



Oregon

Kate Brown, Governor

Early Learning Division



Temporary Changes to Child Care Rules in Response to COVID-19 State of Emergency

Amended June 2, 2020

As authorized by [Executive Orders](#) 20-03, 20-08, 20-12, 20-19, 20-20, and 20-25, and as a necessary response to developments in the COVID-19 state of emergency, the Early Learning System Director hereby orders temporary changes to child care rules.

This order supersedes the [order issued on April 24, 2020](#). This order continues rule changes from the prior order pertaining to Emergency Child Care Facilities, health guidance, emergency background checks, expedited training, and exception requests but (a) implements the Oregon Health Authority/Oregon Department of Education Early Learning Division Statewide Standards for Child Care Operations (“OHA/ELD Specific Guidance for Child Care Sector”), (b) further clarifies the scope of operation of Emergency Child Care as authorized by Executive Order 20-19, (c) modifies provisions for Emergency Child Care operations by non-licensed, experienced providers, (d) provides notice to certain individuals and entities providing licensed-exempt child care that they may not do so because they cannot meet the Governor’s physical distancing (also referred to as social distancing) requirements, and (e) adds numbering to certain requirements in this order to make these temporary changes easier to reference.

On March 23, 2020, Governor Brown issued [Executive Order 20-12](#). This order required that all licensed child care facilities close from March 25, 2020 through April 28, 2020. However, licensed facilities and other groups were allowed to seek permission from Office of Child Care (OCC) to operate as an Emergency Child Care Facility if they met certain requirements in addition to any currently applicable regulations. On April 23, 2020, Governor Brown issued [Executive Order 20-19](#), extending the restrictions on child care facilities, and expanding the Early Learning Division’s authority to regulate Emergency Child Care services. On May 14, 2020, Governor Brown issued [Executive Order 20-25](#), noting that any expansion or restriction of child care services will proceed pursuant to Executive Order 20-19, as extended or modified by further Executive Orders and any guidance from OCC.

These temporary changes are effective immediately and expire after the Governor lifts the emergency declaration. An individual or entity is not eligible to provide Emergency Child Care if the individual’s enrollment in the Central Background Registry was denied, suspended, or removed, or the individual or entity’s child care facility license was denied, suspended, or revoked. Any individual or entity under an OCC legal order, settlement agreement, or currently in the administrative hearing process with OCC is ineligible to provide Emergency Child Care, unless OCC, in its discretion, approves the application with or without conditions. OCC may

exercise discretion to allow Emergency Child Care by an ineligible individual or entity if conditions can be imposed to address OCC's concerns and there is a need for additional child care capacity in the area.

1. Emergency Child Care Facilities

While licensed child care facilities were directed by the Governor to close on March 25, 2020, the facilities could remain open if they submitted an application to become an Emergency Child Care Facility and are approved by OCC. Recognizing the need to consult with families and staff about their willingness and ability to serve in Emergency Child Care, providers were required to submit their application to provide Emergency Child Care, as described below, by the deadlines established by OCC. Further, Recorded Programs under ORS 329A.255 and 329A.257 - both preschool and school-aged - may not operate without applying and being approved to operate as an Emergency Child Care Facility. Because all such deadlines have passed, a Licensed Child Care or Recorded Program may apply to become an Emergency Child Care Facility but cannot operate until it both submits an application and is approved. These restrictions do not apply to license-exempt individuals that provide care that is not considered child care under ORS 329A.250(4)(a)-(i) such as care "by a person who cares for no more than three children other than the person's own children."

Any Licensed Child Care or Recorded Program that does not apply, applies and does not receive approval, or does not abide by the requirements, must close. Because social distancing during the state of emergency counsels against most in-person monitoring, OCC may deny approval to or revoke its approval for an individual or entity to provide Emergency Child Care at any time based on a determination that the facility has not maintained compliance with applicable requirements or that OCC is unable to ensure compliance without in-person monitoring. Further, if OCC determines there is danger to children, OCC may deny, revoke or suspend approval to provide Emergency Child Care.

OCC may impose conditions on the approval to provide Emergency Child Care, or on the operations of a previously approved Emergency Child Care Facility in response to compliance concerns in order to promote the facility's adherence with applicable requirements. If an individual or entity becomes ineligible to provide Emergency Child Care pursuant to this order, OCC may revoke the individual or entity's approval to provide Emergency Child Care.

OCC accepts complaints from parents/caregivers or others who report concerns. OCC may inspect or investigate an Emergency Child Care Facility at any time. OCC may issue findings against Emergency Child Care Facilities for violations of any applicable requirements. For licensed child care providers approved to operate an Emergency Child Care Facility, these findings will attach to both the Emergency Facility record and the facility's underlying license in the same ways as a finding on the underlying license, and may be relied upon to support legal action against a facility's Emergency Child Care approval, or its underlying license. For experienced child care providers operating as temporary sites for Emergency Child Care, these findings will attach to the Emergency Facility record. For Recorded Programs operating as

temporary sites for Emergency Child Care, these findings will be included in the program’s record.

A. Standards Applicable to All Types of Emergency Child Care

[Executive Order 20-12’s directives](#) to limit group size, maintain consistent groupings, and prioritize child care for essential workers, are incorporated in and now a part of this order, notwithstanding Executive Order 20-19’s rescission of the same. In addition, all Emergency Child Care Facilities must adhere to the OHA/ELD Specific Guidance for Child Care Sector available [here](#), and incorporated below.

a. Stable Group Size and Cohorting Requirements

1. Child care must be carried out in maximum “stable” groups of 10 or fewer children. A home-based provider’s own children are counted as part of the overall number of children allowed in a group. “Stable” means the same 10 or fewer children, and the teacher or other staff, are in the same group each day, except that a stable group may be composed of up to 12 children total so long as only 10 children are in attendance at any one time. A program may allow some families to “swap” slots between days. For example, Child A attends Monday, Wednesday, and Friday, and Child B attends Tuesday and Thursday.
2. Each group of 10 children must be cared for in a room that cannot be accessed by children outside of the stable group, and, for center-based care, must maintain the following staff to child ratios (with ratio for mixed age groups of children based on the youngest child in the group):

