined with the Checklist will address the business and the operational considerations as well as the health and safety requirements for re-opening.

It is important to work with local health officials, school districts, child care licensing, child care accreditation bodies, health consultants, and other community partners to determine the most appropriate plan and action. There are local resource available to help in this process including: [Santa Barbara County Child Care Planning Council](#)'s Directive Collaborative - contact Taundra Pitchford at tpitchford@sbceo.org and [Children's Resource and Referral of Santa Barbara County](#)'s [Facebook group](#) and [SBC Child Care Provider Network](#). See additional resources listed at the end of this Guide.

This Guide also provides steps and considerations in case there is a need to close again, either temporarily or for a longer period due to a community resurgence. See Appendix B. It is recommended that time is invested in planning and preparing in advance by developing protocols for a temporary closure so to optimize health and safety for children, staff and the community, while also safeguarding the sustainability of your child care business.

What You Need to Know About COVID-19

Know the signs and [symptoms](#) of COVID-19 in children and adults.

Updated Coronavirus Symptoms:

- Fever
- Cough
- Shortness of breath or difficulty breathing
- Chills
- Repeated shaking with chills
- Fatigue
- Muscle pain
- Headache
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea
- New loss of taste or smell

Additional Recommendations and Tips:

Infographics about the difference between allergies, cold, flu, and COVID-19 shall be posted in each classroom as well as posters about [stopping the spread of germs](#) (also available in [Spanish](#)).

NOTE: The Guidelines in this document are all taken directly from the [CA Guidance for Child Care Programs](#) and should be followed as closely as possible. This guidebook also includes guidance from [Center for Disease Control](#) and [California Community Care Licensing](#). Recommendations are the result of research into best practices used by programs across the country.

General Guidelines to Prevent the Spread of COVID-19

- [Wash hands](#) frequently with soap and water for at least 20 seconds. If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Supervise children when they use hand sanitizer. Hand sanitizer must be stored out of reach of children when not in use. Closely supervise young children when using hand sanitizer to prevent them from swallowing hand sanitizer because it can cause alcohol poisoning.
- Avoid touching your face.
- [Cover cough and sneezes](#) with a tissue and throw the tissue away immediately and then wash hands.
- Implement [social distancing strategies](#).
- Plan ahead to ensure adequate supplies to support hand hygiene behaviors and routine cleaning of objects and surfaces. Intensify [cleaning and disinfection efforts](#). [Clean and disinfect](#) frequently touched surfaces by following CDC's guidance on how to [disinfect your building or facility](#) if someone is sick.
- Require sick children and staff to stay home. Communicate to parents the importance of keeping children home when they are sick.

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- Establish procedures to ensure children and staff who come to the child care center sick or become sick while at your facility are sent home immediately.
- Keep sick children and staff separate (in an isolation room) from well children and staff until they can be sent home.
- Modify [drop off and pick up procedures](#) to observe social distancing.
- Maintain an adequate ratio of staff to children to ensure safety. Plan ahead and recruit those with child care experience to ensure you have a roster of substitute caregivers who can fill in if your staff members are sick or stay home to care for sick family members.

Planning

The [CA Guidance for Child Care Programs](#) provides the following guidelines:

- Have plans in place to protect and support staff, children, and their family members who are at higher risk for severe illness.
- Establish plans for sharing information and guidelines with parents and caregivers in their preferred language.
- Implement the necessary processes and protocols when a workplace has an outbreak, in accordance with CDPH guidelines.
 - Investigate the COVID-19 illness and determine if any work-related factors could have contributed to risk of infection. Update protocols as needed to prevent further cases.
 - Update protocols as needed to prevent further cases. See the CDPH guidelines, Responding to COVID-19 in the Workplace, which are incorporated into this guidance and contain detailed recommendations for establishing a plan to identify cases, communicate with employees and other exposed persons, and conducting and assisting with contact tracing.

Facility Set up

Staff Training

All staff shall be provided with a site-specific training for COVID-19. The [CA Guidance for Child Care Programs](#) include training all staff and communicate with families about the following:

- Enhanced sanitation practices
- Physical distancing guidelines
- Proper use, removal, and washing of face coverings
- Personal hygiene
- Screening practices
- COVID-19 specific exclusion criteria

Additional Recommendations and Tips:

It is also recommended that the following information is integrated into staff manuals:

- Health and safety procedures pursuant to preventing the spread of COVID-19
- Physical distancing protocols
- Coughing and sneezing etiquette
- Health screenings practices
- COVID-19 specific exclusion criteria
- Program registration processes
- Daily arrival and drop off procedures

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- Preparing and serving snacks and meals
- Enhanced cleaning, sanitization, and disinfection
- Personal protective equipment
- Handwashing and hygiene policies
- Illness procedures and sick policies
- Use of face coverings
- Emergency procedures

Sinks

Additional Recommendations and Tips:

It is recommended that each classroom is equipped with its own designated sink accessible to children.

Post Signs

Additional Recommendations and Tips:

Post a Social Distancing Protocol poster for each facility at or near the entrance of the facility; it should be easily viewed by the public and employees.

Ventilation

The [CA Guidance for Child Care Programs](#) directs providers to introduce fresh outdoor air as much as possible, for example by opening windows. When cleaning, air out the space before children arrive; plan to do thorough cleaning when children are not present. If using air conditioning, use the setting that brings in fresh air. Replace and check air filters and filtration systems to ensure optimal air quality.

