| Covid-19 Child Care Program Self-Assessment Guide | | | |
|--|-------------------|-------------|-------------|
| Completed by: | Date: | | |
| Is the facility dually licensee? | | | |
| | Please Check One. | | |
| | Completed | In Progress | Not Started |
| COVID-19 preparedness has been incorporated into Emergency Plan for facility. | | | |
| Designated staff person to coordinate preparedness planning and integrate local LHD, CDPH, and CDC guidance. | | | |
| Develop and include a communications plan to use to keep families, staff, and the community informed. | | | |
| Entry & Visitation Procedures | | | |
| Signs have been posted at facility entrance with visitor policy (limit to essential visits only; limited visitation hours). | | | |
| Explain to parents and caregivers that all visits should be as brief as possible. | | | |
| Participants have been notified about your COVID-19 policies. | | | |
| Ask parents or caregivers to enter and exit the room one person at a time to allow for social and physical distancing. | | | |
| Ask caregivers and parents to meet at the facility entryway for pick-up and drop-off of children whenever possible. | | | |
| Ask parents and caregivers to wash their own hands and assist in washing the hands of their children before dropping off, prior to coming for pick up, and when they get home. | | | |
| Ask parents and caregivers to bring their own pens when signing children in and out. | | | |
| Install hand sanitizers, out of the reach of children, near all entry doors and other high traffic areas. | | | |
| Daily symptom screening (+/- temperature check) have been initiated for all children, staff and parents (drop-off and pick up). ** Follow guidelines in PIN 20-06-CCP** | | | |
| CCC's: If anyone has a temperature of 100.4°F/38°C or higher they must be excluded from the facility. | | | |

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| One central entry point has been designated for universal entry screening. | | | |
| Routine symptom screening (+/- temperature check) has been initiated at entry for all staff, 1:1 staff, participants, and essential visitors. | | | |
| Handwashing on entry is requested for all staff, participants, and visitors. | □ Yes | □ No | |
| Conduct visual wellness checks of all children upon arrival and ask health questions when concerned. | | | |
| Staff Training and Policies | | | |
| Facility provides ongoing updates about COVID-19 to participants, staff and responsible parties. The communications are language and reading level appropriate. | □ Yes | □ No | |
| Facility has conducted staff training on COVID-19 prevention, symptoms, transmission. | | | |
| If you as the licensee, have a fever and/or respiratory infections symptoms, please notify your parents immediately that care will not be available and follow reporting requirements. | | | |
| Facility has conducted staff training on when and how to use personal protective equipment. | | | |
| Facility has conducted staff training on sick leave policies. | | | |
| Sick leave policies have been created that are non- punitive, flexible, and consistent with public health policies that allow ill personnel to stay home. | | | |
| Facility provides ongoing updates about COVID-19 to staff and parents/families. The communications are language and reading level appropriate. | □ Yes | □ No | |
| Staff have been notified to avoid work if acute respiratory illness is present and to contact medical provider to consider COVID-19 testing. | | | |
| Staff have been notified when they may return to work after acute respiratory illness (72 hours after last fever or 14 days if COVID-19 positive). | | | |
| Staff have been notified that medical clearance is not required to return to work, unless under quarantine order by Public Health entity. | | | |

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| Alternate staffing plan has been developed to account for shortages. | | | |
| Participant Counseling & Policies | | | |
| Daily symptom screening (+/- temperature check) have been initiated for all participants. | | | |
| All group community-based activities have been canceled. | | | |
| Internal group activities have been limited to foster social distancing practices (i.e. staggered meals, 6 feet of space between participants in common areas, etc.). | | | |
| All emergency contact information for all participants have been updated. | | | |
| Facility supports participants in complying with Covid-19 prevention and containment guidelines. | | | |
| Daily symptom screening (+/- temperature check) have been initiated for all children, staff and parents (drop-off and pick up). ** Follow guidelines in PIN 20-06-CCP** | | | |
| Cover cough with a tissue or sleeve. See CDC's Cover Your Cough page (https://www.cdc.gov/flu/prevent/actions-prevent-flu.htm) for multilingual posters and flyers, posted at the bottom of webpage. | | | |
| All emergency contact information for children is current. | | | |
| Following the group size guidance for Centers and FCCH's as noted in PIN 20-06 CCP. (see link below) | | | |
| Avoid family- or cafeteria-style meals, ask staff to handle utensils, and keep food covered to avoid contamination. | | | |
| Napping equipment have been moved at least 6 feet apart or 3 feet apart with head-to-toe orientation. | | | |
| Implement staggered outdoor or large group times to limit the number of children who are together as much as possible. | | | |
| CCC's: If anyone has a temperature of 100.4°F/38°C or higher they must be excluded from the facility. | | | |
| Children's Roster is updated and current. | | | |