Age	Ratio	Maximum Group Size (children)
6 weeks – 23 months	1:4	8
24 months – 35 months	1:5	10
36 months – Kindergarten	1:10	10
Kindergarten and up	1:10	10

3. Emergency Child Care providers may serve new children if the provider has not yet reached the maximum, age-specific group size or if an opening becomes available due to a family ending enrollment. If a vacancy exists, the provider is allowed to accept new enrollments up to the age-specific group size limits. A provider may move children from one stable group to another only if it is a permanent move, such as when the child has aged out of the current group.
4. A Certified Family Child Care Facility (CF) operating as an Emergency Child Care may serve the number of children up to their licensed CF capacity if there are separate, stable groups of children, with no more than 10 children per group,

and these groups are in separate rooms that cannot be accessed by the other group with at least 35 square feet per child. The provider must communicate with their licensing specialist a plan of how they will meet the requirements. The licensing specialist will review and approve, or deny the plan based on their knowledge of the program's operation.

5. Under the prior order, a Certified Center (CC) program could have one group of 10 children in each room regardless of the size of the room. Under this new order, with the approval of their licensing specialist, a CC program may divide large classrooms into two rooms with a physical barrier that is at least four feet high so long as each of the two rooms provides at least 35 square feet per child and is not accessible to children in the other group. Other large rooms, such as cafeterias and gymnasiums, may be used as a classroom for school-aged children only. Each group of children must be in a space that meets the minimum of 35 square feet per child.
6. In general, only one stable group may use a specific room that remains the same from day to day. However, morning and afternoon classes composed of different stable groups may use the same space provided the facility implements sanitization protocols of the physical space in between the morning and afternoon classes. This includes sanitization of food preparation areas, high-touch surfaces, toys and materials, and with no more than two groups of children allowed in any one classroom over the course of a day.
7. The separate, stable groups may use shared spaces such as common bathrooms, eating areas, and outdoor areas, but only one stable group of children may be in shared spaced at one time. Providers must observe sanitation practices in between uses of common areas by different groups.
8. Facilities must stagger arrival and drop-off times to the extent practicable or put in place other protocols to limit contact between families and with staff.
9. Facilities must require that individuals, including but not limited to household members, who do not assist in the child care program maintain physical distance ("physical distance" refers to the amount of social distance recommended by the Governor) from stable groups and their adult staff at all times.
10. Facilities must use the same adult staff with each stable group from day to day. If volunteers are used, facilities must use the same volunteers with each stable group from day to day.

11. Facilities must use the same floater staff (“floater” being staff that provide relief for staff during breaks) for the same stable group each day to the extent possible.

b. Essential Worker Priority Enrollment Requirements

1. All Emergency Child Care Facilities, except respite care, relief nurseries as defined in ORS 417.786, federal Head Start programs offering summer school, and Recorded Programs meeting the statutory limitations as a Recorded Program, must prioritize providing child care for individuals in the essential workforce. Guidance on how to determine whether a person is in the essential workforce can be found in the May 19, 2020 guidance from the U.S. Department of Homeland Security (“Homeland Security Guidance”), linked [here](#).
2. A facility may not disenroll or refuse to enroll children of a parent/caregiver in the essential workforce because of a belief that these children may be more likely to transmit the COVID-19 virus.
3. Facilities may enroll children of families who return to work in phased reopening.

c. COVID-19 Safety and Cleaning Requirements

1. ELD and Oregon Health Authority’s Safety Procedures and Guidance for Child Care Facilities Operating During COVID-19 (“COVID-19 Safety Requirements”), are available [here](#). Following the COVID-19 safety requirements is required. Some of below requirements are included in the OHA/ELD Specific Guidance for Child Care Sector.
2. Facilities must also follow ELD and Oregon Health Authority’s COVID-19 Sanitation Recommendations and Cleaning Schedule for Emergency Child Care Settings (“COVID-19 Cleaning Requirements”), available [here](#). Following the COVID-19 Cleaning Requirements is required.
3. These requirements may be updated at any time and will likely continue to evolve as new information becomes available on how best to prevent the spread of COVID-19 or more specific guidance is developed in response to questions from providers. Providers will be notified of updates via email and must update their own procedures to comply with updates and provide on-going training to staff on cleaning protocols and safety requirements.
4. Facilities must permit staff to wear cloth, paper, or disposable face coverings if they choose and must require face covering use for floater staff and staff

conducting daily health checks of children and staff.

5. Facilities must keep daily logs for each stable group that conform to the following requirements to support contact tracing of cases if necessary:
 - i. Child name
 - ii. Drop off / pick up time
 - iii. Adult completing both drop off / pick up
 - iv. All staff who interact with the stable group of children (including floater staff)
 - v. Number of hours child was in care

6. Children and Face Coverings
 - i. Children over the age of 2 may wear face coverings if under close adult supervision.
 - ii. Children under the age of two must not wear face coverings. Children of any age must not wear a face covering: If they have a medical condition that makes it difficult for them to breathe with a face covering; If they have a disability that prevents them from wearing a face covering; If they are unable to remove the face covering independently; or while sleeping.
 - iii. Face coverings cannot be required for use by children and should never prohibit or prevent access to instruction or activities.

B. Requirements for Non-School Based Emergency Child Care

Licensed child care providers who want to provide Emergency Child Care must apply and be approved as an Emergency Child Care Facility.

