

Guidance for Early Care and Education Providers

Recent Updates:

12/8/20: Change made to clarify when and how to report 1 or 2 cases of COVID-19 disease to the Department of Public Health. Early Care and Education sites are required to notify DPH of all confirmed COVID-19 disease among employees and children who had been at the site at any point within 14 days prior to becoming ill. Reporting of 1 or 2 confirmed cases should be done by email to ACDC-Education@ph.lacounty.gov while reporting of 3 or more confirmed cases can be done by email or by phone.

12/3/20: Document reconfigured as checklist to facilitate implementation of required and recommended measures to avert spread of COVID-19. Document is updated to incorporate current definition of “close contact.” Also updated to strengthen requirements related to use of face coverings and physical distancing among staff during breaks and meals.

This guidance reflects current requirements consistent with the Temporary Targeted Safer at Home Health Officer’s Order of November 28 which is in effect from November 30, 2020 through December 20, 2020. Updates and these time limited elements are highlighted in yellow throughout the document.

The County of Los Angeles Department of Public Health is adopting a staged approach, supported by science and public health expertise, to allow certain venues to conduct in-person business over the course of the COVID-19 pandemic. The requirements below are specific to all programs, including Early Care and Education Programs (ECE) programs. These sites are permitted to be open by the Order of the State Public Health Officer. In addition to the conditions imposed on these specific venues by the Governor, these types of businesses must also be in compliance with the conditions laid out in this Checklist. Sites that are licensed as Early Care and Education Programs must also comply with the LA county public health guidance for [ECE programs](#).

Please note: This document may be updated as additional information and resources become available so be sure to check the LA County website <http://www.ph.lacounty.gov/media/Coronavirus/> regularly for any updates to this document

This checklist covers:

- (1) Workplace policies and practices to protect employee health
- (2) Measures to ensure physical distancing
- (3) Measures to ensure infection control
- (4) Communication with employees and the public
- (5) Measures to ensure equitable access to critical services

These five key areas must be addressed as your facility develops any reopening protocols.

All Programs covered by this guidance must implement all applicable measures listed below and be prepared to explain why any measure that is not implemented is not applicable to the Program.

Program Name: The Blind Children's Center

Facility Address: 4120 Marathon Street, Los Angeles, CA 90029

**A. WORKPLACE POLICIES AND PRACTICES TO PROTECT EMPLOYEE HEALTH
(CHECK ALL THAT APPLY TO THE FACILITY)**

- Everyone who can carry out their work duties from home has been directed to do so.
- Vulnerable staff (those above age 65, those with chronic health conditions) are assigned work that can be done from home whenever possible.
- Work processes are reconfigured to the extent possible to increase opportunities for employees to work from home. Consider offering workers, and volunteer staff who request modified duties options that minimize their contact with others (e.g. administrative duties)
- Alternate, staggered or shift schedules have been instituted if possible, to maximize physical distancing.
- All employees (including paid staff, and volunteers; referred to collectively as “employees”) have been told not to come to work if sick, or if they are exposed to a person who has COVID-19. Employees have been informed of provisions of the current Health Officer Order restricting gatherings outside of work and discouraging travel and of the State two-week quarantine requirement following out-of-state travel (add link). Employees understand to follow DPH guidance for self-isolation and quarantine, if applicable. Workplace leave policies have been reviewed and modified to ensure that employees are not penalized when they stay home due to illness.
- Upon being informed that one or more employees test positive, the employer has a plan or protocol in place to have the case(s) isolate themselves at home and require the immediate self-quarantine of all employees that had a workplace exposure to the case(s). If there was an exposure to COVID-19 infection in a classroom or within a cohort at any onsite location, all persons in the classroom or cohort during the period in which the exposure occurred are instructed to quarantine. The employer’s plan should have a protocol for all quarantined employees to have access to or be tested for COVID-19 in order to determine whether there have been additional workplace exposures, which may require additional COVID-19 control measures.
- Symptom screenings are conducted before employees may enter the workspace. The site must follow DPH guidance on [Decision Pathways](#) for persons who screen positive for symptoms prior to entry to the educational institution or while at the educational institution. Screening must include a check-in concerning symptoms consistent with possible COVID-19 infection listed on the Decision Pathway and if the employee has had contact with a person known to be infected with COVID-19 in the last 14 days. These checks can be done remotely or in person upon the employees’ arrival. A temperature check should also be done at the worksite if feasible. Facilities are required to report all COVID-19 exposures at the facility among employees and children to the Department of Public Health by completing the [COVID-19 Case and Contact Line List for the Educational Sector](#) within 1 business day of notification of a case. In the event that 3 or more cases are identified within the workplace within a span of 14 days, the employer should immediately report this cluster to the Department of Public Health via email at ACDC-Education@ph.lacounty.gov or by phone at (888) 397-3993 or (213) 240-7821.
- In compliance with HEALTH OFFICER ORDER FOR CONTROL OF COVID-19: TIER 1 SUBSTANTIAL SURGE RESPONSE issued November 28, 2020, all employees must wear face coverings at all times except when working alone in private offices with closed doors or when eating or drinking. The exception made previously for employees working in cubicles with solid partitions exceeding the height of the employee while standing is overridden during the effective period of the temporary order, from 12:01 AM (PST) on November 30, 2020 to 11:59PM (PST) on December 20, 2020.

