

# Early Childhood Programs

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## COVID-19 Resources & Guidelines

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### COVID-19 Resources & Guidelines Version Control

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D12	8/4/2020	Gayle Anderson, & Sarah Jensen	Isolation Procedure, Healthy Hand Hygiene, Caring for Infants & Toddlers, Cleaning & Disinfecting Bedding, Playground Guidance, COVID Notification Procedures, Mask Mandate

**Note:** The COVID-19 Resources and Guidelines are subject to change weekly.

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# **1 COVID-19 ILLNESS GUIDELINES FOR STAFF AND STUDENTS**

(May 4, 2020 and subject to change as protocols evolve from the Minnesota Department of Health {MDH})

## **1.1 Symptoms**

If a student (daycare child) or staff exhibits symptoms consistent with COVID-19:

- Cough  
OR
- Shortness of breath or difficulty breathing

**Or at least two of these symptoms:**

- Fever (over 100.4 orally)
- Chills
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell
- Nausea/diarrhea/vomiting

**they should be sent home.**

## **1.2 Self-Isolation**

Student or staff need to stay home and self-isolate for 10 days from the onset of symptoms or 24 hours from the resolution of all symptoms – whichever is longer.

- If student or staff develop a fever on day 8, or later, the days are extended to 24 more hours without fever reducing medicines.
- The student or staff must be fever free for 24 hours without taking any medication to reduce their fever before returning to school/daycare/work.

## **1.3 Other Household Contacts**

The other household contacts should enter in self-quarantine for 14 days and self-monitor their symptoms.

- If symptoms develop in household contacts, they need to enter into self-isolation and follow the directions outlined above.

## **1.4 Clinical Evaluation**

The other household contacts should enter in self-quarantine for 14 days and self-monitor their symptoms

## **1.5 CDC Guidelines**

Follow the CDC Guidelines for “What to do if you are Sick”.

<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>

## 1.6 Self-Monitoring

All staff should be self-monitoring daily watching for any symptoms, including fever, mild to severe respiratory illness or cough or difficulty breathing, loss of sense of smell or taste, headache, sore throat, chills, shaking with chills, nausea, vomiting, diarrhea.

## 2 [COVID-19 and When to Return to Work](#)

(June 2, 2020 and subject to change as protocols evolve from the Minnesota Department of Health {MDH})

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## COVID-19 and When to Return to Work

Follow these guidelines when staying home and returning to the workplace. These guidelines are for all workers except people who work in health care. Information for health care workers is available on [Health Care: Coronavirus Disease 2019 \(COVID-19\)](#) <https://www.health.state.mn.us/diseases/coronavirus/hcp/> and from your employer. To use this document, look for the best description (sections 1 – 5) of your current situation, then follow the guidelines for that section.

### **1** You are NOT sick and have NOT been in contact with someone with COVID-19.

#### **GUIDELINES FOR STAYING HOME**

- Stay 6 feet away from others if you need to leave your home.
- Work from home if you can.

#### **GUIDELINES FOR RETURNING TO THE WORKPLACE**

- Stay 6 feet away from co-workers and visitors if possible.
- If it is difficult to stay 6 feet away, wear a mask.

### **2** You are NOT sick, but someone in your household does not feel well.

#### **GUIDELINES FOR STAYING HOME OR RETURNING TO THE WORKPLACE**

- If household member does NOT have COVID-19 symptoms, such as fever, cough, shortness of breath, chills, headache, muscle pain, sore throat, or loss of taste or smell, diarrhea, nausea, vomiting, follow section 1.
- If household member HAS symptoms of COVID-19, such as fever, cough, shortness of breath, chills, headache, muscle pain, sore throat, or loss of taste or smell, diarrhea, nausea, vomiting, follow section 3.

### **3** You were in close contact with someone with COVID-19 (like a person in your household), but you are NOT sick.

#### **GUIDELINES FOR STAYING HOME**

- Stay home, separate yourself from others in your household, and do not share anything (e.g., utensils, phone) for 14 days.
- Work from home if you can.

## **GUIDELINES FOR RETURNING TO THE WORKPLACE**

- Notify your supervisor.
- Stay home for 14 days.
- If you become sick (fever, cough, shortness of breath, chills, headache, muscle pain, sore throat, or loss of taste or smell, diarrhea, nausea, vomiting) continue to stay home and follow section 5.
- Return to work after 14 days if you do not develop symptoms.

**4** You are sick with COVID-19 symptoms such as fever, cough, shortness of breath, chills, headache, muscle pain, sore throat, or loss of taste or smell, diarrhea, nausea, vomiting but have NOT been tested for COVID-19. OR

**5** You are sick and your health care provider told you that you have COVID-19 (based on a lab test or symptoms).

## **GUIDELINES FOR STAYING HOME**

- Separate yourself from others in your household, do not share anything (e.g. utensils, phone) and stay at home for at least:
  - 10 days, and for 24 hours with no fever (without fever reducing medicine), improvement of respiratory symptoms (cough, shortness of breath) no gastrointestinal symptoms (diarrhea, nausea, vomiting), whichever is longer.
- Work from home if you can.

## **GUIDELINES FOR RETURNING TO THE WORKPLACE**

- Notify your supervisor.
- Return to work after 10 days, and for 24 hours with no fever (without-fever reducing medicine) and improvement of respiratory symptoms (cough, shortness of breath) no gastrointestinal symptoms (diarrhea, nausea, vomiting), whichever is longer.
- Stay 6 feet away from co-workers and visitors, if possible.
- If it is difficult to stay 6 feet away, wear a mask.



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7/23/2020

### **3 CHILDCARE SCREENING GUIDELINES FROM MDH**

#### **Instructions for Screening Children upon Arrival**

Persons who have a fever of 100.4° (38.0°C) or above or other signs of illness should not be admitted to the facility. Encourage parents to be on the alert for signs of illness in their children and to keep them home when they are sick. Screen children upon arrival.

There are several methods that facilities can use to protect their workers while conducting temperature screenings. The most protective methods incorporate social distancing (maintaining a distance of 6 feet from others) or physical barriers to eliminate or minimize exposures due to close contact to a child who has symptoms during screening.

Please watch the screening video by Gayle Anderson, RN found on Drive in the COVID-19 folder

#### **What we recommend for safety in the screening process:**

When at all possible, stand behind a physical barrier, such as a glass or plastic window or partition that can serve to protect the staff member's face and mucous membranes from respiratory droplets that may be produced if the child being screened sneezes, coughs, or talks. Wear gloves and a homemade mask when taking the child's temperature.

If utilizing a physical barrier while screening is not possible, wear a homemade mask, cover yourself with an oversized shirt or smock (preferably one that does not need to be removed by pulling over your head), Maintain as much distance as possible from the student and person dropping off child and wear gloves.

#### **For all cases:**

- Upon arrival ask the parent/guardian to confirm that the child has not been ill or around anyone who has been ill.
- Make a visual inspection of the child for signs of illness which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness.
- Enter the child's information on the Childcare Sign-in and Screening form making sure you ask all the questions and check appropriate boxes for all the potential symptoms of COVID-19.
- Conduct temperature screening (follow steps below)
  - Perform hand hygiene.