Under the prior order, experienced child care providers, including Recorded Programs, that were opening temporary sites for Emergency Child Care could also apply to become an Emergency Child Care Facility. Experienced providers that are not licensed and apply to provide Emergency Child Care must demonstrate a lack of child care capacity in their local area. Recorded Programs must apply and be approved as an Emergency Child Care Facility to operate, but if they meet the statutory definition of Recorded Program, they do not need to demonstrate a lack of local child care capacity.

a. Basic Standards for Non-School Based Emergency Child Care

1. Currently licensed child care facilities providing Emergency Child Care must continue to follow all applicable rules for their licensed child care type. However, requirements set forth in this order—the Stable Group Size and Cohorting Requirements, the Essential Worker Priority Enrollment Requirements, the COVID-19 Safety and Cleaning Requirements, and the OHA/ELD Specific Guidance for Child Care Sector—control and supersede any conflicting or inconsistent provisions in rules for the licensed child care type.

2. If a licensed child care facility is approved to operate an Emergency Child Care Facility and its license expires during the state of emergency without a timely renewal application, the Emergency Child Care approval is no longer valid and is rescinded.

3. Experienced child care providers, including Recorded Programs, approved to operate temporary sites for Emergency Child Care, must follow all the requirements on pages 1-15 of the Emergency Child Care Guide for Temporary Child Care Facilities, available [here](#). However, requirements set forth in this order—the Stable Group Size and Cohorting Requirements, the Essential Worker Priority Enrollment Requirements, the COVID-19 Safety and Cleaning Requirements, and the OHA/ELD Specific Guidance for Child Care Sector—control and supersede any conflicting or inconsistent provisions in the those requirements in the Emergency Child Care Guide. To the extent it furthers the opening of Emergency Child Care Facilities, OCC may allow child care facilities to open without seeking other approval from local jurisdictions.

b. Application Information for Non-School Based Emergency Child Care

A licensed child care facility or Recorded Program that wants to provide Emergency Child Care must submit an Emergency Child Care Facility application to OCC whereby the facility agrees to follow the applicable rules including the group size and priority enrollment requirements, and the COVID-19 safety requirements.

The application for all types of Emergency Child Care is available [here](#). An individual or entity whose Emergency Child Care Facility application was denied, or whose approval to operate as an Emergency Child Care Facility was suspended or revoked, or who voluntarily surrendered their Emergency Child Care Facility approval while under investigation by OCC or at any time after OCC gave notice of an administrative proceeding against the facility, may not reapply to operate at the same location. For licensed facilities, Recorded Programs, and experienced child care providers opening temporary sites, OCC will review the application and determine whether to approve the request.

If a group has submitted an Emergency Child Care Facility application by the deadlines established by OCC and agreed to abide by all applicable requirements, the group may continue to provide Emergency Child Care in compliance with all applicable requirements, pending OCC's decision on whether to approve the application. Any group that submits an Emergency Child Care Facility application after the deadlines established by OCC may not open or otherwise provide Emergency Child Care until OCC approves the application.

Emergency Child Care applications for Licensed and Recorded Programs to operate in a different location, or other experienced providers who did not have a license to operate at that location before applying to provide Emergency Child Care, will no longer be

accepted unless there is a demonstrated lack of child care supply in the proposed service area. These requests will be processed on a case-by-case basis. Any Emergency Child Care program currently operating in a temporary location/facility or without an underlying license should begin making plans to transition families to other Emergency Child Care programs and/or reopen their child care programs in the licensed or registered facility address as an approved Emergency Child Care provider.

The Early Learning Division is working with the Governor's Office to develop a plan to appropriately transition children in unlicensed facilities to care that is licensed under existing statute and rule.

C. School-based Emergency Child Care

Corresponding to the end of the school year, school-based Emergency Child Care must end no later than June 30, 2020, unless the school provided child care prior to the state of emergency.

a. Basic Standards for School-Based Emergency Child Care

Typically, schools that operate child care are license exempt. However, during the state of emergency, the following basic standards for school-based Emergency Child Care from ELD's March 18, March 24, and April 24, 2020 orders remain in place:

- Child care providers must adhere to specific social distancing guidelines as directed by the Governor.
- Staff may use the emergency background check process described below if they do not have sufficient staff enrolled in the CBR.
- Staff must complete basic online training. At least one person on site must have First Aid/Infant CPR (online acceptable) certification and complete the training "Intro to Child Care Health and Safety." Any staff caring for infants must complete the "Safe Sleep" training. All staff must complete the training "Recognizing and Reporting Child Abuse and Neglect."
- To the extent it furthers the opening of Emergency Child Care Facilities, OCC will allow child care to open without seeking other approval from local jurisdictions.
- Equipment (e.g., cribs, playpens, and high chairs) must meet U.S. Consumer Product Safety Commission or equivalent standards.
- Smoking, vaping, alcohol, marijuana, and illegal substances are prohibited.
- Building, grounds, and water supply must be maintained and hazard-free.
- Toilets, sinks, smoke detectors, fire extinguishers, phone (mobile acceptable) must be on site and in working condition.
- Children must be supervised, and adults must provide positive guidance/discipline. Hand washing and other hygiene practices must be enforced. Toxics and weapons must be child-safety locked. Safe sleep and safe bottle-feeding rules must be enforced.
- Schools should follow the ratio/group sizes for Center-based care as follows:

Age	Caregiver to Child ratio	Max children in group
6 weeks – 23 months	1:4	8
24 months – 35 months	1:5	10
36 months – Kindergarten	1:10	10
Attending Kindergarten and older	1:10	10

Additional requirements are found in the April 2020 Guidance to School Districts on Emergency Child Care, available [here](#).

b. Application Information for School-Based Emergency Child Care

School-based Emergency Child Care includes any type of child care provided by a school, including those types that, absent the Governor’s Emergency Declaration, would not be subject to standards and regulation by the OCC. New applications for Emergency Child Care at a school will not be accepted, unless the school demonstrates a capacity need in the area. A school that wants to provide Emergency Child Care must submit an Emergency Child Care Facility application to OCC whereby the facility agrees to follow the applicable rules including the group size and priority enrollment requirements, and COVID-19 safety requirements.

For school districts, ODE/ELD staff will review the application and provide direct follow-up.

The Early Learning Division is working with the Governor’s Office to develop a plan to appropriately transition children to care that is licensed under existing statute and rule that was directed by Executive Order 20-08.