- Staff who work with children who are deaf or hard of hearing, or with children who are learning to read, learning a new language, or for some other reason need to see the proper shape of the mouth for making appropriate vowel sounds, may use a clear mask or a cloth face covering with a clear plastic panel. For instructions on use of face coverings see [Guidance Cloth Face Coverings](#)
- ☒ To ensure that face coverings are worn consistently and correctly, employees are discouraged from eating or drinking except during their breaks and only if they are able to safely remove their masks and physically distance from others.
 - Space is maximized between employees in any space that is used by employees for meals and/or breaks. See “Meals” section, below, for requirements related to safe mealtimes.
- ☒ Staff and parents are instructed on appropriate uses of face coverings for children as follows:
 - Children from birth through 24 months old should not wear face coverings.
 - Children who are 24 months through 8 years old should use face coverings with adult supervision to ensure that the child can breathe safely and avoid choking or suffocation
 - Children with breathing problems should not wear cloth face coverings.
- ☒ Employees who have contact with others are offered, at no cost, an appropriate face covering that covers the nose and mouth. The covering is to be worn by the employee at all times during the workday when in contact or likely to come into contact with others. Employees who have been instructed by their medical provider that they should not wear a face covering should wear a face shield with a drape on the bottom edge, to be in compliance with State directives, as long as their condition permits it. A drape that is form fitting under the chin is preferred. Masks with one-way valves should not be used. Employees need not wear a face covering when the employee is alone in a private office or a cubicle with a solid partition that exceeds the height of the employee when standing.
- ☒ Employees are instructed to wash or replace their face coverings daily.
- ☒ Employees are offered gloves to be used for tasks such as serving food, handling trash, or using cleaning and disinfectant products
- ☒ Employees have been instructed to maintain at least a six (6) feet distance from visitors and from each other in all areas of the facility whenever feasible. Employees may momentarily come closer as necessary to assist children, or as otherwise necessary.
- ☒ Restrooms and other common areas are disinfected frequently, on the following schedule:
 - Restrooms Two times per day by maintenance staff
 - Other Staff has been directed to wipe down faucets and counters after each use
- ☒ Disinfectant and related supplies are available to employees at the following location(s):
In classrooms, bathrooms, staff lounge and maintenance closets
- ☒ Hand sanitizer effective against COVID-19 is available to all employees at the following location(s):
Offices, lobby, and main office
- ☒ Employees are reminded to wash their hands frequently.
- ☒ A copy of this protocol has been distributed to each employee.
- ☒ As much as feasible each worker is assigned their own equipment and has been instructed to avoid sharing phones, tablets, two-way radios, other work supplies, or office equipment wherever possible. They have also been instructed never to share PPE.
- ☒ Where items must be shared, they are disinfected with a cleaner appropriate for the surface between shifts or uses, whichever is more frequent, including the following: shared office equipment, such as copiers, fax machines, printers, telephones, keyboards, staplers, staple removers, letter openers, surfaces in reception areas, shared work stations, audio and video equipment, walkie talkies, etc.

