



Bipartisan Policy Center

# Child Care Center Facility Model Standards During COVID-19

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Young children learn at a rapid pace, and their development is greatly impacted by the quality of their settings, interactions, and experiences. However, the COVID-19 pandemic has upended much of the child care industry, with 70% of parents reporting their child care program has either closed—permanently or temporarily—or has reduced hours or capacity, according to an August 2020 survey conducted by the Bipartisan Policy Center and Morning Consult.<sup>1</sup> As programs reopen or remained open

through this ongoing crisis, they are now in immediate need of infrastructure upgrades to meet new health and safety protocols that can reduce the risk of transmitting the virus.

The Centers for Disease Control and Prevention has issued health and safety guidance for reopening and operating child care programs during a pandemic, which leads to a new reality for child care that includes smaller group sizes, advanced sanitation measures, and new drop-off protocols.<sup>3</sup> This has been a challenging time for both families of young children and child care providers, and the Bipartisan Policy Center acknowledges efforts providers have made to keep children safe and healthy in their programs.

To help states develop consistent guidance around reopening and to help providers assess their own facilities, BPC has identified the following model standards:

**The August 2020 survey conducted by BPC and Morning Consultant found that health and safety measures implemented in child care programs are important to a majority of parents. When asked which health and safety measures were the most important as their child care programs reopen, parents selected hand sanitizing, temperature checks, COVID-19 testing for staff, and required use of face masks for staff.<sup>2</sup>**

## **All sink faucets and water access points have been thoroughly flushed to replace standing water in the pipes with fresh water prior to opening the facility.**

After a period of nonuse, stagnant water may accumulate in a child care facility's plumbing system, putting both children and providers at risk of Legionella and other bacteria found in standing water. Hot water can decrease bacteria's growth. To minimize the risk, replace the water inside the pipes with fresh water by flushing both hot and cold water through all faucets. Programs should also contact the local water utility company to learn about any disruptions in the water supply. A toolkit for developing a water management plan for detecting bacteria growth in a facility's water system is available at the CDC's website.<sup>4</sup>

## **The facility has no evidence of mold or moisture.**

The child care facility should be inspected for mold and moisture after a prolonged period of nonuse. Mold can grow on building materials where there is moisture and dampness and may affect people with asthma and other respiratory conditions. Providers should inspect a range of surfaces, including wallpaper, carpet and fabric, ceiling tiles, and drywall. If mold or moisture is detected, remediation steps should be taken before the facility reopens. The CDC's National Institute for Occupational Safety and Health has additional information for assessing facilities for environmental quality.<sup>5</sup>

## **Ventilation systems have been inspected and are in full working order.**

At this time, improving air quality is important in all settings, especially those where young children learn, play, and grow. COVID-19 can be transmitted by respiratory droplets in the air, and the CDC recommends taking measures to improve ventilation to help shorten the time it takes these droplets to be removed from the air. Facilities should implement a preventative maintenance schedule for its ventilation systems, which should include regularly replacing air filters to maintain improved air quality. Programs can also open windows and doors to increase air circulation if this can be done safely.

### **Health and Safety Measures in Family Child Care**

**Implementing health and safety measures is important across all child care settings, including family child care programs. While many recommendations may be difficult for family child care providers to implement, there are a number of measures that can help mitigate the risk of virus exposure. These include creating outdoor classroom spaces, upgrading ventilation systems and replacing air filters regularly, adding air purifiers or safely opening windows to improve air circulation, cleaning carpets regularly, installing high-temperature dishwashers and other appliances, and creating additional indoor and outdoor handwashing stations.**

## **The facility's entrance is conducive for new entry protocol, with sinks for handwashing and sufficient storage for screening and sanitation supplies.**

The CDC's guidance for child care recommends new screening protocols prior to entry.<sup>6</sup> At drop-off, programs should screen both children and providers for symptoms and conduct temperature checks at curbside prior to entry, and individuals should wash their hands prior to entering the facility. If space allows at the entrance to the facility, a vestibule area should be constructed that can accommodate health checks and both child- and adult-sized sinks for handwashing. The entry area should also have sufficient space for secure storage of safety equipment, cleaning supplies, thermometers, and masks. In addition, the facility should identify ways to address parking challenges for parents dropping off their children, such as staggering the times at which children are dropped off and picked up.