Set Up Classrooms for Social Distancing

According to the [CA Guidance for Child Care Programs](#):

- Children should remain in groups as small as possible.
- Keep the same children and teacher or staff with each group and include children from the same family within the same group to the greatest extent possible.
- Arrange developmentally appropriate activities for smaller group activities and rearrange furniture and play spaces to maintain 6 feet of separation, when possible.
- For napping, place cots, cribs, and mats 6 feet apart, with heads in opposite directions. Cots and mats should be labeled for each child and not shared.
- Use opportunities to reduce time spend indoors by bringing children outside, weather permitting while maintaining physical distancing.
- Offer more opportunities for individual play.
- Plan activities that do not require close physical contact between multiple children.
- Stagger indoor and outdoor play and adjust schedules to reduce the number of children in the same area.
- Ensure all outdoor play equipment is cleaned and disinfected between use by different groups of children.

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- Develop spacing instructions in both indoor and outdoor spaces that are developmentally appropriate and easy for children to understand.
- The total number of children in the facility shall be limited so social distancing can be followed.

Limit Outside Objects and Contact

- According to the [CA Guidance for Child Care Programs](#), personal toys and blankets should either be sent home with the family each day or washed daily by the provider.

Additional Recommendations and Tips:

- According to [CCL](#), cancel field trips or outings to areas with crowds.
- Walkie-Talkies are recommended for staff to communicate from classroom to classroom so to limit in person communication and crossover between classrooms. One walkie-talkie per staff member and it shall be sanitized daily.
- [CDC](#) recommends a separate classroom or group for the children of healthcare workers and other first responders. If your program is unable to create a separate classroom, then serve only the children of health care workers and first responders.
- It is recommended that each classroom have its own staff and child bathroom.
- Find creative ways to use yarn, masking tape, or other materials for children to create their own space.

Overview of Essential Personal Protective Equipment

The following chart is taken from [CA Guidance for Child Care Programs](#).

Items	Child Care Workforce	Children
Cloth face coverings*	YES	Never place face coverings on babies or children under 2 because of danger of suffocation Children aged 2 years and older should wear face coverings, especially when indoors or when a six-foot physical distance from others cannot be maintained.
Gloves	YES , for tasks such as serving food, handling trash, or using cleaning and disinfectant products	NO
Hand Sanitizer - Should contain at least 60% ethyl alcohol (preferred) or at least 70% isopropyl alcohol (a neurotoxin and eye irritant).	YES, OPTIONAL Note that frequent handwashing is more effective than the use of hand sanitizers	May be used under adult supervision only and must be kept out of children’s reach. Call Poison Control if consumed: 800-222-1222 Note that frequent handwashing is more effective than use of hand sanitizers. Sanitizer must be rubbed into children’s hands until completely dry. Hand sanitizer is not recommended for children under 24 months.
Disinfectant Cleaning Products	YES Provide training and required protective equipment per manufacturer’s recommendations. Must be kept out of children’s reach.	NO

*Masks or face shields may also be worn. Face coverings are strongly encouraged for young children between two years old and second grade, if they can be worn properly. A face shield is an acceptable alternative for children in this cohort.

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The Healthy Schools Act requires that anyone using disinfectants at child care centers complete annual California Department of Pesticide Regulation-approved training. Online training can be found by going to <https://apps.cdpr.ca.gov/schoolipm/>. This does not apply to family child care homes.

Face Coverings

Staff members, parents, and anyone 13 years and older are required to [wear face coverings](#) at the facility at all times according to [Santa Barbara regulations](#). Children aged 2 years and older should wear face coverings, especially when indoors or when a six-foot physical distance from others cannot be maintained. Cloth face coverings should NOT be put on babies and children under age two because of the danger of suffocation.

Additional Recommendations and Tips:

Face covering procedure:

1. Wash hands
2. Put on face covering
3. Do not touch the face covering at all after putting it on
4. Remove your mask touching only the straps
5. Wash your hands

According to [CCL](#) and [CDC](#), even when wearing masks or face coverings, it is recommended that you stay at least 6 feet away from other people (social and physical distancing), frequently wash your hands, and take other everyday preventive actions.

It is recommended to wash your cloth face covering frequently, after each use. Have a bag or bin to keep cloth face coverings in until they can be laundered with detergent and hot water and dried on a hot cycle. If you must readjust your cloth face covering while wearing it, wash your hands immediately after putting it back on and avoid touching your face. Discard cloth face coverings that:

- No longer cover the nose and mouth
- Have stretched out or damaged ties or straps
- Cannot stay on the face
- Have holes or tears in the fabric

Parent/Child Communication and Education

Parent/Caregiver Communication

Clear communication is essential to ensure that parents, caregivers, and staff understand these policies. The parent handbook should be updated to reflect health and safety guidelines for COVID-19. Everyone at the facility is expected to be free of contagious illnesses to the best of their knowledge. According to [CA Guidance for Child Care Programs](#), plans should be established for sharing information and guidelines with parents and caregivers in their preferred language. Please see the Child Care Program Plan for Re-Opening During COVID-19 for assistance in revising parent/caregiver communication protocols, policies, and materials for the pandemic.