2. Social Distancing

The Governor’s early directive on social distancing was strengthened by her “Stay Home, Save Lives” Executive Order, available [here](#), and later her “Safe and Strong Oregon” Executive Order, available [here](#). Social distancing requirements have been adapted for child care and are included in this order, the COVID-19 Safety Requirements, and the OHA/ELD Specific Guidance for Child Care Sector.

Any individual or entity conducting child care that is not required to be approved as an Emergency Child Care Facility before providing care because they are license-exempt must still adhere to all social distancing requirements. An example of this type of child care is drop-in care, such as that offered at retail stores where the parents remain on site. Drop-in child care is specifically prohibited in the OHA Specific Guidance for Fitness-related Organizations. Because the required social distancing cannot be maintained in a drop-in care setting, this type of care may not operate.

3. Licensed Care Exceptions on a Case-by-Case Basis

OCC will consider case-by-case exceptions to current licensing requirements, as is already provided for in law, on an expedited timeframe. Examples could include allowing mixed-age groupings in Certified Center facilities, or allowing existing child care centers to open additional temporary rooms without seeking approval from local jurisdictions or other state agencies.

Approval of an exception will be based on the size of facility, staffing, compliance history, and guidance from public health officials.

4. Expedited Training

OCC will adapt training requirements so that staff can begin working more quickly, without sacrificing safety. OCC will grant extensions to rule requirements for completing training for license renewals. OCC will also allow online training for most subjects including those that ordinarily require in-person training. For example, staff who have unsupervised access to children will complete online training that addresses health and safety, child abuse reporting, First Aid/CPR, and safe sleep practices.

5. Emergency Background Check

To expedite filling the child care needs of the essential workforce during this declared emergency, and due to the significant time required to achieve enrollment in the Central Background Registry (CBR), OCC is establishing an emergency background check process for those not currently enrolled in the CBR. Applicants will be subject to LEDS (Law Enforcement Data System) check for Oregon criminal and sex offender registry, Child and Protective Services check for child abuse, National Sex Offender Registry Public website check, and run against the CBR.

Emergency Child Care Facilities located at public schools and staffed by school district employees may continue using their existing background checks to qualify staff.

OCC will work with organizations that are filling the child care gap during this public health emergency—child care providers, Child Care Resource and Referral (CCR&R) agencies, 211 Info, and others—to supply information on applicants who have passed the emergency background check. OCC may cancel or revoke an emergency background authorization at any time, due to any concern that the person poses a risk to children. Once the emergency declaration is lifted, the authorization provided by this emergency background check is canceled. That person will need to be enrolled in the CBR to continue work in child care.

Child care must operate in a safe manner, while being made accessible to Oregonians in the essential workforce.

So ordered by  on June 2, 2020.
Miriam Calderon, Early Learning System Director



Statewide Standards for Child Care Operations

Sector: Child Care

Effective Date: May 16, 2020



Specific Guidance for Child Care Sector

Emergency Child Care Approval Required:

Licensed Child Care and recorded programs are still required to be approved by the Office of Child Care to operate as Emergency Child Care. Providers must follow the health and safety framework developed by the state and Early Learning Division, as adjusted by this guidance.

Group Size and Ratios

Child Care facilities are required to:

- Limit the number of children in rooms:
 - Registered Family (RF) – may have one group of up to 10 children.
Note: RF providers do not have square footage requirements related to the number of children in care
 - ♦ Of the 10 total children, there may be no more than six children ages preschool and younger and, of these six, no more than two children under 24 months.
 - Certified Family (CF) – may have two stable groups of up to 10 children in separate areas of the home and no more than 16 children total. Each group of children must be in a space that meets the minimum of 35 square feet per child.
 - ♦ Each group of children must meet staff/child ratios as defined in Oregon Administrative Rule 414-350-0120, found within the [Certified Child Care Rules](#) (page 28).
 - Certified Center (CC) – may have one stable group of up to 10 children per classroom. Large rooms may be divided into two rooms with the approval of a child care licensing specialist. See [ELD-OHA COVID-19 Safety Requirements and ELD's Temporary Changes to Child Care Rules in Response to COVID-19 State of Emergency](#) for further instructions. Each group of children must be in a space that meets the minimum of 35 square feet per child.
 - ♦ CCs must maintain the following staff to child ratios (ratios for mixed age groups of children are based on the youngest child in the group). See table below.

Age	Ratio	Maximum Group Size (children)
Six weeks to 23 months	1:4	8
24 months to 35 months	1:5	10
36 months to kindergarten	1:10	10
Kindergarten and up	1:10	10

Cohorting Requirements

Child Care providers are required to:

- Ensure that groupings are stable (i.e., the same adult staff or volunteers and children are within the same group each day).
- Provide care in stable groups of 10 children, however, a program may allow some families to “swap” slots between days. For example – Child A attends Monday, Wednesday, Friday and Child B attends Tuesday and Thursday. However, there may not be more than 12 children in a stable group.
- Provide care in stable groups that use the same physical space each day.
- Move children from one stable group to another only on a permanent basis (e.g., when children age out of their original classroom) and not temporarily.
- Provide the same “floater” staff (i.e., staff that provide relief for staff during breaks) for the same stable group each day to the extent possible.
- Allow only one stable group of children in shared spaces at one time (bathrooms, outdoor play areas, eating spaces). Sanitization practices must be observed in between uses for different groups.
- For home-based providers, require that household members that do not assist in the child care program maintain physical distance from stable groups throughout the day.
 - If a provider’s own children or other household members are participating as part of the group, they must be counted as part of the overall number of allowable children within the group.
- Implement adequate sanitization protocols between AM/PM classes that use the same physical space, including sanitization of food preparation areas, high-touch surfaces, toys and materials. A maximum of two groups of children may be allowed in any one classroom over the course of the day.
- Stagger arrival and drop-off times or put in place other protocols to limit contact between families and with staff.