- Wash your hands with soap and water for 20 seconds. If soap and water are not available, use a hand sanitizer with at least 60% alcohol.
- Put on disposable gloves.
- Check the child's temperature, reaching around the partition or through the window when available or wearing your protective equipment when not available.
- Make sure your face stays behind the barrier at all times during the screening and that you are wearing your homemade mask.
- If performing a **temperature check on multiple individuals**, ensure that you use a **clean pair of gloves for each child** and that the **thermometer has been thoroughly cleaned** in between each check.
- If you use disposable or non-contact (temporal) thermometers and you did not have physical contact with the child, you do not need to change gloves before the next check.
- If you use non-contact thermometers, clean them with an alcohol wipe (or isopropyl alcohol on a cotton swab) between each client. You can reuse the same wipe as long as it remains wet.
- After each screening, remove and discard PPE, and wash hands.
- Use an alcohol-based hand sanitizer that contains at least 60% alcohol or wash hands with soap and water for at least 20 seconds.
- If hands are visibly soiled, soap and water should be used before using alcohol-based hand sanitizer.
- If you do not have experience in using PPE:
  - Read the mask and glove use portions of this resource guide or ask for training from your nurse.

If you used an oversized shirt or smock to protect you from droplets be sure to launder it either at your site or at home after each screening session.

# Childcare Center Sign-in and Screening

(Use form for children, staff & other adults entering building)

**DATE:** \_\_\_\_\_

**Staff Providing Childcare:** \_\_\_\_\_

Child/Staff/Adult Name	Date	Check in Time	Check out Time	Any new onset or worsening cough?		Any shortness of breath		Any of the following? Chills, muscle pain, headache, sore throat, loss of taste or smell, nausea, vomiting, diarrhea?		Temperature (Fever 100.4 or higher)	
				Yes	No	Yes	No	Yes	No	Yes	No
				Yes	No	Yes	No	Yes	No	Yes	No
				Yes	No	Yes	No	Yes	No	Yes	No
				Yes	No	Yes	No	Yes	No	Yes	No
				Yes	No	Yes	No	Yes	No	Yes	No
				Yes	No	Yes	No	Yes	No	Yes	No
				Yes	No	Yes	No	Yes	No	Yes	No
				Yes	No	Yes	No	Yes	No	Yes	No
				Yes	No	Yes	No	Yes	No	Yes	No
				Yes	No	Yes	No	Yes	No	Yes	No
				Yes	No	Yes	No	Yes	No	Yes	No
				Yes	No	Yes	No	Yes	No	Yes	No
				Yes	No	Yes	No	Yes	No	Yes	No
				Yes	No	Yes	No	Yes	No	Yes	No
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				Yes	No	Yes	No	Yes	No	Yes	No
				Yes	No	Yes	No	Yes	No	Yes	No
				Yes	No	Yes	No	Yes	No	Yes	No
				Yes	No	Yes	No	Yes	No	Yes	No
				Yes	No	Yes	No	Yes	No	Yes	No
				Yes	No	Yes	No	Yes	No	Yes	No
				Yes	No	Yes	No	Yes	No	Yes	No



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## Decision Tree for People with COVID-19 Symptoms in Youth, Student, and Child Care Programs

For people (e.g., children, care providers, or staff) who have symptoms consistent with COVID-19, send home or deny entry and reference the exclusion criteria in this document to determine when they may return.

**Symptoms of COVID-19 include:** new onset cough or shortness of breath by themselves OR at least 2 of the following: fever (100.4°F or higher), chills, muscle pain, sore throat, loss of sense of smell or taste, and gastrointestinal symptoms of diarrhea, vomiting, or nausea.

If a person has a new symptom (for example, new loss of smell only) with no other diagnosis to explain it, they should stay home and talk to their health care provider about testing for COVID-19, even if it is the only symptom they are experiencing.

For people who received a laboratory test for COVID-19

What to do if you're waiting for COVID-19 test results (PDF)  
([www.health.state.mn.us/diseases/coronavirus/hcp/puiseffiso.pdf](http://www.health.state.mn.us/diseases/coronavirus/hcp/puiseffiso.pdf))

**Positive test result:** Stay home at least 10 days since symptoms first appeared AND until no fever for at least 24 hours without medication AND improvement of other symptoms.

Siblings and household members also stay home for 14 days.

**Negative test result but symptoms with no other diagnosis:** Stay home at least 10 days since symptoms first appeared AND until no fever for at least 3 days without medication AND improvement of other symptoms.

Siblings and household members also stay home for 14 days.

For people with a COVID-19 diagnosis without a lab test OR people with symptoms consistent with COVID-19 without a medical evaluation (e.g., monitoring symptoms at home)

Stay home at least 10 days since symptoms first appeared AND until no fever for at least 3 days without medication AND improvement of other symptoms.

Siblings and household members also stay home for 14 days.



For people with other diagnoses (e.g., norovirus, strep throat) that explain the symptoms, or when a health care provider says symptoms are connected to a pre-existing condition

Stay home until symptoms have improved. Follow specific return guidance from the health care provider or follow the [Infectious Diseases in Childcare Settings and Schools Manual](http://www.hennepin.us/daycaremanual) ([www.hennepin.us/daycaremanual](http://www.hennepin.us/daycaremanual)).

If symptoms related to a pre-existing condition change or worsen, talk to a health care provider to determine next steps.

Siblings and household members do not need to stay home.



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## 5 WHAT TO DO WHEN NOTIFIED OF A LAB-CONFIRMED CASE OF COVID-19 IN A SCHOOL OR CHILD CARE SETTING

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# What To Do When Notified of a Lab-Confirmed Case of COVID-19 in a School or Child Care Setting

Use the resources below and follow the instructions to help protect staff and children in your child care, school, or camp community while you are waiting for the Minnesota Department of Health (MDH) to complete their case investigation and additional follow-up.

### Resources

- For information regarding a person who is symptomatic: [Decision Tree for People with COVID-19 Symptoms in Youth, Student, and Child Care Programs \(PDF\)](https://www.health.state.mn.us/diseases/coronavirus/schools/exguide.pdf) ([www.health.state.mn.us/diseases/coronavirus/schools/exguide.pdf](https://www.health.state.mn.us/diseases/coronavirus/schools/exguide.pdf)).
- [What to do if you're waiting for COVID-19 test results \(PDF\)](https://www.health.state.mn.us/diseases/coronavirus/waiting.pdf) ([www.health.state.mn.us/diseases/coronavirus/waiting.pdf](https://www.health.state.mn.us/diseases/coronavirus/waiting.pdf)).

You may hear about a positive result from a staff member or parent/guardian before MDH is notified. Should this occur, please reach out to the MDH follow-up team by emailing [health.schoolcc.followup@state.mn.us](mailto:health.schoolcc.followup@state.mn.us).

The team monitors this inbox seven days a week and provides timely guidance. It is helpful if you can gather additional information (described below) before reaching out to the MDH follow-up team.