Recommendations and Tips:

- It is recommended that facilities provide parents with illness and exclusion policies prior to enrollment which also includes drop-off and pick-up procedures as well as protocols to ensure vigilance about keeping anyone who is ill and/or contagious out of the facility.

COVID-19 Related Education for Children

According to the [CA Guidance for Child Care Programs](#), providers should establish a curriculum and educational methods to teach children to avoid contact with one's eyes, nose, and mouth, and use tissue to wipe their nose and to cough/sneeze inside their elbow. Model and practice handwashing before and after eating, after coughing or sneezing, after playing outside, and after using the restroom.

Other recommended topics include:

- Avoid close and direct contact with other children and facility staff
- Telling their teacher as soon as possible if they feel sick
- Discouraging children from sharing food, drinking cups, eating utensils, towels, etc.

Recommendations and Tips:

- Implement strategies to model and reinforce social and physical distancing and movement.
- Use carpet squares, mats, or other visuals to help children maintain spacing.
- Model social distancing when interacting with children, families, and staff.
- Role-play what social distancing looks like by demonstrating the recommended distance.
- Give frequent verbal reminders to children.
- Create and develop a scripted story around social distancing, as well as handwashing, proper etiquette for sneezes, coughs, etc.
- Send home a tip sheet for parents and caregivers to also learn about social distancing.
- Practice frequent handwashing by teaching a popular child-friendly song or counting to 20 (handwashing should last 20 seconds).

Drop-Off/Arrival and Pick-Up

According to [CA Guidance for Child Care Programs](#):

- Ask parents/caregivers to meet at the facility entryway for pick-up and drop-off of children whenever possible and to be as brief as possible.
- If parents/caregiver must enter, ask them to enter and exit the room one person at a time to allow for social and physical distancing. Consider asking them to wear face coverings.
- Ask parents/caregivers to bring their own pens when signing children in and out. When that is not possible, collect pens immediately after a single use, deposit them in the cleaning area, and provide a sanitized pen.
- Install hand sanitizers, out of the reach of children, near all entry doors and other high traffic areas.
- Take steps to reduce contact between children and adults, including other children's parents during pick-up/drop-off, classroom visits, volunteers.
- If possible, the same parent/caregiver should drop off and pick up the child every day, avoid designating those at high risk.
- Consider staggering arrival and drop off times.
- Consider designating a staff member from each class to escort in or out of facility (if parent/caregiver are comfortable with this option) and signing their child in and out for arrival.
- All parents and staff shall wear face coverings at all times.
- Health screenings should be conducted on children and staff before entering the facility.

Additional Recommendations and Tips:

- Hand hygiene stations shall be set up at the entrance of the facility and all high traffic entrances, so that everyone (staff, parents, and children) can clean their hands before they enter and before they leave the facility. If a sink with soap and water is not available, provide hand sanitizer with at least 60% alcohol (out of reach of children).
- Place sign-in stations outside.
- Curbside drop off and pick up should limit direct contact between parents and staff members, when possible.
- It is recommended that staff and children remove shoes before entering the classrooms.
- It is recommended that parents/caregivers/friends/family are not permitted in the building with the exception of breastfeeding mothers. A designated room that is separate from the classrooms shall be available to nursing mothers.
- It is possible that some parents/guardians will be exposed to the coronavirus while at work. Upon enrollment of the program, it is recommended that parents/guardians identify at least two back up adults that could pick up children i.e. emergency card in the event that a parent is exposed or is suspected to have been exposed.

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Health Screening and Illness Policies

Health Screening for Symptoms

According to [CA Guidance for Child Care Programs](#):

- Providers must implement screening procedures for all staff and children before they enter the facility. Ask all individuals about **COVID-19** symptoms within the last 24 hours and whether anyone in their home has had COVID-19 symptoms or a positive test. Exclude anyone who has an affirmative response on any of these points.
- Document/track incidents of possible exposure and notify local health officials, staff, and families immediately of any possible case of COVID-19 while maintaining confidentiality as required by the Americans with Disabilities Act (ADA).
- Conduct visual wellness checks of all children upon arrival and ask health questions when concerned.
- Take children's temperature each morning with a no-touch thermometer. If a thermometer requiring a touch-method (under the tongue or arm, forehead, etc.) is the only type available, it should only be used when a fever is suspected. Thermometers must be properly cleaned and disinfected after each use.
- Monitor staff and children throughout the day for signs of illness; send home children with a fever of 100.4 degrees or higher, cough, or other COVID-19 symptoms after isolating from the general room population and notify parents.
- Child care programs must exclude any child, parent, caregiver, or staff showing symptoms of COVID-19. Staff should discuss with parent/caregiver and refer to the child's health history form and/or emergency card to identify if the child has a history of allergies, which would not be a reason to exclude.
- Establish procedures for safely transporting anyone sick home or to a healthcare facility, as appropriate.
- Advise sick staff members and children not to return until they met [CDC](#) criteria to discontinue home isolation. **See Appendix C.**

Additional Recommendations and Tips:

CDC's protocols conducting health screenings:

- Wash hands prior to each health screening.
- Put on a face mask, eye protection (goggles or disposable face shield that fully covers the front and sides of the face), gown/coveralls, and a single pair of disposable gloves. CDC offers guidelines in the form of a poster about [how to make a mask](#). If you are in need of these supplies contact [Santa Barbara R&R](#) immediately for assistance in obtaining supplies and make home-made options to use in the interim.
- Check the individual's temperature with a no touch thermometer. The no touch thermometer needs to be wiped with a 60% alcohol wipe after each use as per [CDC for infection control guidelines](#). If the screener did not have physical contact with an individual, gloves do not need to be changed before the next check. If a no touch thermometer is not available then a thermometer with a **disposable cover** shall be used and then sanitized after each use as per [CDC](#)

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[for infection control guidelines](#). The screener shall also change her/his gloves after each person that is checked.