Operations

Child Care providers are required to:

- Review and implement [General Guidance for Employers](#).
- Continue to prioritize care for essential workers and may also serve all families who return to work in Oregon's phased reopening.
- Adhere to and comply with [ELD-OHA COVID-19 Safety Requirements and ELD's Temporary Changes to Child Care Rules in Response to COVID-19 State of Emergency](#) at all times.
- Maintain approved OHA-ELD [cleaning protocols](#) for surfaces, linens, electronics, toys to prevent the spread of COVID-19.
- Provide on-going training to staff on cleaning protocols and COVID-19 safety requirements.
- Permit staff to wear cloth, paper or disposable face coverings if they choose.
- Require face covering use for floater staff and staff conducting daily health checks of the children.
- Keep daily logs for each stable group that conform to the following requirements to support contact tracing of cases if necessary:
 - Child name
 - Drop/off pick up time
 - Adult completing both drop/off pick up
 - All staff that interact with stable group of children (including floater staff)
 - Hours child was in care

Additional information about face coverings:

- Children over the age of 2 may wear face coverings if under close adult supervision.
- Children of any age should not wear a face covering:
 - If they have a medical condition that makes it difficult for them to breathe with a face covering;
 - If they have a disability that prevents them from wearing a face covering;
 - If they are unable to remove the face covering independently; or
 - While sleeping.
- Face coverings cannot be required for use by children and should never prohibit or prevent access to instruction or activities.

Other Care Arrangements:

This guidance is also applicable to other early learning programs, such as respite care, summer school programs, kindergarten transition, and recorded programs. These programs must conform to the same guidelines as child care programs as outlined in this document but

will not be expected to prioritize families based on occupation due to the nature of their programming.

Additional resources:

- [Signs you can post](#)
- [Mask and Face Covering Guidance for Business, Transit and the Public](#)
- [OHA Guidance for the General Public](#)
- [OHA General Guidance for Employers](#)
- [CDC's Guidance for Administrators in Parks and Recreational Facilities](#)

This guidance is issued at the direction of the Governor under [Executive Order No. 20-25](#).

For individuals with disabilities or individuals who speak a language other than English, OHA can provide documents in alternate formats such as other languages, large print, braille or a format you prefer. Contact Mavel Morales at 1-844-882-7889, 711 TTY or OHA.ADAModifications@dhsoha.state.or.us.



Oregon

Kate Brown, Governor



Oregon
Health
Authority

COVID-19 Sanitation Recommendations and Cleaning Schedule for Emergency Child Care Settings

Purpose

This guidance provides recommendations on the cleaning and disinfection of rooms or areas used for [Emergency Child Care](#) and is based on CDC recommendations for rooms and areas used by individuals with suspected or confirmed COVID-19 cases. It is aimed at limiting the survival of novel coronavirus in key environments. These recommendations will be updated if additional information becomes available.

How to Clean and Disinfect

Surfaces

- Wear disposable gloves.
- If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
- Use [EPA-registered household disinfectant](#) and follow instructions on the label (e.g. concentration, application method, and contact time, etc.).
- Alternatively, diluted household bleach solutions should be effective.
 - Diluted household bleach solutions can be used if appropriate for the surface. Check to ensure the product is not past its expiration date. Follow manufacturer's instructions for application and proper ventilation. Never mix household bleach with ammonia or any other cleanser. Unexpired household bleach will be effective against the coronavirus when properly diluted.
 - Method for mixing bleach. Prepare a bleach solution by mixing:
 - 5 tablespoons (1/3rd cup) of bleach per gallon of water OR
 - 4 teaspoons of bleach per quart of water
- For soft (porous) surfaces such as carpeted floor, rugs, and drapes, remove visible contamination if present and clean with appropriate cleaners indicated for use on these surfaces. After cleaning:
 - If the items can be laundered, launder items in accordance with the manufacturer's instructions using the warmest appropriate water setting for the items and then dry items completely.
 - Otherwise, use products with the [EPA-approved emerging viral pathogens claims](#) that are suitable for porous surfaces.
- High touch surfaces should be disinfected frequently. These surfaces include:
 - Tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, sinks, etc.

Linens, clothing, and other items that go in the laundry

- Wear disposable gloves.
- Wash hands with soap and water as soon as you remove the gloves.
- Do not shake dirty laundry.
- Launder items according to the manufacturer's instructions. Use the warmest appropriate water setting and dry items completely.
- Dirty laundry from an ill person can be washed with other people's items.
- Clean and disinfect clothes hampers according to guidance above for surfaces.
- 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.

Electronics

- For electronics, such as tablets, touch screens, keyboards, remote controls, and ATM machines
 - Consider putting a wipeable cover on electronics.
 - Follow manufacturer's instructions for cleaning and disinfecting.
 - If no guidance, use alcohol-based wipes or sprays containing at least 70% alcohol. Dry surfaces thoroughly.

Toys

- Collect toys as they become dirty throughout the day.
 - "Mouthed" toys – after each use by a child.
 - All other toys – daily, or as needed.
- Sort toys into separate containers: one for cloth and stuffed toys and one for wood and plastic toys. Sorting the toys ahead of time will make it easier to wash and sanitize them.
- At the end of the day, or at a specified time (i.e. naptime), clean, rinse and sanitize toys.
- You can use a washing machine, dishwasher, or wash toys by hand.

Washing toys by hand

Step 1: Clean

- Wash and scrub toys thoroughly with soap or detergent and warm water to remove most of the dirt, grime, and saliva. ***This is the most important step in cleaning toys.***
- It is important to clean toys before sanitizing them because the sanitizer kills germs better on clean surfaces.

Step 2: Rinse

- Rinse toys with water to remove the dirt, soap residue, and germs to help make a clean surface.

Step 3: Sanitize

- Sanitizing reduces the germs from surfaces to levels that are considered safe.
- Dip the toys in a solution of chlorine bleach; refer to "Method for Mixing Bleach" for the correct proportions. Protect your skin by wearing household rubber gloves.
- Allow toys to dry completely (i.e. overnight) or allow a 2-minute contact time before wiping toys dry with a paper towel.
- Chlorine from the sanitizing bleach solution evaporates off the toys so no residue remains, and further rinsing is not necessary.