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## Information gathering and sharing

When notified of a confirmed case of COVID-19 involving staff or children in your program or school, gather the following information to share with the MDH follow-up team when you contact them:

- Person's (or proxy's) name and phone number, so that MDH can conduct the case investigation in a timely manner.

- Date the person first developed symptoms.
- If they did not have symptoms, what date were they tested and why were they tested?
- Date(s) the person last worked/attended the child care, school, or camp.
  - **NOTE:** MDH considers the person to be infectious beginning two days (48 hours) prior to symptoms developing, or starting on the date of the test without symptoms through 10 days

after symptoms first developed. Ideally, a person who is symptomatic would not be working/attending, so MDH generally needs to look only at the two days prior to symptoms developing (or date of test) and possibly the day symptoms developed.

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## How MDH uses gathered information

MDH uses this information to determine any exposures (close contacts) that may have occurred in a school, child care, or youth camp setting. If you do not have this information or are unable to collect it, MDH still wants you to reach out to [health.schoolcc.followup@state.mn.us](mailto:health.schoolcc.followup@state.mn.us).

### What is a close contact?

- A close contact is anyone who was within 6 feet of the person who is sick while they were considered to be infectious, for 15 minutes or more (regardless of whether either person wore a cloth face covering or face shield).
- Schools, child care, and camps must notify all identified close contacts of their exposure to a confirmed case of COVID-19 while maintaining confidentiality in accordance with state and federal law.
- The MDH follow-up team will provide an exclusion letter and a fact sheet that the school, child care, or camp will be asked to give to all close contacts. The exclusion letter and fact sheet share instructions for close contacts, including what they need to do to prevent the spread of COVID-19. MDH has also developed a notification letter that can be sent to families and staff who were not identified to be a close contact of the case; the letter provides general information about the situation and links to COVID-19 resources.

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## Consultation with MDH follow-up team

Once you have connected with the MDH follow-up team, they will evaluate next steps and provide guidance. The evaluation will take into account the information available, with a focus on those who might be considered close contacts if the person was onsite during their infectious period. MDH will consider the following to inform a recommended plan of action:

- How long was the person on site while potentially infectious?
- Whom did that person come in contact with?
- Was that person with a closed group in one classroom?
- Was that person or classroom mixing with other people or classrooms?

- Was there intermixing between groups or classrooms?

## Potential recommendations by MDH

Below is a list of examples of possible recommendations from MDH. This list does not include all possible recommendations from MDH. Recommendations depend on the extent of the exposure and what mitigation measures were in place at the time of exposure.

- Send notifications to staff and families to alert them of a lab-confirmed case of COVID-19 in the child care, school, or camp community. Templates will be provided by MDH.
- Based on the details provided during the case investigation, MDH may recommend:
  - Exclusion of close contacts, which involves requiring close contacts to stay home for 14 days.
  - Closing an entire classroom, school, child care, or camp setting for 14 days (e.g., an in-home child care where children and staff are consistently in close contact). This will depend on the extent of exposure and whether there is the possibility of ongoing transmission in the program. Any closing decisions should be made in consultation with the MDH follow-up team.
  - Take no further action.

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## Cleaning and disinfecting

Considerations for cleaning and disinfecting your program's facilities after notification of a confirmed case of COVID-19:

- Review cleaning guidance at [COVID-19 Cleaning and Disinfecting Guidance for Schools and Child Care Programs \(www.health.state.mn.us/diseases/coronavirus/schools/clean.html\)](https://www.health.state.mn.us/diseases/coronavirus/schools/clean.html).
- As long as routine cleaning and disinfecting have been done regularly, additional cleaning measures may not be necessary.
- Depending on when the person with COVID-19 was last on site, it may be difficult to know what areas they were in and what objects or surfaces they may have touched after they became sick.
- Email [health.schools.covid19@state.mn.us](mailto:health.schools.covid19@state.mn.us) if you have questions about cleaning after a child or staff member becomes ill.

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## If a parent of a child is diagnosed with COVID-19

- If the child lives with the parent, the child will be considered a close contact and needs to be excluded from school or child care, and needs to stay at home for 14 days from the date of their last exposure to their parent.
- Children do not represent an exposure risk within your setting solely because their parent tested positive, as long as the child has not had any symptoms.

- If you have been able to limit the amount of time the parent has been in your setting and there was limited interaction with others, there is a good chance no one would be considered a close contact, and therefore nothing needs to be done.
- MDH doesn't require programs to send a general notification of a positive case in this situation, but can provide a template letter if requested. Contact [health.schools.covid19@state.mn.us](mailto:health.schools.covid19@state.mn.us)

## **6 ISOLATION PROCEDURE – IF SOMEONE BECOMES SICK AT THE CHILDCARE CENTER**

Plan to have an isolation room or area (such as a cot in a corner of the classroom) that can be used to isolate a sick child.

If a sick child has been isolated in your facility, clean and disinfect surfaces in your isolation room or area after the sick child has gone home.

### **If COVID-19 is confirmed in a child or staff member:**

- Close off areas used by the person who is sick.
- Open outside doors and windows to increase air circulation in the areas.
- Wait up to 24 hours or as long as possible before you clean or disinfect to allow respiratory droplets to settle before cleaning and disinfecting.
- Clean and disinfect all areas used by the person who is sick, such as offices, bathrooms, and common areas.

If more than 7 days have passed since the person who is sick visited or used the facility, additional cleaning and disinfection is not necessary.



## **8** **MASKING AND GLOVE USE RECOMMENDATIONS**

### **8.1 Face Coverings in Child Care Settings**

To provide for an effective developmental and educational environment, and to ensure safety for workers, students, and children, child care settings must comply with the specific requirements outlined below as directed under Executive Order 20-81. Face coverings are recommended indoors, child care settings have unique needs that do not always permit universal face coverings when indoors. Child care settings also require additional flexibility surrounding the use of face shields, which increase visibility of facial expressions and lip movements, which is critical to early childhood development and learning.

The Centers for Disease Control and Prevention (CDC) and the American Academy of Pediatrics (AAP) have emphasized that other strategies, such as the practice of “cohorting,” or the practice of maintaining smaller, consistent groups or cohorts of children and related workers who avoid intermixing to the extent possible, may be a more effective risk mitigation strategy for settings with younger children than universal face coverings. Child care businesses must document their implementation of the requirements, recommendations, and exceptions in this guidance within their COVID-19 Preparedness Plan, notify families, and offer to provide them a copy. Child care businesses are also required to train staff, other caregivers, and volunteers on the plan, and post the plan in a prominent place so it is accessible to staff, caregivers, and volunteers who need to review it.

Child care settings are defined as: family and group day care homes (licensed under Minnesota Rules, chapter 9502); child care centers (licensed under Minnesota Rules, chapter 9503); certified centers (certified under Minnesota Statutes, chapter 245H); legal non-licensed child care providers (defined under Minnesota Statutes, sec on 119B, subdivision 16); certain license-exempt Head Start, public, and private school programs (defined under Minnesota Statutes, sec on 245A.03, subdivision 2 (a) (5), (13), and (26)); and other Head Start, preschool and pre-kindergarten programs, serving children 5 and under.