- Time is provided for workers to implement cleaning practices during their shift. Cleaning assignments are assigned during working hours as part of the employees' job duties. Modify hours, if necessary, to ensure regular, thorough cleaning, as appropriate. Consider obtaining options for third-party cleaning companies to assist with the increased cleaning demand are procured, as needed.
- Monitor staff absenteeism and have a roster of trained back-up staff where available.
- All policies described in this checklist other than those related to terms of employment are applied to staff of delivery and any other companies who may be on the premises as third parties.
- Optional—Describe other measures:

B. MEASURES TO ENSURE PHYSICAL DISTANCING

ARRIVAL AND DEPARTURE

- The number of persons in the facility is limited to the number appropriate for maintaining physical distancing.
- If transport vehicles (e.g., buses) are used by the program, drivers practice all safety actions and protocols as indicated for other staff (e.g., hand hygiene, cloth face coverings, and physical distancing).
- Physical distancing on transport vehicles is instituted through measures such as having one child per bus/vehicle seat or using alternating rows.
- Windows are kept open on transport vehicles, to the extent weather and safety, permit to promote ventilation.
- All children above the age of 24 months and all visitors are required to wear cloth face coverings at arrival and departure.
- Contact is minimized among staff, children and families at the beginning and end of the day.
- Drop off and pick-up of children are arranged at the entry to the facility when feasible, to limit the number of parents or visitors that need to enter the building.
- Arrival and drop off-times and locations are staggered as consistently as practicable without causing undue scheduling challenges for families.
- Routes for entry and exit are designated, using as many entrances as feasible.
 - Other protocols are used as feasible to limit direct contact among arriving and departing families.
- Physical guides, such as tape on floors or sidewalks and signs on walls, are used to ensure that staff and children remain at least 6 feet apart in lines and at other times (e.g., guides for creating "one-way routes" in hallways, and lines during pick-up and drop off of children).

CLASSROOM SPACE

- Childcare activities, indoor and out, are carried out in stable groups of 12 or fewer in order to maintain physical distancing among children and between children and staff ("stable" means the same 12 or fewer children are in the same group each day)
 - When possible, children in the same household (i.e. siblings) are grouped together.;
 - If a child must leave the facility to quarantine and/or be tested due to possible exposure, siblings/other children from the same household also leave the facility to quarantine and/or be tested.
- Children do not move from one group to another.
- If more than one group of children is cared for at a facility, each group stays in a separate room.
 - Groups do not mix with each other in classrooms, outdoor spaces or any common space within the

facility.