Washing toys in a dishwasher

- Some HARD toys such as wood, plastic or metal may be washed in a dishwasher. Check instructions on toy.
- Use the proper amount of dishwasher detergent recommended by manufacturer.
- Run toys through the complete wash and dry cycle.
- Do not wash toys with dirty dishes, utensils, etc.

Washing toys in a washing machine

- Many SOFT toys made of fabric, such as stuffed animals, rattles, and dress-up clothes may be washed in a washing machine. Check instructions on toy.
- Use HOT water and detergent.
- Dry toys completely in a hot dryer when possible.

For more information, see “Recommended Cleaning Schedule” on pages 4-5.

Recommended Cleaning Schedule for Emergency Child Care Settings

Task	Sanitize	Disinfect	Daily	Weekly	Before & After Each Use	Comments:
Child Care Areas						
Door & cabinet handles		X	X			At the end of the day.
Drinking fountains		X	X*			Recommended not to use, instead use personal drinking cups or water bottles.
Mouthed toys	X				X*	Removed from use after it has been in contact with mouth, then cleaned and sanitized prior to reuse.
Pacifiers	X		X*			Should be cleaned with soap and water between uses by same child. Sanitized either by boiling in hot water or washing in dishwasher once daily. Pacifiers should never be shared.
Cloth toys & dress-up clothes	X		X			Sanitized with bleach according to equipment manufacturer's instructions or washed above 140°F.
Hats & helmets	X				X	After each child's use.
Infant & toddler toys	X		X*			
Preschool & school age toys	X		X*			Site specific cleaning schedule must be developed and followed.
Upholstered furniture			X*			Vacuum daily when children are not present. Clean as needed using a carpet shampoo machine, or steam cleaner. For infant rooms, clean at least once per month.
Garbage cans		X	X*			
Rugs & carpets			X*			Vacuum daily when children are not present. Clean as needed using a carpet shampoo machine or steam cleaner. For infant rooms, clean at least once per month.
Floors (tile, linoleum, etc.)	X*		X			Sweep or vacuum, then sanitize .
Floors, carpets, rugs, or surfaces with bodily fluid or spit-up		X	X*			Children should be moved from area contaminated prior to cleaning and disinfecting with either high heat or an EPA registered product. Children should not return to carpeted areas until dry.
Sleeping Areas						
Cribs, cots, mattresses, & mats	X		X*			Clean and sanitize before use by different child.
Laundry - Bedding: sheets, blankets, sleep sacks, etc.	X			X*		Should be done on-site or by a commercial service (i.e. not washed in a private home). Sanitized with bleach according to equipment manufacturer's instructions or washed above 140°F.

Task	Sanitize	Disinfect	Daily	Weekly	Before & After Each Use	Comments:
Toileting and Diaper Areas						
Handwashing sinks, counters, toilets, toilet handles, & floors		X	X*			Clean immediately if visibly soiled.
Changing tables		X			X	After each use.
Potty chairs		X			X	After each use.
Diaper trash cans		X	X			Emptied throughout the day.
Bathroom floors		X	X*			Disinfectant is not used on floors when children are present.
Food Areas						
Refrigerator/ freezer	X			X		
Eating utensils, bottles, & dishes	X				X	After each use.
Kitchen counters	X				X*	
Food preparation surfaces	X				X	
Food preparation sinks	X		X			
Kitchen equipment: blenders, can openers, pots & pans, cutting boards	X				X*	After each use.
Tables & high chair trays	X				X	
High chairs	X		X			
Kitchen floors	X		X			Swept, washed, rinsed and sanitized .
Other Cleaning Items						
Mops		X	X			Cleaned, rinsed and disinfected in utility sink. Air dried in an area with ventilation to the outside & inaccessible to children.
Laundry - Bibs & burp cloths	X				X	Sanitized with bleach according to equipment manufacturer's instructions or washed above 140°F.
Spray bottles of soap, rinse water & bleach solutions		X	X			See bleach solution preparation procedure above for where to clean bottles.

The 3-Step Method is 1. WASH, 2. RINSE, and 3. SANITIZE or DISINFECT

- **Sanitizing** solution is used to reduce germs from surfaces but not totally get rid of them. **Sanitizers** reduce the germs from surfaces to levels that are considered safe. The **sanitizing** 3- step method is most often used for food surfaces, kitchens, and classrooms.
- **Disinfecting** solution is used to destroy or inactivate germs and prevent them from growing. **Disinfectants** are regulated by the U.S. Environmental Protection Agency (EPA). The **disinfecting** 3- step method is most often used for body fluids and bathrooms/diapering areas.

***At times it may be necessary to clean, rinse, and sanitize/disinfect more frequently.**

****This guidance is adapted from [Cleaning Schedule](#), King County Health Department, 2019.**



Safety Procedures and Guidance for Child Care Facilities and Other Early Learning Programs Operating During COVID-19

In addition to the [health and safety standards](#) typically implemented by child care, Head Start, and other early learning programs, and the same steps a facility would take when other communicable illnesses such as flu are present, you must also implement the following procedures:

Handwashing and General Guidance to Stop the Spread of COVID-19

- Wash hands frequently (e.g., before and after meals, after coming inside, after sneezing, blowing your nose, or coughing) with soap and water for at least 20 seconds.
- Except for diapering or when eating, preparing, or serving food, hand-sanitizing products with 60-95% alcohol content may be used as an alternative method to handwashing. Hand sanitizer must be stored out of reach of children when not in use.
- Provide easy access to soap and warm water for handwashing for all children and staff.
- Avoid touching your face.
- Cover coughs and sneezes with a tissue and throw the tissue away immediately.
- To minimize contact during drop-off and pick-up, allow parents to remain outside of the building for sign-in and -out of their children and stagger drop off and pick up times when possible.