- Conduct a visual inspection for signs of infection, which could include flushed cheeks, fatigue, extreme fussiness, cough, etc.
- Ask if medications were used to lower temperature within the past 72 hours.
- Ask if they had close contact (defined by CDC as being within 6 feet of someone for 10 minutes or more) with anyone diagnosed with COVID-19 or if anyone in their household has symptoms of respiratory illness (fever, cough, or shortness of breath). If they have, see the Illness Policy section.
- Remove and discard personal protective equipment (PPE).
- Persons who have a travel history over the course of the last 14 days to an area identified by the CDC as [Level 3 Travel Health Notice](#) shall not be allowed on site.

The CDC provides the following [Examples of Screening Methods](#):

Reliance on Social Distancing (example 1)

- 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.

Reliance on Barrier/Partition Controls (example 2)

- 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 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 (follow steps below)
 - 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.
- Check the child's temperature, reaching around the partition or through the window.
- Make sure your face stays behind the barrier at all times during the screening.
- 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.

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- 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.

Reliance on Personal Protective Equipment (example 3)

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 facemask, 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.
- 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.

Illness Policy

- The following illness terms shall be added to standard exclusion criteria outlined by [Community Care Licensing](#). Families shall receive an updated Illness Policy that includes parental responsibilities to keep children home if sick and that there is no guarantee that COVID-19 will not be contracted via the facility.
- If a child or staff member develops a cough, fever, or shortness of breath, they are to be sent home immediately.
- Advise sick staff members and children not to return until they met [CDC](#) criteria to discontinue home isolation. **See Appendix C.**
- Anyone who has had close contact (defined by the CDC as being within 6 feet of someone for 10 minutes or more) with someone diagnosed with COVID-19 should remain home for 14 days after the last known close contact with the case patient according to [CA PHD](#).
- **According to [CA PHD](#), If a child or staff member has any COVID-19 symptoms, the child/staff should remain home at least 10 days since symptoms first appeared; AND at least 24 hours since last fever without the use of fever reducing medications; AND symptoms (e.g., cough, shortness**

of breath) have improved. This isolation policy should be followed when the child/staff tests positive for COVID-19 OR when symptomatic and not evaluated by a health care provider.

- According to [CA PHD](#), a child/staff can end isolation when they have been cleared for return by healthcare provider. If COVID-19 tested and negative result, return the child/staff can end isolation 72 hours after symptoms resolve
- See Appendix B for steps for closure due to COVID-19 case/exposure at the facility.

Additional Recommendations and Tips:

- [Print and post](#) CDC's poster regarding protocols to follow for interacting with someone who has or is suspected to have COVID-19.
- It is recommended that the facility has flexible sick leave and absentee policies that discourage people to come in while sick.

Isolation Room

Additional Recommendations and Tips:

The following guidance is provided by the [CDC](#):

- A designated isolation room/space shall be established. The isolation room/area shall be large enough so that staff and the child can easily maintain at least 6 feet of social distancing.
- When a child shows signs of illness or has a fever they are moved to an isolation room/area. Staff wait in the isolation room with the child until the parent/guardian arrives.
- Both child-and staff wear masks and physical contact shall be avoided/limited.
- After the child leaves, the isolation room is sanitized, as well as all areas the child had been.
- The staff member shall thoroughly wash hands prior to returning to the classroom.
- It is recommended that the isolation room has an exit so the ill person can easily leave the facility without passing through the classrooms.

Healthy Hygiene

It is recommended that no unnecessary contact is permitted. For adults, this includes hugs, shaking hands, patting on the back, any type of unnecessary touching. All individuals should be discouraged from touching their eyes, ears, mouth and face.

Handwashing

Hands must be washed frequently. Hand washing with soap is preferred over an alcohol-based hand sanitizer. Ensure all staff and children are washing hands for at least 20 seconds. Always wash hands with soap and water even if hands are not visibly dirty and dry with a paper towel or single use towel. Towels should not be reused.

- Implement and enforce strict handwashing guidelines for all staff and children.
- According to [CCL](#), everyone shall wash their hands at:
 - Arrival to the facility and after breaks
 - Before, during, and after preparing food
 - Before and after eating or handling food, or feeding children
 - Before and after administering medication or medical ointment
 - Before and after diapering
 - After using the toilet
 - After changing diapers or cleaning up a child who has used the toilet
 - After coming in contact with bodily fluid
 - After blowing your nose, coughing, or sneezing
 - After touching an animal, animal feed, or animal waste
 - After handling pet food or pet treats
 - After playing outdoors or in sand
 - After handling garbage
 - Before and after caring for someone who is sick with vomiting or diarrhea
 - Before and after treating a cut or wound

Additional Recommendations and Tips:

- Assist children with handwashing, including infants who cannot wash hands alone. After assisting children with handwashing, staff should also wash their hands.
- Post signs in restrooms and near sinks that convey proper handwashing techniques. Developmentally appropriate [posters](#) in multiple languages are available from CDC.
- For occasions when soap and water are not immediately available, hand sanitizing products with at least 70% alcohol may be used. It is important to store hand sanitizer out of reach of children when not in use. Even after using sanitizer, hands should be thoroughly washed with soap and water as soon thereafter as possible.
- Install hand sanitizers, out of the reach of children, near all entry doors and other high traffic areas.