A child care setting may implement a face covering policy that requires more protective actions than those outlined in this guidance or Executive Order 20-81.

### **8.2 Consistent groupings and cohorts**

To reduce the risk of exposure, child care settings should maintain consistent groups or cohorts of children and related workers, and should take steps to avoid intermixing groups or cohorts of children and workers to the extent possible. For center-based child care settings regulated by the Minnesota Department of Human Services (DHS), refer to previous communication with recommendations for group size limitations for licensed child care centers and certified child care centers. [DHS: Latest information on about COVID-19 from Licensing \(https://mn.gov/dhs/partners-and-providers/licensing/licensing-covid/\)](https://mn.gov/dhs/partners-and-providers/licensing/licensing-covid/)

### **8.3 When a face covering is required for staff and providers**

- All staff working in an indoor care setting must wear a face covering in communal areas (e.g., center or building hallways, lobbies, restrooms, breakrooms, etc.) where groups may intermix. Alternatively, staff may wear a face shield (clear plastic shield that covers the forehead, extends below the chin, and wraps around the sides of the face) when wearing a face covering is problematic (for example, when young children would benefit from viewing staff facial expressions and lip movements to understand what is being said and how words are formed).
  - This requirement does not apply to family and in-home care providers—these providers should refer to the recommendations below.
- Face coverings must be worn at all times by staff who intermix between classrooms.

### **8.4 When a face covering is recommended, but not required for staff and providers**

- For staff in an indoor classroom or care setting (including family child care and in-home care settings) that are confined to one group or cohort of children. Staff and children are strongly encouraged to wear coverings or shields in these settings to the extent possible, especially when social distancing cannot be maintained, unless wearing a covering or shield would interfere with the early childhood development process.
- This recommendation does not apply to staff who float between rooms such as those helping to cover staff break times or deliver meals. In those cases, staff must be required to wear face coverings.
- For staff in any outdoor space when it is difficult or not possible to maintain social distancing.

## 8.5 Exemptions to the face covering requirement for staff

- Staff with a medical condition, mental health condition, or disability that makes it unreasonable for them to wear a face covering. This includes, but is not limited to, people who have a medical condition that compromises their ability to breathe, and people who are unconscious, incapacitated, or otherwise unable to remove a face covering without assistance. They should consider using alternatives to face coverings, including clear face shields.
- Staff who are required to wear a face covering or face shield under this guidance may remove their face covering or shield temporarily to engage in certain activities listed below that make wearing a face covering or shield difficult, provided that social distancing is maintained to the extent feasible:
- When eating or drinking.
- When communicating with a person who is deaf or hard of hearing or has a disability, medical condition, or mental health condition that makes communication with a face covering difficult.
- When participating in physical activity or when engaged in other activities (e.g., presenting, performing, or playing an instrument) that would make it difficult or impractical to wear a face covering or face shield.

## 8.6 Face coverings for children

- Children 5 years of age and under are not required to wear a face shield or face covering in a child care setting.
- Children who are under the age of 2 years, or children who are sleeping, unconscious, incapacitated, or otherwise unable to remove a face covering or face shield without assistance; or who cannot tolerate a shield or covering due to a developmental, medical, or behavioral health condition must not wear a face covering or face shield.
- Children age 2 through 5 years who can reliably wear a face covering or face shield in compliance with CDC guidance on [How to Wear Cloth Face Coverings \(https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-to-wear-cloth-face-coverings.html\)](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-to-wear-cloth-face-coverings.html) may do so. This means they can wear it without frequently touching or removing it.
- **Optional exemption:** If a child care provider cares for children who are 5 and under, but also cares for children older than 5, the business can exempt children older than 5 from face covering and face shield requirements only if the exemption is clearly communicated in writing with all enrolled families and included in the COVID-19 Preparedness Plan. This is intended to ensure that in cases where a few children attend a program after-school, a provider can determine what is most age-appropriate and supportive of the development and safety for all children in the environment. Again, the policy must be communicated clearly with all enrolled families.
- Which masking requirement do I follow if my city already has a requirement?
  - The Executive Order establishes the minimum face covering requirements for all Minnesotans. If a local government authority (such as a city or county) establishes requirements that are more protective (in that they require face coverings in more situations), those requirements must be followed.

## 8.7 Key Messages about Face Coverings

- Be careful not to touch your eyes, nose, and mouth while wearing face coverings or face shields to prevent potential contamination.
- Wash your hands thoroughly before putting on a face covering or face shield.
- Remove your face covering or face shield carefully and wash your hands thoroughly after removing.
- Wash the face covering or face shield after each use.
- Wearing a face covering or face shield does not replace the need to continue frequent hand washing, avoiding touching the face, and practicing social distancing, which are our best tools to help prevent the spread of illness.
- Continue to use your typical systems and processes for cleaning toys, keeping sick children home, washing hands, and other practices that are used every day.
- These actions help to keep the community healthy and safe.
- Face coverings and face shields do not provide adequate protection for others if a person has symptoms compatible with COVID-19. Ill persons should stay at home.



## 8.8 Resources

[Masks and face coverings](#)

[Face Covering Requirements and Recommendations under Executive Order 20-81](#)

[Frequently Asked Questions about the Requirement to Wear Face Coverings](#)

[CDC: Use of Cloth Face Coverings to Help Slow the Spread of COVID-19](#)

[How to Make Your own Face Covering \(YouTube\)](#)

[CDC: Guidance for Child Care Programs that Remain Open](#)

[American Academy of Pediatrics: COVID-19 Planning Considerations: Guidance for School Re-entry](#)

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## 8.9 Mask and Glove Use and Care from Invest Early Nurse

### 8.10 Video

Please watch the video on mask donning and doffing found on the Google Drive in the COVID-19 folder.

### 8.11 Placing Mask and Gloves

- To put a mask on you will need to wash your hands and then place your clean mask on either tying the straps behind your head or fitting the elastic band behind your ears.
- Once you have your mask on avoid contaminating yourself by keeping your hands away from your face and not touching or adjusting the mask.
- Gloves are used to protect your hands from soiled or contaminated materials such as snotty tissues or other duties that require your hands to come into contact with respiratory droplets (like meal time dishes or picking up mouthed toys).
- To remove masks or gloves safely, you must first be able to identify what sites are considered “clean” and what are “contaminated”.
- In general, the outside of the mask is considered “contaminated”, regardless of whether there is visible soil. Also, the outside of the gloves are contaminated. The areas that are considered “clean” are the parts that will be touched when removing masks or gloves. These include inside of the gloves and the ties, elastic, or ear pieces of the mask.
- If you are wearing gloves and a mask, remove your gloves first. Then using ungloved hands, grasp the “clean” ear or head piece and lift away from face.
- To remove gloves: Using one gloved hand, grasp the outside of the opposite glove near the wrist. Pull and peel the glove away from the hand. The glove should now be turned inside-out, with the contaminated side now on the inside. Hold the removed glove in the opposite gloved hand. Slide one or two fingers of the ungloved hand under the wrist of the remaining glove. Peel glove off from the inside, creating a bag for both gloves. Discard in waste container.
- If you need to remove your mask during the day, wash your hands and then place a clean paper towel on a hard surface where you will place your mask contaminated side down while it is off your face. Now, remove the mask by untying the straps or removing the elastic straps from your ears. Do this in a manner that would not cause anything from the front of the mask (the now contaminated surface) to touch your face or hands. Place you mask contaminated side down (the portion of the mask that was facing out is

considered the contaminated side) onto the paper towel. The towel should be out of the way of children or other staff and not where food is placed. When it is time to put your mask back on do so carefully without touching the contaminated side to your hands or face. Throw away the towel and disinfect the surface where you had the towel.