Recordkeeping

Keep daily logs for each stable group of children and retain records. Daily logs must conform to the following requirements to support contact tracing of COVID-19 cases if necessary:

- Child name
- Drop/off pick up time
- Adult completing both drop/off pick up
- All staff that interact with stable group of children (including floater staff)
- Hours child was in care
- If transportation is provided, information including all other riders and their contact information
- Documentation of health checks

Screening for Symptoms. What if Someone Is Sick?

- **Conduct a Daily Health Check**
 - Evaluate all adults and children entering the building. Check for:
 - Cough
 - Fever
 - Fever is not as prevalent in COVID-19 cases as often as first thought and daily temperature checks may be conducted by verbal verification by an adult that they and/or their child do not have a fever.

- Fever should first be checked by asking the person (in the case of staff and other adults) or asking the person dropping off the child to verify that they and/or the child do not have a fever.
 - If they cannot verify that no fever is present or if child appears feverish, then temperature should be taken with a thermometer.
 - Ask all entering adults and children if they have been exposed to anyone known to have had or suspected to have had COVID-19.
- **Exclude Symptomatic Child Attendees and Staff**
 - Advise staff not to work and families not to bring their children who have recently had an illness with fever or cough. They should stay home 10 days after onset of symptoms and 72 hours after resolution of both fever and cough.
 - If a child or staff member develops a cough, fever, or shortness of breath, isolate them away from others immediately, and send them home as soon as possible. They should be encouraged to seek testing and stay home until they are symptom-free (no cough or fever and no fever-controlling meds) for at least 10 days and 72 hours after resolution of symptoms.
 - While waiting for a sick child to be picked up, caregivers should stay with the child in a room isolated from others. If the child has fever, cough, or shortness of breath, the caregiver should remain as far away as safely possible from the child (preferably at least 6 feet), while remaining in the same room.
 - Those at [increased risk for serious complications of COVID-19](#) include people who are older, pregnant, or who have underlying health conditions, including those with compromised immune systems or respiratory conditions like severe asthma. These individuals should be informed of their higher risk and given the option to not provide child care, or visit or enter child care facilities.
- **Exclude Children and Staff who have had contact with people exhibiting symptoms of COVID-19**
 - Advise staff not to work and families not to bring children who have been exposed to someone who has had a presumptive case of COVID-19. The exposed individual needs to be quarantined for a minimum of 14 days after their last date of exposure to a known case.
 - Staff or attendees who have a family member at home with symptoms of COVID-19 who has not been tested need to be monitored for symptoms carefully. The ill family or household member should be strongly encouraged to seek testing.
 - [New guidance](#) from the Oregon Health Authority (OHA) indicates child care children, staff, and, in the case of Registered or Certified Family facilities, other household members can be referred for COVID-19 tests if they have fever, cough, or dyspnea (difficult or labored breathing). If they have any of these symptoms and their healthcare provider cannot obtain testing from a commercial laboratory, they can submit specimens from child care attendees and staff to the Oregon State Public Health Laboratory (OSPHL). In the case of an outbreak of COVID-19 in a child care facility, OSPHL may consider testing asymptomatic children and staff after consultation with an OHA epidemiologist.

- **Consult with Staff and Families of Children at Higher Risk for Severe Illness**
 - Staff above the age of 65 and people with underlying health risks should be consulted prior to being required to work.
 - Providers should be aware of and have a plan to support children who have underlying health risks.

- **Staff Leave and Child Absentee Policies**
 - Ensure that the facility has flexible sick-leave and absentee policies for staff that discourage staff from reporting to work while sick. Staff who have been exposed to a confirmed or possible and unconfirmed case of COVID-19 will require 14 days of quarantine.
 - Ensure that child absentee policies are flexible to discourage families from bringing sick children in for care.

- **Confirmed Cases of COVID-19 Within the Facility**
 - If anyone who has entered the facility, including household members within a family child care facility, is diagnosed with COVID-19, report to and consult with the local public health authority regarding cleaning and closure.
 - A directory of local public health authorities in Oregon can be found [here](#).
 - Report to the local public health authority any cluster of illness among the facility's staff or attendees.
 - Communicate, in coordination with local public health, with all families and other individuals who have been in the facility in the past two weeks
 - Consider closing the facility temporarily to allow time for disinfecting and sanitizing.

Limiting Physical Interaction and Providing Adequate Space

- Staff should practice physical distancing of six (6) feet with other staff who are not within the same stable group.
- Other stable groups and individuals (including household members in family child care facilities) should practice physical distancing of six (6) feet from the stable group.
- Young children are likely unable to practice physical distancing. Therefore, limiting the size of and maintaining stable groups is critical.
 - Caregiver-to-child ratios and maximum group sizes must be adjusted to meet requirements for Emergency Child Care. This includes adhering to the following group sizes and ratios:
 - Registered Family (RF) – may have up to one stable¹ group of 10 children.
Note: RF providers do not have square footage requirements related to the number of children in care.
 - Of the 10 total children, there may be no more than six children ages preschool and younger; of these six, no more than two children under 24 months.

¹ For purposes of this guidance, “stable” means the same group of children, and teacher and staff, are in the same group each day.