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| All activities/field trips that take children into public | • | 5 | |
| or crowded places have been canceled. | | | |
| Discussing Social Distancing strategies as noted in PIN | | | |
| 20-06 CCP. (see link below) | | | |
| Mitigation Strategies | | | |
| Plan has been developed to immediately notify | | | |
| children's authorized representative if symptoms | ☐ Yes | □ No | |
| develop or if COVID-19 exposure occurs. | | | |
| Encourage hand washing by children and staff through education, scheduled time for handwashing, | | | |
| and the provision of adequate supplies. | | | |
| Separate sick infants, children, and staff from others | | | |
| until they can go home. When feasible, identify a | | | |
| "sick room" through which others do not regularly | | | |
| pass. | | | |
| Provide adequate supplies within easy reach, | | | |
| including tissues and no-touch trash cans. | ☐ Yes | □ No | |
| Enhance cleaning consistent with CDC guidance (see | | | |
| Environmental Cleaning and Disinfection | | | |
| Recommendations). Encourage flu vaccine for those | | | |
| persons over 6 months of age who have not had it | | | |
| this season to reduce illnesses. | | | |
| Facility has (CCC only) or is encouraged to (FCCH) to | | | |
| designate a single bathroom for isolation of | ☐ Yes | □ No | |
| symptomatic and/or asymptomatic exposed children | | | |
| Containment Strategies | | | |
| Facility has a specific plan for participants who | | | |
| develop symptoms of acute respiratory illness while | | | |
| in day program, including when to contact 911. | | | |
| Plan has been developed to accept back children | | | |
| following quarantine and medical clearance for | | | |
| COVID-19. | | | |
| Plan has been developed to notify DPH if any children | | | |
| or staff develop symptoms or have exposures to | | | |
| COVID-19. | | | |
| Plan to communicate with parents to test and isolate | | | |
| symptomatic children at home for COVID-19. | | | |
| A plan to supervise and monitor children in isolation | | | |
| at all times has been developed. | | | |
| - F | | | |
| Trash bins and hand washing stations are located | □ Yes | □ No | |
| throughout the facility. | | | |

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| Plan has been developed to immediately notify participants' medical provider if symptoms develop or if COVID-19 exposure occurs. | ☐ Yes | □ No | |
| Plan has been developed to notify LHD or CDPH if any participants or staff develop symptoms or have exposures to COVID-19. | | | |
| Facility can provide meals and medications (following IMS guidelines) to children in isolation if needed until picked up by parents / guardians. | | | |
| Environmental Preparation and Cleaning | | | |
| Facility has a specific plan to ensure proper cleaning and disinfection of environmental surfaces and laundry. | | | |
| Commonly touched surfaces are cleaned and disinfected at least once a day. | □ Yes | □ No | |
| Signs are posted throughout the facility to encourage participants to report acute respiratory illness to staff. | | | |
| Signs are posted throughout facility to promote handwashing, cough/sneeze etiquette, and social distancing. | □ Yes | □ No | |
| Hand washing stations or alcohol-based hand sanitizer are available in every classroom. | □ Yes | □ No | |
| Sinks are well stocked with soap and paper towels for handwashing. | □ Yes | □ No | |
| Children's Bathroom: o Sanitize the sink and toilet handles before and after each child's use. o Teach children to use a tissue when using the handle to flush the toilet. o Wash hands for 20 seconds and use paper towels (or single use cloth towels) to dry hands thoroughly. | | | |
| A plan has been created to audit and address supply shortages. | _ | | |
| Signs are posted throughout the facility to encourage staff and parents to report acute respiratory illness. | | | |

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|---|-------------------|-------------|-------------|
| | Completed | In Progress | Not Started |
| Signs are posted** throughout facility to promote handwashing, cough/sneeze etiquette, and social distancing. **At children's eyelevel as well. | □ Yes | □ No | |
| Use the Cleaning and Waste Management Considerations for Residences to help clean your home. | | | |
| Does the Facility have enough hygiene supplies? | ☐ Yes | □ No | |
| If "No", how many days' worth of hygiene supplies does the facility have: | | | |
| Does the facility have enough Personal Protective Equipment (PPE)? | □ Yes | □ No | |
| If "No", how many days' worth of PPE supplies does the facility have: | | | |
| If "No" to either of the preceding questions, what additional supplies does the facility need? | | | |
| Hand hygiene supplies | | | |
| Surgical masks | | | |
| Disposable gloves | | | |
| Food supplies | | | |
| Tissues, paper towels, cleaners and EPA-registered disinfectants | | | |
| Other Supplies not listed | | | |
| Additional Notes: | | | |