- At the end of the day, or if your mask becomes saturated with moisture, your mask needs to be washed. Hot soapy water will be effective so either laundering it or washing it and hanging it to dry in your classroom is acceptable. Please try to have a mask that is “yours”. You may put your initials on it with permanent marker or find another way to know that it is expressly yours. It is recommended that each person have a second back up mask.
- Remember: Hand hygiene is the cornerstone of preventing infection transmission. You should perform hand hygiene immediately after removing gloves or masks. If your hands become visibly contaminated during glove or mask removal, wash hands before continuing to removing anything else. Wash your hands thoroughly with soap and warm water or, if hands are not visibly contaminated and you do not have the ability to wash with soap and water, use an alcohol-based hand rub.

## **9 HEALTHY HAND HYGIENE BEHAVIOR**

- All children, staff, and volunteers should engage in hand hygiene at the following times:
  - Arrival to the facility and after breaks
  - Before and after preparing food or drinks
  - Before and after eating or handling food, or feeding children
  - Before and after administering medication or medical ointment
  - Before and after diapering
  - After using the toilet or helping a child use the bathroom
  - After coming in contact with bodily fluid
  - After handling animals or cleaning up animal waste
  - After playing outdoors or in sand
  - After handling garbage
- Wash hands with soap and water for at least 20 seconds. If hands are not visibly dirty, alcohol-based hand sanitizers with at least 60% alcohol can be used if soap and water are not readily available.
- Assist children with handwashing, including infants who cannot wash hands alone.
  - After assisting children with handwashing, staff should also wash their hands.

## **10 CARING FOR INFANTS AND TODDLERS**

Washing, Feeding, or Holding a Child

It is important to comfort crying, sad, and/or anxious infants and toddlers, and they often need to be held. To the extent possible, when washing, feeding, or holding very young children: Child care providers can protect themselves by wearing an over-large button-down, long sleeved shirt and by wearing long hair up off the collar in a ponytail or other up-do.

- Child care providers should wash their hands, neck, and anywhere touched by a child's secretions.
- Child care providers should change the child's clothes if secretions are on the child's clothes. They should change the button-down shirt, if there are secretions on it, and wash their hands again.
- Contaminated clothes should be placed in a plastic bag or washed in a washing machine.
- Infants, toddlers, and their providers should have multiple changes of clothes on hand in the child care center or home-based child care.

Child care providers should wash their hands before and after handling infant bottles prepared at home or prepared in the facility. Bottles, bottle caps, nipples, and other equipment used for bottle-feeding should be thoroughly cleaned after each use by washing in a dishwasher or by washing with a bottlebrush, soap, and water.

## **11 FOOD SERVICE WORKER SAFETY INFORMATION FROM MDH**

### **11.1 How COVID-19 spreads**

The virus that causes COVID-19 is mainly spread by respiratory droplets when someone infected with COVID-19 coughs or sneezes. The droplets containing the virus are expelled and can be breathed in by someone nearby.

It is also possible for the virus to be spread if you touch a surface contaminated with respiratory droplets containing the virus and then touch your eyes, nose, or mouth. The virus cannot enter the body through the skin. Washing your hands for at least 20 seconds and cleaning frequently touched surfaces are good ways to prevent the spread of COVID-19.

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### **11.2 Screen yourself before reporting to work**

Are you feeling sick? If your answer is YES, stay home and notify your supervisor. If you feel sick, you should stay home until symptoms resolve.

Have you experienced symptoms consistent with COVID-19 (new onset cough OR shortness of breath by themselves OR at least two of the following symptoms: fever (100.4°F or higher) chills; muscle pain; sore throat; loss of sense of smell or taste and gastrointestinal symptoms of diarrhea, vomiting, or nausea since your last day at work?

- If you can say YES to any of the above, then you should stay home. Do not report to work until:
  - Stay home at least 10 days since symptoms first appeared AND
  - Until no fever for at least 24 hours without medication AND
  - Improvement of other symptoms

**Have you had close contact with someone who was diagnosed or suspected to have COVID-19 within the last 14 days?**

**Close contact is defined as:** Having been within 6 feet of a person who has COVID-19 or might have COVID-19 for longer than 15 minutes. Close contact can occur while caring for, living with, or having a longer than 15 minute visit with someone who has COVID-19.

If your answer is **YES**, you will need to stay home for 14 days before returning to work.

If you are not sure about your symptoms, talk with your manager, health care provider before deciding to go to work or returning to work. Schools are required to follow the [Decision Tree for People with COVID-19 Symptoms in Youth, Student, and Child Care Programs \(PDF\)](http://www.health.state.mn.us/diseases/coronavirus/schools/exguide.pdf) ([www.health.state.mn.us/diseases/coronavirus/schools/exguide.pdf](http://www.health.state.mn.us/diseases/coronavirus/schools/exguide.pdf)).

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### **11.3 Monitor your health while at work**

If you do not feel well for any reason during your workday and begin having new onset of symptoms: fever (100.4°F or higher) chills; muscle pain; sore throat; loss of sense of smell or taste and gastrointestinal symptoms of diarrhea, vomiting, or nausea you should talk with your manager, then go directly home.

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### **11.4 Wash your hands often while at work**

Wash your hands only in sinks designated for hand washing. Do not wash your hands in sinks used for utensils, food preparation or other services. Keep the designated handwashing area clear of any soiled kitchen utensils. Wash your hands for at least 20 seconds.

- Wet your hands with warm running water.
- Apply soap.
- Rub your hands for 10 to 15 seconds.
- Rinse your hands.
- Dry your hands.
- Keep your hands clean.
- Gloves, wet-wipes, or hand sanitizers are not substitutes for proper hand washing.

### **11.5 When to wash your hands**

- Before starting to work with food, utensils, or equipment.
- Before putting on gloves.
- When switching between raw foods and ready-to-eat foods.
- After handling soiled utensils and equipment.
- After coughing, sneezing, using a tissue, or using tobacco products.
- After eating and drinking.
- After touching skin, face, hair.
- After handling animals.
- After using the bathroom.
- As often as needed during food preparation and when changing tasks.