Cleaning, Disinfecting, and Sanitizing

General Cleaning and Sanitizing

- Cleaning efforts shall be intensified. Facilities should develop a schedule for cleaning and disinfecting. An example from CDC can be found [here](#).
- After each activity and on a daily basis, [sanitize and disinfect](#) all surfaces and objects that are frequently touched, especially toys. This includes cleaning objects/surfaces such as doorknobs, surface areas, light switches, hardback chairs, toilets, classroom sink handles, countertops, nap pads, toilet training potties, furniture, desks, chairs, cubbies, and playground structures. Follow CDC guidance on appropriate [sanitizers or disinfectants](#).
- Staff wear personal protective equipment (such as gloves) when cleaning and interacting with children who are symptomatic.
- Teach children to use a tissue when using the handle to flush the toilet.
- Disposable paper towels shall be used instead of cloth towels.
- A list of products that are EPA-approved for use against the virus that causes COVID-19 is available [here](#). When choosing cleaning products, use those approved for use against COVID-19 on the [Environmental Protection Agency \(EPA\)-approved list “N”](#) and follow product instructions.
 - To reduce the risk of asthma related to disinfecting, programs should aim to select disinfectant products on the N list with asthma-safer ingredients (hydrogen peroxide, citric acid or lactic acid).
 - Avoid products that mix these ingredients with peroxyacetic acid, sodium hypochlorite (bleach) or quaternary ammonium compounds, which can cause asthma.
 - Use disinfectants labeled to be effective against emerging viral pathogens, following label directions for appropriate dilution rates and contact times. Provide employees training on manufacturer’s directions, on Cal/OSHA requirements for safe use and as required by the Healthy Schools Act training (for child care centers only).
 - Workers using cleaners or disinfectants should wear gloves and/or eye protection as required by the product instructions.
 - All products must be kept out of children’s reach.

Additional Recommendations and Tips:

- Sinks used for food preparation should not be used for any other purposes according CCL.
- Sanitize the sink and toilet handles before and after each child’s use.
- A [deep clean](#) is performed every evening.
- Individual water bottles/cups shall be used (and washed daily) instead of communal drinking fountains.
- It is recommended to have at least two staff members in each classroom so that one staff member can be responsible for cleaning/sanitizing at all times.

Cleaning and Sanitizing Toys

Additional Recommendations and Tips:

CCL and CDC Guidance:

- Toys that cannot be cleaned and sanitized should not be used. Toys are not shared with other classes, unless they are washed and sanitized before being moved from one group to the other.
- 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.
- Set aside toys after each use that need to be cleaned. Place in a dish pan with soapy water or put in a separate container marked for “soiled toys.” Washing with soapy water is the ideal method for cleaning.
- Children’s books, like other paper-based materials such as mail or envelopes, are not considered as a high risk for transmission and do not need additional cleaning or disinfection procedures.
- All soft materials that are difficult to sanitize (dress up clothes, playdough, stuffed animals, rugs, etc.) are removed from the classroom. If playdough or a sensory material is used it is discarded after use.

Cleaning and Disinfecting Bedding and Laundry

Additional Recommendations and Tips from CCL:

CCL and CDC Guidance:

- Use bedding (sheets, pillows, blankets, sleeping bags) that can be washed weekly or before use by another child.
- Keep each child’s bedding separate, and store in individually labeled bins, cubbies, or bags.
- Do not shake dirty laundry; this minimizes the possibility of dispersing the virus through the air.
- Wash items as appropriate in accordance with the manufacturer’s instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely.
- Dirty laundry in contact with an ill person can be washed with other people’s items.
- Clean and disinfect hampers or other carts for transporting laundry according to guidance above for hard or soft surfaces.

Diapering and Staff Sanitization Practices

CCL Guidance:

- When [diapering](#) a child, [wash your hands](#) and wash the child’s hands before you begin, and wear gloves, if possible. Follow safe diaper changing procedures. Procedures should be posted in all diaper changing areas. Steps include:
 - o Prepare (includes putting on gloves)
 - o Clean child and remove gloves
 - o Remove trash (including gloves)
 - o Replace diaper
 - o Wash child’s hands
 - o Disinfect diapering station
 - o Wash hands

- After diapering, wash your hands (even if you were wearing gloves) and disinfect the diapering area with a fragrance-free bleach that is EPA-registered as a sanitizing or disinfecting solution. If other products are used for sanitizing or disinfecting, they should also be fragrance-free and EPA registered. If the surface is dirty, it should be cleaned with detergent or soap and water prior to disinfection.
- If reusable cloth diapers are used, they should not be rinsed or cleaned in the facility. The soiled cloth diaper and its contents (without emptying or rinsing) should be placed in a plastic bag or into a plastic-lined, hands-free covered diaper pail to give to parents/guardians or laundry service.