- The same early educator(s) remain(s) solely with one group of children.
- If a facility includes any large classrooms, these rooms can be separated into smaller areas, each serving up to 12 children. The following precautions must be taken if rooms are divided:
 - Fire, safety and environmental regulations must be taken into account in placement of dividers.
 - Room dividers must reach from floor to ceiling and be made of non-porous material that can be regularly disinfected.
 - Room dividers must be placed in a manner that maximizes ventilation and air flow to permit healthy temperature control and removal of contaminants.
 - Room dividers must be secured to the floor in a manner that minimizes the risk of slips, trips, and falls.
 - Once divided, each area must leave enough room for physical distancing (that is, a distance of 6 feet between children).
 - Divided classrooms must be designed so that groups of children can enter and exit without passing among a second group of up to 12 children. If there are 2 doors into a classroom, it is recommended that each group of children have a dedicated door that only they use to enter and exit the space.
 - An exit route (means of egress) must be available to children on each side of a divided room. Each area must have a continuous and unobstructed path from any point within the area to a place of safety. Signs should be posted on or near dividers indicating pathways to exits and use of these pathways should be practiced in evacuation drills to assure safety in case of emergency.
- Classrooms are rearranged as needed to put 6 feet between activity stations, tables, and chairs.
- Circle time and other activities that bring children close together are eliminated.
- Sharing of toys and materials is prevented.
 - Each child has use of a backpack or a large Ziplock bag for individual materials.
 - Each child is assigned a specific bin or other container for their individual materials, clothing and other possessions.
- At naptime, cribs/cots are placed at least 6 feet apart and alternated from head to foot.
 - If 6 feet is not feasible, cribs/cots are placed as far apart as possible and arranged from head to foot.
- Classroom activities that model and reinforce physical distancing practices are developed
 - Materials are used to help children visualize the required 6-foot distance between people; play-acting games are used to remind children and encourage them to remind each other to stay 6 feet apart, wear their face coverings, etc.
- Breaks and outdoor activities are staggered, so no 2 groups are in the same place at the same time.
- Outdoor space is used to the extent feasible without intermingling of groups to extend the classroom and make more room for activities
- Individualized activities, such as coloring, painting, putting together puzzles, using building blocks, or other activities children like to do alone. are emphasized,
 - Group activities that don't involve physical contact (clapping games, storytelling) are used to permit socialization.

NON-CLASSROOM SPACE

- Childcare activities, indoor and out, are carried out in stable groups of 12 or fewer in order to maintain physical

distancing among children and between children and staff (“stable” means the same 12 or fewer children are in the same group each day)

- ❑ All visitors and children are required to wear cloth face coverings while at the facility or on its premises, except while napping, eating/drinking, or engaging in solo physical exertion (such as jogging by one’s self) where there is no chance of contact with others. This applies to all adults and to children 2 years of age and older. Only individuals who have been instructed not to wear a cloth face covering by their medical provider are exempt from wearing one. To support the safety of your employees and visitors, a face covering should be made available to visitors who arrive without them.
- ❑ Steps have been taken to maximize space in areas between individual in areas with seating, desks, and bedding.
 - Space is maximized between adults in any space used by staff for meals or breaks. This has been as described below.
- ❑ Activities have been designed and furniture arranged to maintain separation between individuals and cohorts.
- ❑ Staff have developed instructions that are easy for children to understand and are developmentally appropriate through the use of aids such as floor markings and signs, songs and games for maximizing spacing and minimizing risk of close contact among children in both indoor and outdoor spaces .
- ❑ Restrictions have been placed on nonessential visitors, volunteers, and activities involving multiple groups at the same time.
- ❑ Restrictions have been placed on communal activities where practicable. Where not practicable, use of space has been staggered, occupants have been placed at least 6 feet apart and groups are kept as small and consistent as possible. Spaces used in common are disinfected in between uses.
- ❑ Alternative spaces are used as needed to permit physical distancing at all times. Use is made, for example, of outdoor space, dining areas and other spaces to permit physical distancing while allowing children to be active.
- ❑ Congregate movement is minimized as much as practicable. For example, arrivals and departures are arranged so that congregation of parents and children is avoided.
- ❑ As many activities involving children as possible are conducted outdoors (all fitness activities, singing and chanting must only occur outdoors).