- Certified Family (CF) – may have no more than 16 children total in two stable groups. Maximum number of children in a stable group is 10 children. A licensing specialist must approve use of areas divided by a physical barrier, such as in separate rooms. Separate groups should have their own bathrooms and should be kept separate from the other stable group. Each group of children must be in a space that meets the minimum of 35 square feet per child.
 - Each group of children must meet staff/child ratios as defined in Oregon Administrative Rule 414-350-0120, found within the [Certified Child Care Rules](#) on page 28.
- Certified Center (CC) – may have one stable group of up to 10 children per classroom; large classrooms may be divided into two rooms with a physical barrier that is at least four feet high with the approval of a licensing specialist. Other large rooms, such as cafeterias and gymnasiums, may be used as a classroom for school-aged children only. Each group of children must be in a space that meets the minimum of 35 square feet per child.
 - Certified Centers must maintain the staff to child ratios outlined in the table below (ratios for mixed age groups of children are based on the youngest child in the group)²:

Age	Caregiver-to-Child ratio	Max children in group
6 weeks – 23 months	1:4	8
24 months – 35 months	1:5	10
36 months – Kindergarten	1:10	10
Attending Kindergarten and older	1:10	10

- Only staff necessary to maintain ratio compliance should be inside of classrooms.
- The group should remain stable to the extent practicable. This means that children should be in the same classroom or group with the same adult for the duration of their enrollment in Emergency Child Care, including any before or after hours care.
- Provide outdoor activities when possible, with no more than one stable group of children in one outside area at a time. Note that if your outdoor area is enclosed / not accessible to the public, you can use the outdoor play equipment, but it should be wiped down between groups of children if possible.
- Open windows frequently to increase airflow.
- Cancel or postpone all field trips.
- Daily activities and curriculum should support physical distancing, striving to maintain at least six (6) feet between children during activities when possible. For example, adjust

² If a Certified Child Care Center is approved to operate under Ratio Table 3b (page 33 of <https://oregonearlylearning.com/wp-content/uploads/2019/02/CC-Rule-Book.pdf>), they may maintain the ratios in 3b, but must adhere to the group size requirements in this document.

program in the following ways:

- Reduce time spent in whole group activities
- Limit the number of children in each program space, such as learning centers.
- Increase the distance between children during table work.
- Plan activities that do not require close physical contact between multiple children.
- Limit item sharing and provide children with their own materials and equipment if possible (e.g., writing utensils, scissors, highchairs).
 - If items must be shared, remind children to wash their hands with soap and water or use sanitizer after using these items.
 - Items should be sanitized between uses.
- Discontinue the use of water or sensory tables.
- Minimize time standing in lines and take steps to ensure that distance between the children is maintained.
- Incorporate additional outside time.
- Maintain at least 30" between beds or cots and sleep head-to-toe (children are arranged so that the head of a person in one bed is at the other end as the head of the person in the next bed). This applies to nap time and overnight care arrangements.

Policies for Floaters, Substitutes, or Other Temporary Staff

- Utilize the same floaters for the same group(s) of children whenever possible.
- Require staff interacting with multiple groups of children, such as floaters, to wear a face covering (cloth, paper, or disposable), to wear removable layers, and remove layers before working with the next group or replace with a clean layer.
- Ensure all substitutes and temporary staff are trained in COVID-19 related protocols prior to beginning work.
- Other staff required for specialized educational or medical services for children in the program should also follow these protocols.

Food and Nutrition

- Stagger mealtimes or provide meals in the classroom when possible.
- Eliminate family-style meals.
- Provide bagged or individual lunches and snacks.

Cleaning and Building Maintenance Practices

- Follow all OHA-ELD developed sanitation protocols found within the [COVID-19 Sanitation Recommendations and Cleaning Schedule for Emergency Child Care Settings](#)
 - These guidelines include but are not limited to:
 - Using an [EPA-registered disinfectant](#) that is active against the coronavirus. General guidance on disinfection may be found [here](#).
 - Fully sanitize classrooms or other physical spaces at the end of the day and between stable groups
- Adjust the HVAC system to allow more fresh air to enter the program space.

Preparation

- Stay informed about the COVID-19 outbreak.
 - OHA distributes a daily newsletter that individuals can sign up for at <https://govstatus.egov.com/OR-OHA-COVID-19>
- Know the signs and symptoms of COVID-19 in children and adults. Keep up to date with information from the [Oregon Health Authority](#) and your [local public health authority](#). Follow guidance from your local public health authority.
- Plan ahead for the eventuality that the facility needs to close:
 - Determine how the facility will communicate with staff and parents.
 - Determine who will inform your licensing specialist (if applicable) and your local Child Care Resource and Referral (CCR&R) entity if you must close because of a disease outbreak (so families can be referred elsewhere during closure). CCR&Rs can be contacted at 1-800-342- 6712.

If there is a confirmed case of COVID-19 at an Emergency Child Care facility:

- If a case of COVID-19 is confirmed at the Emergency Child Care facility for any adult that entered the facility, the facility should immediately contact the [local public health authority](#) for guidance.
- The facility may need to close if child care cannot safely be provided due to a high number of staff being out of work.

Use of Face (cloth, paper or disposable) Coverings by Child Care Workers

Consistent with the CDC, OHA has recommended the use of cloth, paper, or disposable face coverings for the public to potentially slow the spread of virus transmission. Due to the potential challenges of wearing cloth face coverings effectively while caring for children, the following applies:

- Wearing a cloth, paper or disposable face covering is required for all staff that interact with multiple stable groups of children, specifically while conducting health checks and performing floater duties. Wearing a face covering while at work is optional for other child care workers.
- If a child care worker chooses to wear a cloth, paper or disposable face covering:
 - Avoid touching the cloth face covering.
 - It is essential to continue frequent and consistent hand hygiene.
 - The face covering must be changed when soiled and each day
- For more details about face covering materials visit the [CDC website](#).

Use of Face Coverings (cloth, paper or disposable) by Children in Child Care Settings

It is unlikely that a child will be able to effectively wear a face covering in a manner that might contribute to the effective reduction in virus transmission.

If requested and provided by a parent/guardian, children in child care may wear a face covering if the child:

- Is over 2 years old,
- Able to remove the face covering themselves without assistance,
- Able to avoid touching the face covering, and
- Are able to replace face covering when visibly soiled and each day.

Summer School for Preschool-Aged Children

This guidance applies to summer school programs:

- For early learning programs that also utilize in-home visits, those visits should continue to be conducted virtually.

Transportation

ELD is awaiting further guidance on mass transit to develop this transportation in concert with K-12 and will update this guidance accordingly.

This guidance will be updated regularly to reflect the newest information from ELD and OHA. The most recent document can be found at <https://oregonearlylearning.com/COVID-19-Resources/For-Providers>.