Additional Recommendations and Tips:

- Child care providers should change the child's clothes if secretions are on the child's clothes.
- Contaminated clothes should be placed in a plastic bag or washed in a washing machine. Infants, toddlers, and their providers should have multiple changes of clothes on hand in the child care center or home-based child care.
- Child care providers 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 updo.
- The CDC recommends that posters with diaper changing procedures shall be posted and are available [here](#).
- Child care providers should wash their hands, neck, and anywhere touched by a child's secretions.

Shoes

Consistent with existing practices (*See Caring for Our Children 5.2.9.14*), adults and children should remove or cover shoes before entering a play area used by infants.

How to Clean if the Facility has been Exposed to COVID-19

If a facility has been impacted by an individual who has been exposed or tested positive for COVID-19, please adhere to CDPH's guidelines and contact your local county public health department, report the incident to your local regional office, and communicate with your families about it. From CDC-[Interim Guidance for Administrators of U.S. K-12 Schools and Childcare Programs](#).

- Close off areas used by the individual suspected to be infected with COVID-19 and wait as long as practical before beginning cleaning and disinfecting to minimize potential for exposure. If possible, wait up to 24 hours before beginning cleaning and disinfecting.
- Before cleaning and disinfecting, open outside doors and windows to increase air circulation in the area.
- Cleaning staff should clean and disinfect all areas (e.g., offices, bathrooms, and common areas) used by the ill person(s), focusing especially on frequently touched surfaces.
- If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfecting.
- If it has been 7 days or more since the sick employee used the facility, additional cleaning and disinfection is not necessary. Continue routinely cleaning and disinfecting all high-touch surfaces in the facility.

Emergency Child Care Initiative

Website: <https://www.sbcemergencychildcare.org/> Email: essentialchildcaresb@gmail.com

Additional information on cleaning and disinfecting of community facilities can be found: CDC: Cleaning and Disinfection for Community Facilities <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html>

Emergency Child Care Initiative

Website: <https://www.sbcemergencychildcare.org/> Email: essentialchildcaresb@gmail.com

Meals and Preparation

According to [CA Guidance for Child Care Programs](#):

- Utilize more tables to spread children out or use name cards to ensure adequate spacing of children.
- Practice proper handwashing (for staff and children) before and after eating. Use paper goods and disposable plastic utensils when possible, following CDC and CDPH COVID-19 food handling guidelines.
- Do not allow children or staff to share or touch each other's food.
- Immediately clean and disinfect trays and tables after meals. Avoid family- or cafeteria-style meals, ask staff to handle utensils, and keep food covered to avoid contamination.
- Ensure meals are provided in individual portions and are delivered by staff wearing gloves.
- Implement outdoor meal times if space and weather allow.

Additional Recommendations and Tips:

- [CDC](#) states that food preparation should not be done by the same staff who diaper children.
- [CDC](#) states that sinks used for food preparation should not be used for any other purposes.
- Stagger meal times so only one class eats a meal at a time.
- Maintain social distancing at meals by seating children 6 feet apart.
- Provide prepackaged and individualized pre-made meals and snacks when possible.

Tooth Brushing

Additional Recommendations and Tips:

- Stop tooth brushing at the facility.
- Encourage parents and caregivers to regularly brush teeth at home.

Resources

National Resources for Child Care Professionals

[Center for Disease Control & Prevention Guidelines for Child Care Programs](#)

[Center for Disease Control & Prevention](#)

[Childcare Aware](#)

[National Association for the Education of Young Children \(NAEYC\) for COVID-19](#)

[American Academy of Pediatrics](#)

[Healthy Children](#)

[Head Start ECLKC](#)

[NCPMI](#)

State Resources for Child Care Professionals

[UCSF Child Care Health Program](#)

[California Department of Education](#)

[California Department of Public Health](#)

[California Department of Social Services \(CDSS\)](#)

[State of California COVID-19 Page](#)

[California Community Care Licensing](#)

[State of California Health and Human Services - CHILD CARE FACILITY LICENSEES AND PROVIDERS - April 7, 2020 Provider Information Notice](#)

[CAL/OSHA COVID-19 Guidelines](#)

[Child Care Licensing](#)

County Resources for Child Care Professionals

[Children's Resource and Referral of Santa Barbara County](#)

[First 5 Santa Barbara County](#)

[Santa Barbara County Child Care Planning Council](#)

[Santa Barbara County Public Health](#)

[The Emergency Child Care Initiative](#)

Resources for Working With Children and Families

[American Academy of Pediatric Psychology](#)

[Bright Horizons](#)

[CDC - Talking to Children about COVID 19](#)

[Social Story](#)

APPENDIX A

Checklist for Re-Opening Child Care During COVID-19

This tool has been adapted from [CDC's Decision Tree](#). The purpose of this tool is to assist directors/owners and administrators in making re-opening decisions regarding child care programs during the COVID-19 pandemic. These questions should be considered and addressed prior to opening, and can be the basis for a solid operations plan to ensure the health of the individuals and of the business. This checklist should be completed in conjunction with review of state and local regulations.

Child Care Program Name: _____

Person Responsible: _____

Date: _____

STEP 1

Should you consider re-opening?