MEALS

- ❑ Parents are encouraged to send children with their own meals to the extent feasible.
- ❑ Physical distancing is practiced when children are eating.
- ❑ Mealtimes are arranged so that each cohort of children eats apart from other cohorts. Shared use of a single, communal dining room or cafeteria is avoided. The safety of children with food allergies is ensured.
- ❑ Staff meals and breaks are arranged to permit maximum distancing while individuals have removed face coverings to eat in keeping with the Health Office Order prohibiting gatherings of individuals from more than one household.
 - Occupancy is reduced and space between individuals is maximized in any room or area used by staff for meals or breaks. This has been achieved by:
 - Posting a maximum occupancy that is consistent with a distance of at least six feet between individuals in rooms or areas used for meals or breaks
 - Staggering break or meal times to reduce occupancy in rooms or areas use for meals and breaks
 - Placing tables six feet apart and assuring six feet between seats, removing or taping seats to reduce occupancy, placing markings on floors to assure distancing, and arranging seating in

a way that minimizes face-to-face contact. Use of partitions is encouraged to further prevent spread but should not be considered a substitute for reducing occupancy and maintaining physical (social) distancing.

- Disposable food service items (e.g., utensils and plates) are used. If disposable items are not feasible, all non-disposable food service items are handled with gloves and washed with dish soap and hot water or in a dishwasher. Individuals should wash their hands after removing their gloves or after directly handling used food service items.
- If food is offered at any event, pre-packaged boxes or bags are provided for each attendee instead of a buffet or family-style meal. Avoid sharing of foods and utensils.

C. MEASURES FOR INFECTION CONTROL

- All staff and families are aware of enhanced sanitation practices, physical distancing guidelines and their importance, proper use, removal and washing of cloth face coverings, screening practices and COVID-19 specific exclusion criteria.
 - Staff have been specifically informed and are reminded through signage of the risk of due to shared mealtimes and breaks. Staff are informed of the importance of compliance with current regulations outside of work in order to maintain safety in the workplace.
- A staff person has been designated to be responsible for responding to COVID-19 concerns. All childcare staff and families should know who this person is and how to contact them. This individual should be trained to coordinate the documentation and tracking of possible exposures, in order to notify staff and families in a prompt and responsible manner. This person is also responsible for notifying local health officials of all COVID-19 cases at the facility.
- Adequate supplies are available onsite to support healthy hygiene behaviors.
 - These items include soap, tissues, no-touch trashcans and hand sanitizers with at least 70 percent ethyl alcohol for staff and those children who can safely use hand sanitizer.
- Children are taught the following personal protective measures:
 - Washing hands regularly before and after eating; after coughing or sneezing; after being outside; and after using the restroom.
 - Avoiding touching your eyes, nose, and mouth.
 - Covering coughs and sneezes.
 - Using a tissue to wipe your nose and cough/sneeze inside a tissue or your elbow.
- Routines have been established enabling staff and children to regularly wash their hands at staggered intervals.
- Children and staff are instructed to wash their hands for 20 seconds with soap, rubbing thoroughly after application, and using paper towels (or single use cloth towels) to dry hands thoroughly.
- Staff model and practice handwashing. For example, for younger children, bathroom time is used as an opportunity to reinforce healthy habits and monitor proper handwashing.
- Children and staff use hand sanitizer when handwashing is not practicable. Sanitizer must be rubbed into hands until completely dry. Note: frequent handwashing is more effective than the use of hand sanitizers, especially when hands are visibly dirty
 - Children under age 9 should use hand sanitizer under adult supervision. Call Poison Control if consumed: 1-800-222-1222. Ethyl alcohol-based hand sanitizers are preferred and should be used when there is the potential of unsupervised use by children. Isopropyl hand sanitizers are more toxic and can be absorbed through the skin. Do not use any products that contain methanol