## **The facility has self-contained classrooms to support social distancing and reduce viral exposure.**

Self-contained classrooms, or classrooms with furnishings, equipment, and appliances located directly within the enclosed space—including toilet and diaper-changing areas and child-sized bathroom and activity sinks—are helpful in reducing viral transmission by limiting the number of times children and providers must leave the classroom throughout the day. These classrooms should include sufficient space for individually storing children's belongings and bedding materials, a teacher resource station, and a meal preparation area that includes an adult-sized sink and dishwasher for sanitation purposes. The



Low Income Investment Fund, Photo of Wu Yee Children's Services

classroom size should also accommodate sufficient space for children to remain six feet apart during naptime. Other features of child care classrooms that are beneficial to children's development, such as access to natural light and appropriate acoustic levels, should also be included in facility design.

### **Child and adult-sized bathrooms and sinks are available inside each classroom.**

It is imperative that classrooms have co-located bathrooms and sinks in each classroom to reduce COVID-19 transmission. Access to bathrooms within the classroom reduces the need for providers and children to leave the classroom throughout the day, helps keep cleaning and disinfecting the toilet areas more manageable, and minimizes transition time to and from the bathroom—allowing more time for important classroom learning, play, and positive teacher-child interactions. Additionally, both children and providers need access to clean water so they can wash their hands upon entering the classroom, after using the bathroom, and before and after meals. Sinks should also be available for meal preparation and should be in a separate area than sinks in toilet and diaper changing areas. To limit the spread of germs, touchless faucets should be installed.

Facilities that do not have access to plumbing in classrooms can purchase portable sinks for handwashing. While this is only a temporary solution for enforcing advanced hygienic practices, it can help providers meet immediate handwashing needs during the pandemic. While the use of hand sanitizer has become more common during COVID-19, child care programs should prioritize hand washing with sinks and only use hand sanitizer when necessary. Ingesting even a small amount of hand sanitizer can cause alcohol poisoning in children. Since March 2020, there has been an increase in reports of unintentional exposures in children, many of whom were under five years of age.<sup>7</sup>



Low Income Investment Fund, Photo of Bright Beginnings in Washington, DC.

## **Each child care classroom is limited to 10 individuals, including children and child care providers.**

Social distancing is not developmentally appropriate for young children, yet efforts to limit interactions in child care settings can reduce the risk of virus transmission. The first step is to reduce classroom group sizes to 10 individuals, including providers. Children should also remain in the same class groups each day with the same providers, and the program should refrain from large group activities to minimize interactions with others outside of the classroom groups. Additional ideas for mitigating transmission of COVID-19 include limiting the number of households in each classroom groups and setting up specific classrooms for children of essential workers, who have a higher risk of exposure.

## **The facility has sufficient storage for children's belongings, toys, and bedding materials.**

Storage for children's materials in child care settings will look different during the pandemic. Bedding, blankets, and cots should be stored in individually labeled bins, cubbies, or bags to reduce the risk of virus transmission. Only toys that can be easily cleaned and sanitized should be used in the facility and others should be stored away so they are inaccessible to children. Children's personal items should be stored separately and in individually labeled bins, though programs can limit the number and type of belongings families bring into the facility, including toys and car seats. Additional materials needed in self-contained classrooms, such as teacher supplies, food, masks, and thermometers, should be stored in spaces that are accessible to providers.



Local Initiatives Support Coalition, Photo of Newport YMCA in Middletown, RI.

## **Cleaning supplies and other toxic materials are both stored securely and out of children's reach.**

During the pandemic, there is a need for additional cleaning supplies due to the increased frequency of cleaning and sanitizing. This requires additional storage space that is both secure and out of children's reach, while also convenient for providers to access. Additionally, laundry rooms within the child care facility should be secured, and contaminated or soiled bedding, clothing, and other materials should be stored in sealed plastic bags prior to washing. Depending on the size of the facility, a high-performance industrial washer may be more cost- and time-effective.