## Resource

- [Handwashing for Employees \(PDF\)](http://www.health.state.mn.us/communities/environment/food/docs/fs/handwashfs.pdf)  
([www.health.state.mn.us/communities/environment/food/docs/fs/handwashfs.pdf](http://www.health.state.mn.us/communities/environment/food/docs/fs/handwashfs.pdf))

## When should I wear gloves during food preparation?

The U.S. Food and Drug Administration (FDA) Food Code recommendations for hand washing and glove use in food service and retail food stores have not changed as a result of the COVID-19 pandemic (Food Code 2017 Section 2-301.11). “With limited exceptions, employees may not contact exposed, ready-to eat foods with their bare hands and shall use suitable utensils such as deli tissue, spatulas, tongs, single use gloves, or dispensing equipment” (Food Code 2017 Section 3-301.11). Gloves are not a substitute for hand washing or hand hygiene.

If your task requires direct contact with ready-to-eat food, wash your hands and the exposed portions of your arms for 20 seconds before putting on gloves and before touching food or food-contact surfaces. Wash your hands immediately after removing gloves.

## Resources

- [FDA Retail Food Protection: Employee Health and Personal Hygiene Handbook](http://www.fda.gov/food/retail-food-industryregulatory-assistance-training/retail-food-protectionemployee-health-and-personal-hygiene-handbook)  
([www.fda.gov/food/retail-food-industryregulatory-assistance-training/retail-food-protectionemployee-health-and-personal-hygiene-handbook](http://www.fda.gov/food/retail-food-industryregulatory-assistance-training/retail-food-protectionemployee-health-and-personal-hygiene-handbook))
- [Preventing Contamination from Hands \(PDF\)](http://www.health.state.mn.us/communities/environment/food/docs/fs/nohandcontfs.pdf)  
([www.health.state.mn.us/communities/environment/food/docs/fs/nohandcontfs.pdf](http://www.health.state.mn.us/communities/environment/food/docs/fs/nohandcontfs.pdf))

## When should I wear a face covering during food prep or during food distribution?

As of July 25, 2020, people in Minnesota are required to wear a face covering in all public indoor spaces and indoor businesses, per Executive Order 20-81. This requirement includes food service workers when at work in an indoor setting, including but not limited to when they are involved in food preparation or distribution.

- The Executive Order provides exemptions for people with medical conditions, mental health conditions, or disabilities that makes them unable to tolerate wearing a face covering.
- If a food service worker is unable to wear a face covering for one of the reasons listed above, or because of work conditions that would make wearing a face covering difficult or unsafe (e.g., due to high temperatures), workers may use face covering alternatives, such as a face shield.

The Executive Order also includes a number of additional face covering recommendations and provides several situations where face coverings may be removed temporarily, provided that social distancing is maintained. For more detailed guidance about the requirements of Executive Order 20-81, visit:

- [Executive Orders from Governor Walz \(mn.gov/governor/news/executiveorders.jsp\)](http://mn.gov/governor/news/executiveorders.jsp)
- [Masks and face coverings \(www.health.state.mn.us/diseases/coronavirus/prevention.html#masks\)](http://www.health.state.mn.us/diseases/coronavirus/prevention.html#masks)
- [Face Covering Requirements and Recommendations under Executive Order 20-81 \(www.health.state.mn.us/diseases/coronavirus/facecover.html\)](http://www.health.state.mn.us/diseases/coronavirus/facecover.html)
- [Frequently Asked Questions About the Requirement to Wear Face Coverings \(www.health.state.mn.us/diseases/coronavirus/facecoverfaq.html\)](http://www.health.state.mn.us/diseases/coronavirus/facecoverfaq.html)

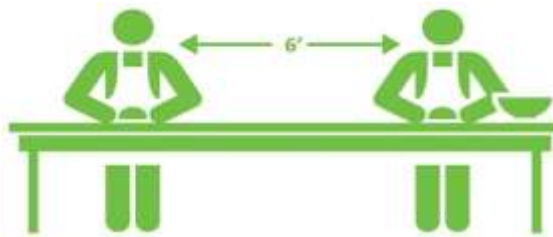
Wearing a face covering is not a substitute for frequent hand washing, avoiding touching the face, and practicing social distancing, which are our best tools to help prevent the spread of illness.

## Resources

- [Use of Cloth Face Coverings to Help Slow the Spread of COVID-19 \(www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html\)](http://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html)
- [Video: How to Sew a Simple Fabric Face Mask \(YouTube\) \(www.youtube.com/watch?v=sOJ\\_sm137fQ\)](https://www.youtube.com/watch?v=sOJ_sm137fQ)

## How should workers maintain social distancing in a food prep area?

To prevent COVID-19 transmission, practice social distancing, which means maintaining approximately **6 feet of separation** between people as much as possible.



- Food workers should evaluate their current space for food preparation and allow for at least 6 feet of separation between themselves while performing required tasks.
- If space permits, food workers should be assigned a repetitive task that will prevent them from having to move to another part of the kitchen/food prep area for additional kitchen supplies or other needs. MDH understands that this might not always be practical due to the size and logistics of the current kitchen workspace.

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### 11.6 Resources for cleaning and disinfecting your facility

In addition to proper handwashing, routinely clean and disinfect work surfaces.

- [Cleaning and Disinfecting Your Facility \(www.cdc.gov/coronavirus/2019ncov/community/disinfecting-building-facility.html\)](http://www.cdc.gov/coronavirus/2019ncov/community/disinfecting-building-facility.html)
- [EPA List N: Disinfectants for Use Against SARS-CoV-2 \(www.epa.gov/pesticide-registration/list-ndisinfecants-use-against-sars-cov-2\)](http://www.epa.gov/pesticide-registration/list-ndisinfecants-use-against-sars-cov-2)



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Contact [health.communications@state.mn.us](mailto:health.communications@state.mn.us) to request an alternate format.

07/22/2020

### 11.7 Meals & Snacks

- Wear mask while preparing all food.

- If a cafeteria or group dining room is typically used, serve meals in classrooms instead. If meals are typically served family-style, plate each child's meal to serve it so that multiple children are not using the same serving utensils.
- Food preparation should not be done by the same staff who diaper children.
- Sinks used for food preparation should not be used for any other purposes.
- Caregivers should ensure children wash hands prior to and immediately after eating.
- Caregivers should wash their hands before preparing food and after helping children to eat.

## **12 CLEANING & DISINFECTING YOUR FACILITY FROM CDC**

Everyday Steps, Steps When Someone is Sick, and Considerations for Employers

### 12.1 How to clean and disinfect

#### **Clean**

- **Wear disposable gloves** to clean and disinfect.
- **Clean surfaces using soap and water, then use disinfectant.**
- Cleaning with soap and water **reduces number of germs, dirt and impurities** on the surface. **Disinfecting kills germs** on surfaces.
- **Practice routine cleaning** of frequently touched surfaces.
  - More frequent cleaning and disinfection may be required based on level of use.
  - Surfaces and objects in public places, such as shopping carts and point of sale keypads should be cleaned and disinfected before each use.
- **High touch surfaces include:**
  - Tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, sinks, etc.