- Portable handwashing stations are provided throughout the site to the extent possible to minimize movement and congregation in bathrooms.
- Use of drinking fountains is suspended; use of personal, reusable water bottles is encouraged instead.
- Frequently touched surfaces such as door handles, light switches, sink handles, bathroom surfaces, tables as well as surfaces in transportation vehicles are cleaned at least daily and more frequently throughout the day if possible.
- Use of shared playground equipment is limited in favor of physical activities that require less contact with surfaces. When shared facilities are used, they are cleaned and disinfected between uses.
- Sharing of objects and equipment, such as toys, games and art supplies, otherwise clean and disinfect between uses.
- Use of shared toys and manipulatives is avoided.
 - Multiple toys and manipulatives that are easy to clean and disinfect are used throughout the day
 - Or each child has an individually labeled bin with toys for their own use.
 - Toys that are difficult to clean (e.g. soft toys) are either removed from the classroom or carefully monitored for use by individual children only.
- When choosing cleaning products, those approved for use against COVID-19 on the Environmental Protection Agency (EPA)-approved list “N” are selected and product instructions are followed. These products contain ingredients which are safer for individuals with asthma.
- Disinfectants are selected that are labeled to be effective against emerging viral pathogens and label directions for appropriate dilution rates and contact times are followed. Employees are given training on the hazards of the chemicals, manufacturer’s directions, and Cal/OSHA requirements for safe use ([CAL OSHA Safe Use of Disinfectants](#)).
- Custodians or staff with responsibility for cleaning and disinfecting the site are equipped with proper Personal Protective Equipment, including gloves, eye protection, respiratory protection, and other appropriate protective equipment as required by the product instructions. All products are kept out of children’s reach and stored in a space with restricted access.
- Space that have been cleaned are aired out before children arrive and thorough cleanings are done when children are not present. Air conditioning, when used, is set to brings in fresh air. Air filters and filtration systems are checked regularly and replaced as needed to ensure optimal air quality.
- If opening windows poses a safety or health, alternate strategies are used to improve air flow such as maximizing central air filtration for HVAC systems (targeted filter rating of at least MERV 13).
- Steps are taken to ensure that all water systems and features (for example, drinking fountains, decorative fountains) are safe to use after a prolonged facility shutdown to minimize the risk of infections such as Legionnaires’ disease.

SCREEN CHILDREN

- In addition to screening staff when they arrive, all children are screened upon arrival at the facility:
 - Screening includes visual wellness checks of all children upon arrival; this could include taking children’s temperatures at the beginning of each day with a no-touch thermometer. If no-touch thermometers are not available, reported temperature assessment is acceptable.
 - The facility follows DPH guidance on [Decision Pathways](#) for persons who screen positive for symptoms prior to entry to the educational institution or while at the educational institution. Ask all individuals about symptoms within the last 24 hours and whether anyone in their home has had a COVID-19 positive test. Symptom checks are also conducted before visitors may enter the facility. Checks must include a check-in concerning symptoms consistent with possible COVID-19 infection listed on the Decision Pathway. These checks can be done in person or through alternative methods

such as on-line check in systems or through [signage](#) posted at the entrance to the facility stating that visitors with these symptoms should not enter the premises.

- Any child, parent, caregiver or staff showing symptoms of possible COVID-19 infection is excluded from the site. Staff and children are monitored throughout the day for signs of illness; children and staff with symptoms consistent with possible COVID-19 infection are sent home or sent to the appropriate medical facility rather than their home if necessary.
- Staff, children and families are educated about when they should stay home and when they can return to the childcare. Staff and children who are sick or who have recently had close contact with a person with COVID-19 are actively encouraged to stay home.
- Staff and families are educated about the risk of outbreaks and the importance of maintaining safe practices, including avoiding gatherings outside a single household, outside of work. Children receive age-appropriate education about risks and best practices to avoid risk as well.