HEALTH Considerations

- Can you re-open and comply with state and local orders?
- Did you survey staff to confirm their availability to safely return to work?
- Have you confirmed that none of your staff who will be at your facility have a chronic health condition or are in a higher risk category (e.g. 65 years and older, pregnant, or serious underlying medical condition like heart disease, diabetes, or lung disease) or have been in close contact with a person diagnosed with COVID-19 within the last 14 days?
- Are you ready to protect children and employees at higher risk for severe illness?
- Are you able to screen children and employees upon arrival for symptoms and exposure?

BUSINESS Considerations

- Do you have a plan in place to financially operate your program with the pandemic-related regulations?
- Have you confirmed the need for child care within your community?
- Have you identified steps to ramp-up to full enrollment and financially support your business as parents begin to feel comfortable with group care?
- Do you have enough qualified teaching staff to meet best practice ratios and health and safety requirements?



If NO to ANY, STOP and make sure all considerations are addressed before re-opening.



If YES to ALL then proceed to next section.

STEP 2

Are health and safety, as well business practices in place?

HEALTH Considerations

- Are your teachers trained on all COVID-19 related health and safety guidelines from the county, state, and Licensing?
- Does your curriculum incorporate teaching children proper handwashing and social distancing practices?
- Do you have hand washing/sanitization stations at the entrance of your facility?
- Do you have an isolation room available if a child gets sick?
- Are you able to maintain healthy hygiene practices such as frequent hand washing and employees wearing a cloth face covering?
- Can you increase your program's cleaning, sanitization, and disinfection routines while being careful with children in the near vicinity?
- Are the supplies and toys accessible and easy to clean and sanitize throughout the day?
- Can you adjust activities and procedures so to prevent sharing of items such as toys, belongings, supplies, and equipment?
- Can you clean and disinfect all shared spaces between each group use?
- Can your classrooms accommodate the physical distancing guidelines?

BUSINESS Considerations

- Do you have a committed group of families willing and ready to enroll?
- Do you have solid marketing strategies to enroll other children in your program if need be?
- Do you have the financial resources to cover the extra costs of the COVID-19 regulations and best practices including adequate supplies for good hygiene?



If NO to ANY, STOP and MEET SAFEGUARDS and/or ADDRESS BUSINESS NEEDS first



If YES to ALL then proceed to next section.

STEP 3

Have you set up systems to ensure your program will thrive in the short-and long-term?

HEALTH Considerations

- Have you developed and implemented procedures to check for signs and symptoms of children and employees daily upon arrival?
- Have you implemented enhanced screening for children and employees who have recently been present in areas of high transmission, including temperature checks and symptom monitoring?
- Do you have policies in place to require anyone who is sick to stay home?
- Do you have a plan for if children or employees get sick, and enough COVID-19 trained substitute teachers available to ensure compliance with best practices?
- Do you have the ability and systems in place to regularly communicate and monitor developments with local authorities, employees, and families regarding cases, exposures, and updates to policies and procedures?
- Do you have an action plan in place with the local health authorities if there are cases in the facility or an increase in cases in the local area?

BUSINESS Considerations

- Have you amended your parent and staff handbooks to incorporate COVID-19 changes?
- Are you connected with the CCPC Director's Collaborative and/or the CRR Facebook Group to get the latest information and support for your program?
- Do you have a long-term business plan that is adaptable to the possible changes as a result of COVID-19?



If NO to ANY, STOP and MEET SAFEGUARDS and/or SET UP BUSINESS SYSTEMS FIRST.



If YES to ALL then reopen and MONITOR carefully.

APPENDIX B

Preparedness for Closure Due to COVID-19

The following are steps and considerations in preparation for a possible need to close your child care program again, either temporarily or for a longer period due to a community resurgence of COVID-19. It is recommended that time is invested in planning and preparing in advance by developing protocols for a temporary closure so to optimize health and safety for children, staff and the community, while also safeguarding the sustainability of your child care business.

All of the following information is directly taken from CDC and CA Public Health guidelines via the following links:

- CA Public Health: Responding to COVID-19 in the Workplace
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Workplace-Outbreak-Employer-Guidance.aspx>
- CDC: Prevent and Reduce Transmission Among Employees
<https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>
- CDC: Cleaning and Disinfection for Community Facilities
<https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html>
- CDC: Interim Guidance for Administrators of US K-12 Schools and Child Care Programs
<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-schools.html>

Prepare and Plan

- Stay informed about the local COVID-19 outbreak by following [Santa Barbara's Public Health Department](#).
- Create an action plan for if the facility needs to close including how the facility will communicate with staff and parents and how the facility will be [sanitized](#) after the infection.
- Designate a workplace infection prevention coordinator to implement COVID-19 infection prevention procedures and to manage COVID-related issues among employees and families.
- Identify who is responsible for informing licensing specialist (if applicable) and [Child Care Resource and Referral](#) (CCR&R) if the facility must close (so families will not be referred during closure).
- Follow CA Public Health guidelines regarding when ill person can return to the facility.
- Develop plans to cover classes in the event of increased staff absences. Coordinate with other local child care programs and reach out to substitutes to determine their anticipated availability if regular staff members need to stay home if they or their family members are sick.