#### **Disinfect**

- **Recommend use of [EPA-registered household disinfectant external icon](#).**  
**Follow the instructions on the label** to ensure safe and effective use of the product.  
 Many products recommend:
  - Keeping surface wet for a period of time (see product label).
  - Precautions such as wearing gloves and making sure you have good ventilation during use of the product.
- **Diluted household bleach solutions may also be used** if appropriate for the surface.
  - Check the label to see if your bleach is intended for disinfection, and ensure the product is not past its expiration date. Some bleaches, such as those designed for safe use on colored clothing or for whitening may not be suitable for disinfection.
  - Unexpired household bleach will be effective against coronaviruses when properly diluted.  
**Follow manufacturer's instructions** for application and proper ventilation.  
 Never mix household bleach with ammonia or any other cleanser.  
**Leave solution** on the surface for **at least 1 minute**.

**To make a bleach solution, mix:**

- - 5 tablespoons (1/3<sup>rd</sup> cup) bleach per gallon of water  
OR
  - 4 teaspoons bleach per quart of water
- Bleach solutions will be effective for disinfection up to 24 hours.
- **Alcohol solutions with at least 70% alcohol may also be used.**

### **Soft Surfaces**

For soft surfaces such as carpeted floor, rugs, and drapes

- **Clean the surface using soap and water** or with cleaners appropriate for use on these surfaces.
- **Launder items** (if possible) according to the manufacturer's instructions. Use the warmest appropriate water setting and dry items completely.  
OR
- **Disinfect with an EPA-registered household disinfectant.** [These disinfectants external icon](#) meet EPA's criteria for use against COVID-19.
- **Vacuum as usual.**

### **Electronics**

For electronics, such as tablets, touch screens, keyboards, remote controls, and ATM machines

- Consider putting a **wipeable cover** on electronics.
- **Follow manufacturer's instruction** for cleaning and disinfecting.
  - If no guidance, **use alcohol-based wipes or sprays containing at least 70% alcohol.** Dry surface thoroughly.

### **Laundry**

For clothing, towels, linens and other items

- Launder items according to the manufacturer's instructions. Use the warmest appropriate water setting and dry items completely.
- **Wear disposable gloves** when handling dirty laundry from a person who is sick.
- Dirty laundry from a person who is sick can be washed with other people's items.
- **Do not shake** dirty laundry.
- Clean and **disinfect clothes hampers** according to guidance above for surfaces.
- Remove gloves, and wash hands right away.

### **Clean and Disinfect Bedding**

Use bedding (sheets, pillows, blankets, sleeping bags) that can be washed. Keep each child's bedding separate, and consider storing in individually labeled bins, cubbies, or bags. Cots and mats should be labeled for each child. Bedding that touches a child's skin should be cleaned weekly or before use by another child.

### **Cleaning and Disinfecting Your Building or Facility if Someone is Sick**

- **Close off areas** used by the person who is sick.
  - Companies do not necessarily need to close operations, if they can close off affected areas.
- **Open outside doors and windows** to increase air circulation in the area.
- **Wait 24 hours** before you clean or disinfect. If 24 hours is not feasible, wait as long as possible.



- Clean and disinfect **all areas used by the person who is sick**, such as offices, bathrooms, common areas, shared electronic equipment like tablets, touch screens, keyboards, remote controls, and ATM machines.
- Vacuum the space if needed. Use vacuum equipped with high-efficiency particular air (HEPA) filter, if available.
  - Do not vacuum a room or space that has people in it. Wait until the room or space is empty to vacuum, such as at night, for common spaces, or during the day for private rooms.
  - Consider temporarily turning off room fans and the central HVAC system that services the room or space, so that particles that escape from vacuuming will not circulate throughout the facility.
- Once area has been **appropriately disinfected**, it **can be opened for use**.
  - **Workers without close contact** with the person who is sick can return to work immediately after disinfection.
- If **more than 7 days** since the person who is sick visited or used the facility, additional cleaning and disinfection is not necessary.
  - Continue routine cleaning and disinfection. This includes everyday practices that businesses and communities normally use to maintain a healthy environment.

### Cleaning and Disinfecting Outdoor Areas

- Outdoor areas, like **playgrounds in schools and parks** generally require **normal routine cleaning**, but **do not require disinfection**.
  - Do not spray disinfectant on outdoor playgrounds- it is not an efficient use of supplies and is not proven to reduce risk of COVID-19 to the public.
  - High touch surfaces made of plastic or metal, such as grab bars and railings should be cleaned routinely.
  - Cleaning and disinfection of wooden surfaces (play structures, benches, tables) or groundcovers (mulch, sand) is not recommended.
- **Sidewalks and roads should not be disinfected**.
  - Spread of COVID-19 from these surfaces is very low and disinfection is not effective.

### When Cleaning

- **Regular cleaning staff** can clean and disinfect community spaces.
  - Ensure they are trained on appropriate use of cleaning and disinfection chemicals.
- **Wear disposable gloves and gowns for all tasks in the cleaning process, including handling trash**.
  - Additional personal protective equipment (PPE) might be required based on the cleaning/disinfectant products being used and whether there is a risk of splash.
  - Gloves and gowns should be removed carefully to avoid contamination of the wearer and the surrounding area.
- **Wash your hands often** with soap and water for 20 seconds.
  - Always wash immediately after removing gloves and after contact with a person who is sick.
  - Hand sanitizer: If soap and water are not available and hands are not visibly dirty, an alcohol-based hand sanitizer that contains at least 60% alcohol may be used. However, if hands are visibly dirty, always wash hands with soap and water.
- **Additional key times to wash hands** include:

- After blowing one's nose, coughing, or sneezing.
- After using the restroom.
- Before eating or preparing food.
- After contact with animals or pets.
- Before and after providing routine care for another person who needs assistance (e.g., a child).

## 13 PLAYGROUND GUIDANCE FOR SCHOOLS AND CHILD CARE PROGRAMS

MINNESOTA DEPARTMENT OF HEALTH

STAY SAFE MN

### Playground Guidance for Schools and Child Care Programs

Children of all ages need to move their bodies and stay physically active. Getting outside for fresh air and movement is important to support physical and mental health on a daily basis. This guidance was developed to help schools and child care programs (public, private, and family settings) implement infection prevention measures to protect children and staff health during recess, physical activity, and playground use during community transmission of COVID-19.

#### Promote health

- Help children reach at least 60 minutes of physical activity a day.
- Wash hands before and after outdoor playground time.
- Provide education about and demonstration of proper handwashing.
- Talk with children about how to stay healthy – avoid touching their eyes, nose, and mouth and covering their cough.
- Provide age appropriate activities/games for children to learn about taking care of their bodies and helping their peers stay healthy, too!

#### Playgrounds

Like other outdoor activities, going to a public playground is allowed under the Stay Safe Order. Families and guardians should be careful to ensure children wash hands after touching play structures and maintain 6 feet of space from other children as much as possible. Although the Governor's order does not close playgrounds, it is up to local authorities to determine whether they choose to close public playgrounds in their cities and communities.

School playgrounds are located on Independent School District property. School and child care playgrounds are owned by those facilities, not by city municipalities. Family child care providers may have their own play structures on their property. Districts and all child care settings are encouraged to continue to use playground facilities for children in their care and utilize strategies to limit possible exposures. Decisions about their open and/or closure status is up to the discretion of the individual district or child care provider.