IF STAFF OR CHILDREN BECOME ILL

- An isolation room or area has been identified to permit immediate separation of anyone who exhibits symptoms of COVID-19.
- Cloth face coverings or surgical masks are worn by children if they are over the age of **24 months** and do not have problems putting on or removing the mask or have issues breathing with the mask on.
- Any child or staff exhibiting symptoms is cared for in the isolation room until they can be transported home or to a healthcare facility, as soon as practicable.
- Procedures for safely transporting anyone sick to their home or to a healthcare facility have been established as appropriate. Call 9-1-1 without delay if the individual develops persistent pain or pressure in the chest, confusion, or bluish lips or face.
- The site ensures that it has at least one, but preferably more, emergency contact numbers for each child and staff person to ensure prompt notification if an adult or child develops signs of illness
- Sick staff members and parents of sick children have been advised not to return to the site until the sick person has met criteria to return to the facility as outlined in the [Decision Pathways](#) for symptomatic persons at an educational institution.
- Staff, children or parents who have had close contact with the ill individual are instructed to stay at home until they have met the criteria to return to the facility as outlined in the [Decision Pathways](#) for contacts of a potentially infected child at an educational institution.
- Upon being informed that a staff member or child tests positive for COVID-19, the facility instructs the infected person to isolate themselves at home and instructs all persons exposed to the infected person to quarantine. At this time, if the exposure happened in a classroom or cohort, all staff and children that were in the classroom or cohort during the infectious period are considered exposed. See public health guidance on isolation (ph.lacounty.gov/covidisolation) and quarantine (ph.lacounty.gov/covidquarantine) for additional details.
- Sites are required to notify the Department of Public Health of all confirmed COVID-19 disease among employees and children who had been at the site at any point within 14 days prior to becoming ill. The illness start date is the COVID-19 test date or Symptom Onset Date of the infected person, whichever is earlier. Reporting of 1 or 2 confirmed cases should be done by email by completing the [COVID-19 Case and Contact Line List for the Educational Sector](#) and sending it to ACDC-Education@ph.lacounty.gov within 1 business day of being notified of the case.
- In the event that 3 or more positive COVID-19 cases are identified within the workplace within a span of 14 days, the site should immediately report this cluster to the Department of Public Health via e mail at ACDC-Education@ph.lacounty.gov or by phone at (888) 397-3993 or (213) 240-7821.
- Areas used by any sick person are closed off and are not used before cleaning and disinfection. The site

waits 24 hours before cleaning or disinfecting. If 24 hours is not feasible, wait as long as possible.

- The site ensures a safe and correct application of disinfectants using personal protective equipment and ventilation recommended for cleaning. Cleaning and disinfectant products are kept away from children.
- The site is aware that during an outbreak or a large exposure, in consultation with the local public health department, the appropriate childcare administrator may consider if closure is warranted and length of time based on the risk level within the specific community:
 - If the program is closed, staff, students, and their families may not plan alternative arrangements for gathering.

LIMIT SHARING

- Each child's belongings are separated and kept in individually labeled storage containers, cubbies or areas. Belongings are taken home each day to be cleaned and disinfected.
- Adequate stocks of classroom supplies are kept on hand to minimize sharing of high-touch materials (art supplies, equipment, etc.) to the extent practicable. If supplies are limited materials are used by one group of children at a time and are cleaned and disinfected between uses.
- Sharing of electronic devices, clothing, toys, books, and other games or learning aids is avoided and discouraged as much as practicable.

D. MEASURES THAT COMMUNICATE TO THE PUBLIC

- Communication systems are established that allow staff and families to self-report symptoms and receive prompt notifications of exposures and closures while maintaining confidentiality.
- A copy of this protocol is posted at all public entrances to the facility.
- Signs are displayed throughout that remind instructors and children of the need for physical distancing and the use of cloth face coverings.
- Signs are posted that instruct visitors that they should stay home if sick with respiratory symptoms.
- Online outlets of the establishment (website, social media etc.) provide clear information about physical distancing, use of cloth face coverings and other issues.

E. MEASURES THAT ENSURE EQUITABLE ACCESS TO CRITICAL SERVICES

- Services that are critical to the children have been prioritized.
- Measures are instituted to assure services for children who have mobility limitations and/or are at high risk in public spaces.

Any additional measures not included above should be listed on separate pages, which the business should attach to this document.

You may contact the following person with any questions or comments about this protocol:

Business Contact Name:	Sarah E. Orth, CEO
Phone number:	323-664-2153
Date Last Revised:	1/29/21