Isolate

- Instruct potentially exposed persons to stay home for 14 days.

- Determine when it is appropriate for cases and contacts of cases to return to work by referencing the following guidelines:
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Workplace-Outbreak-Employer-Guidance.aspx>

Report

- Contact Public Health Department and [Community Care Licensing](#) to report known or suspected cases of COVID-19.
- If the infected person lives in a jurisdiction outside of SB, contact that local public health department as well.
- The Public Health Dept may request a roster of all employees, their contact info, work schedule, etc. and assistance with contact tracing.

Dismiss Students and Staff

- According to CDC, dismiss students and most staff for 2-5 days. This allows the local health officials to help the school determine appropriate next steps, including whether an extended dismissal duration is needed to stop or slow further spread of COVID-19.
- In most cases, you do not need to shut down your facility.
- If it has been less than 7 days since the sick employee has been in the facility, close off any areas used for prolonged periods of time by the sick person.
- Exception: Where 14-day quarantine would compromise essential operations, the LHD may determine that some employees in these two groups may return to work sooner than 14 days by considering certain criteria specific to the workplace and employee.

Test

- Employers should NOT require a COVID-19 test result or a healthcare provider's note for employees who are sick to validate their illness, qualify for sick leave, or to return to work.
- Testing is recommended when possible.
- Testing may be needed at repeated intervals to capture all positive cases, especially if an outbreak is ongoing.

Clean and Disinfect

- Wait 24 hours before cleaning and disinfecting.
- During this waiting period, ventilate.
- Perform deep cleaning and sanitization while wearing PPE.
- If it has been 7 days or more since the sick employee used the facility, additional cleaning and disinfection is not necessary. Continue routinely cleaning and disinfecting all high-touch surfaces in the facility.

Communicate

- Determine which employees/children/families may have been exposed to the virus and may need to take additional precautions.
- Inform staff/families of possible exposure to COVID-19 and maintain confidentiality.
- Conduct contact tracing and quarantining of close contacts of confirmed cases in the workplace.

- Instruct close contacts of all who have been or potentially were exposed to quarantine at home for 14 days from their last known contact with the employee/family with COVID-19.

Make Decisions about Extending the Dismissal

- Seek guidance from local health officials to determine when students and staff should return to schools and what additional steps are needed for the school community.
- If there is a case of COVID-19 among children or staff, programs should consider whether a short-term (less than 1 week) or long-term (two weeks or more) closure will allow for sufficient cleaning and disinfection. Public health will use this time to trace close contacts of the case and determine if others could be at risk.
- If you must close your facility, contact your local regional office to inform them of the closure and submit an Unusual Incident Report documenting your planned closure and your anticipated re-opening date. The regional office will advise you on the steps to take and the appropriate procedures to follow.

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Appendix C

Santa Barbara Protocols for Symptoms, Potential Exposure and/or Close Contact with an Individual Testing Positive for COVID-19 in a School or Classroom Setting

Public Health Administration

300 North San Antonio Road ♦ Santa Barbara, CA 93110-1316
 805/681-5100 ♦ FAX 805/681-5191

August 21, 2020

Santa Barbara Protocols for Symptoms, Potential Exposure and/or Close Contact with an Individual Testing Positive for COVID-19 in a School or Classroom Setting

Student or Staff with:	ACTION	DISTRICT COMMUNICATION
!. COVID-19 symptoms , answers yes to a health screening question, or has a temp of 100.4 or above.	<ul style="list-style-type: none"> Individual sent home, isolate at home. Family contacts their Healthcare provider immediately for medical evaluation which may include testing. (if positive, see #3, if negative see #4 and #5) 	No communication to class.

	<ul style="list-style-type: none"> • Cohort OPEN 	
2. Close Contact (see definition below) with a confirmed COVID-19 case.	<ul style="list-style-type: none"> • Send home • Quarantine for 14 days from last exposure. • Recommend testing (but will not shorten 14 day quarantine) • If any symptoms develop contact medical provider for evaluation. • Cohort OPEN 	Consider school community notification of a known contact
3. Confirmed COVID-19 case	<ul style="list-style-type: none"> • Contact SBPHD Community Health Nurse/Disease Control 805-681-5280 • Isolate case and exclude from school until criteria for return have been met. • Identify contacts, quarantine & exclude exposed contacts (likely entire cohort) for 14 days after the last date the case was present in school while infectious. • Recommend testing of contacts, prioritize symptomatic contacts (but will not shorten 14-day quarantine) • Disinfection and cleaning of classroom and primary spaces where case spent significant time. • School remains open 	School community notification of a known case
4. Tests negative after symptoms	<ul style="list-style-type: none"> • May return to school 3 days after symptoms resolve • Cohort OPEN 	Consider school community notification if prior awareness of testing.
5. A medical provider diagnoses another cause of symptoms	<ul style="list-style-type: none"> • Medical provider provides note with return to school instructions following guidelines for the specific illness. 	

(*) A contact is defined as a person who is <6 feet from a case for >15 minutes. In some school situations, it may be difficult to determine whether individuals have met this criterion and an entire cohort, classroom, or other group may need to be considered exposed, particularly if people have spent time together indoors.

(**) A cohort is a stable group with fixed membership that stays together for all courses and activities (e.g., lunch, recess, etc.) and avoids contact with other persons or cohorts.