## **The child care program has a schedule for intensified cleaning and disinfection efforts.**

Cleaning, sanitizing, and disinfection procedures are extremely important to keeping young children safe and healthy in child care facilities, and the COVID-19 pandemic has made this even more evident. In light of the pandemic, these efforts should be intensified, with a schedule for routinely cleaning, sanitizing, and disinfecting surfaces and objects that are frequently touched, especially toys and games, door knobs, light switches, countertops, toilet-training potties, and playground structures. To further mitigate the risk of transmission, only toys that can be easily cleaned and sanitized should be used in the facility and others should be stored away so they are inaccessible to children. Additionally, providers may opt for replacing carpets with hardwood flooring that is easier to clean and sanitize.

## **The facility has a garbage plan to reduce the risk of exposure within the facility.**

During COVID-19, child care facilities should develop a garbage plan, to include where garbage bins are stored in the classroom, who is permitted to empty classroom and bathroom garbage bins, and how often this is done.

## **The facility has a functioning classroom-to-classroom communication system to support providers while reducing in-person interactions**

Child care providers benefit from a strong support system, which often involves drop-in visits by directors and support staff. Amid the pandemic, programs need to limit in-person interactions to reduce the risk of exposure. Programs can instead install a communication system throughout the facility—such as video monitors or an intercom system—so providers can continue to receive the support they need.

## **The facility has an isolation area to isolate a sick child.**

The facility should have an isolation area to isolate a child who exhibits COVID-19 symptoms at the child care facility. This area can be a cot in the

corner of a classroom that is away from other children. The program should be ready to clean and disinfect surfaces in the isolation areas according to CDC guidance after the sick child has gone home.<sup>8</sup>

**The program has a documented plan in case an individual becomes sick in the facility.**

If a child or provider in the facility has a confirmed case of COVID-19, the program should have a plan for reducing the risk of transmission. The plan should include steps for closing off areas used by the person who was sick, opening outside doors and windows to increase air circulation, and waiting 24 hours for respiratory droplets to settle before cleaning and disinfecting the space. All areas used by the individual who is sick—including offices, bathrooms, and common areas—should be cleaned and disinfected. The program should also develop a plan for staffing needs in the event of increased staff absences due to community COVID-19 outbreaks.<sup>9</sup>

## Endnotes

- 1 Linda K. Smith and Sarah Tracey, “Child Care in COVID-19: Another Look at What Parents Want,” Bipartisan Policy Center, August 26, 2020. Available at: <https://bipartisanpolicy.org/blog/child-care-in-covid-another-look>.
- 2 Linda K. Smith and Sarah Tracey, “Child Care in COVID-19: Another Look at What Parents Want,” Bipartisan Policy Center, August 26, 2020. Available at: <https://bipartisanpolicy.org/blog/child-care-in-covid-another-look>.
- 3 Centers for Disease Control and Prevention, *CDC Activities and Initiatives Supporting the COVID-19 Response and the President’s Plan for Opening America Up Again*, May 2020. Available at: <https://www.cdc.gov/coronavirus/2019-ncov/downloads/php/CDC-Activities-Initiatives-for-COVID-19-Response.pdf>.
- 4 Centers for Disease Control and Prevention, *Toolkit: Developing a Water Management Program to Reduce Legionella Growth and Spread in Buildings*, June 2017. Available at: <https://www.cdc.gov/legionella/wmp/toolkit/index.html>.
- 5 Centers for Disease Control and Prevention, *Indoor Environmental Quality*, National Institute for Occupational Safety and Health May 2013. Available at: <https://www.cdc.gov/niosh/topics/indoorenv/mold.html>.
- 6 Centers for Disease Control and Prevention, *Guidance for Child Care Programs That Remain*, July 23, 2020. Available at: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html>.
- 7 Trisha Koriath, “Keep Hand Sanitizers Out of Children’s Reach,” American Academy of Pediatrics, May 20, 2020. Available at: <https://www.aappublications.org/news/2020/05/20/parentplus052020>.
- 8 Centers for Disease Control and Prevention, *Cleaning and Disinfecting Your Facility*, July 28, 2020. Available at: [https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fprepare%2Fdisinfecting-building-facility.html](https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fprepare%2Fdisinfecting-building-facility.html).
- 9 Centers for Disease Control and Prevention, *Guidance for Child Care Programs That Remain*, July 23, 2020. Available at: <https://www.cdc.gov/coronavirus/2019-ncov/>