#### Considerations for playground use

Schools and child care programs will need to assess whether or not the play structure (configuration) can support groups of children along with additional processes for proper handwashing (before/after) and cleaning of high-touch structure areas.

- Offer outdoor play in staggered shifts. If multiple groups are outside at the same time, they should have a minimum of 6 feet of open space between outdoor play areas or visit these areas in shifts so that they are not congregating. Always wash hands immediately after outdoor playtime.
- Keep groups together – maintain the same groups from day to day. This will help reduce potential exposures and may prevent an entire program from shutting down if exposure occurs.

Source: Washington State Department of Health

## Cleaning playground and equipment

Guidance from the U.S. Centers for Disease Control and Prevention (CDC) indicates that outdoor areas like playgrounds in schools and parks generally require normal routine cleaning, but do not require disinfection. Focus cleaning efforts on plastic or metal high-touch surfaces where hands frequently make direct contact like grab bars and railings between groups of children. It is not practical to disinfect entire large playground structures, and is not proven to reduce risk of COVID19 to the public. Cleaning and disinfection of wooden surfaces (play structures, benches, tables) or groundcovers (mulch, sand) is not recommended.

Establish daily routines for cleaning playground equipment such as rubber balls, jump ropes, etc. Set up a system and educate children about how to care for equipment when they start and end play. Label containers for clean, unused playground equipment and for equipment that needs to be cleaned. Consider color code or label with simple symbols so children of all ages can help with this daily activity.

### Resources

- [CDC: Cleaning and Disinfecting Your Facility](https://www.cdc.gov/coronavirus/2019ncov/community/disinfecting-building-facility.html)  
(<https://www.cdc.gov/coronavirus/2019ncov/community/disinfecting-building-facility.html>)
- [CDC: Guidance for Child Care Programs that Remain Open – Supplemental Guidance](https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-forchildcare.html)  
(<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-forchildcare.html>)

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## Active recess

Engaging children in active recess is another way to create opportunities for physical activity and time outdoors that is not dependent on shared equipment.

### Teach and facilitate games that limit physical contact

- Introduce games such as relays, red light/green light, obstacle courses based on activities rather than equipment, etc.
- Start walking and running clubs or dance competitions.
- Organize track and field type of events (e.g., long jump).
- Playground rotating circuit challenges – individual activity stations.
- Be creative! Seek additional input from physical education teachers for more ideas.

### Additional resources

- [SHAPE America: Strategies for Recess in Schools](https://www.shapeamerica.org/standards/guidelines/strategies_for_recess_in_schools.aspx)  
([https://www.shapeamerica.org/standards/guidelines/strategies\\_for\\_recess\\_in\\_schools.aspx](https://www.shapeamerica.org/standards/guidelines/strategies_for_recess_in_schools.aspx))
- [Minnesota Department of Education: Active Schools](https://education.mn.gov/MDE/dse/health/act/MDE059014)  
(<https://education.mn.gov/MDE/dse/health/act/MDE059014>)
- Explore the Games Library and find other resources for active recess. [Playworks: Resources](https://www.playworks.org/resources/)  
(<https://www.playworks.org/resources/>)
- This tool could map specific play zones to maintain social distancing. [Recess Lab: Map Your Playground](https://www.recesslab.org/resources/map-your-playground/)  
(<https://www.recesslab.org/resources/map-your-playground/>)



Minnesota Department of Health | [health.mn.gov](http://health.mn.gov) | 651-201-5000  
625 Robert Street North PO Box 64975, St. Paul, MN 55164-0975  
Contact [health.communications@state.mn.us](mailto:health.communications@state.mn.us) to request an alternate format.

05/28/2020

## 14 [DISINFECTING CHECKLISTS](#)

A Copy of this form is located on the Google Drive in the COVID-19 Folder.

## Early Childhood Programs

KOOTASCA Head Start 201 NW 4 <sup>th</sup> St; Suite 130 Grand Rapids, MN 55744 218.999.0814 Fax 999-0842 2232 E 2 <sup>nd</sup> Ave International Falls, MN 56649 218.283.9491 Fax 283-9855 <a href="http://www.kootasca.org">www.kootasca.org</a>	Invest Early Project 820 NE 1 <sup>st</sup> Ave Grand Rapids, MN 55744 218.327.5850 Fax 327-5851 <a href="mailto:investearly@isd6070.org">investearly@isd6070.org</a> <a href="http://www.investearly.org">www.investearly.org</a>	School Readiness ISD 316 Greenway Schools 218.247.7306 ISD 317 Deer River Schools 218.246.8860 ISD 318 Grand Rapids Schools 218.327.5850 ISD 319 Nashauk-Keewatin School 218.885.1280 ISD 363 Northome 218.897.5275
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Revised 5/11/20

### Common Areas Disinfecting Checklist

Disinfecting of these items should be done mid-day & initialed once completed

Area/Items Disinfected	Week of					Week of					Week of					Week of				
	M	T	W	R	F	M	T	W	R	F	M	T	W	R	F	M	T	W	R	F
Door Handles – exterior, bathrooms, kitchen, hallway, gym, cabinets																				
Light Switches																				
Bathroom Sink & Faucet																				
Bathroom Toilet Handle																				
Gym Toys																				
<b>Teacher Offices</b>																				
Tables & Chairs																				
Refrigerator/Freezer																				
Shared File Cabinets																				
Refrigerator/Freezer																				
<b>List below requires disinfecting after each use</b>																				
<i>Washer &amp; Dryer</i>																				
<i>Shared computers &amp; accessories</i>																				
<i>Coffee Makers</i>																				
<i>Time Clock Ipad</i>																				
<i>Printers</i>																				
<i>Microwave</i>																				
<i>Outside Playground Equipment – Spray with bleach water on hand-touched areas, no wiping required</i>																				

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 ISD 363 Northome 218.897.5275

Revised 5/11/20

## Classroom Disinfecting Checklist

Disinfecting of these items should be done mid-day & initialed once completed

Area/Items Disinfected	Week of					Week of					Week of					Week of				
	M	T	W	R	F	M	T	W	R	F	M	T	W	R	F	M	T	W	R	F
Door Handles - main, bathroom, connecting rooms, cabinets, cupboards, drawers, file cabinets																				
Light Switches																				
All Faucets & Sinks																				
Bathroom Toilet Handle																				
Countertops																				
Tables																				
Chairs																				
Keys																				
Pens & Pencils																				
Toys																				
Refrigerators																				
Door Latches/Locks																				
Cribs																				
Gates																				
Phones - disinfect after each use																				
Outside of containers (including disinfecting container)																				
Binders - Red Crisis, Attendance, etc.																				
Backpack																				
Microwave																				

## 15 SUNSCREEN APPLICATION PROCEDURE

**Sunscreen should be applied 30 minutes PRIOR to going outside.**

- This allows for the sunscreen to activate properly to protect the child's skin.

**Sunscreen should be reapplied after 2 hours of last application.**

- Wear a face mask.
- Perform hand hygiene.
  - Wash your hands with soap and water for 20 seconds. If soap and water are not available, use a hand sanitizer with at least 60% alcohol.
- Put on disposable gloves.
- Shake the bottle well before you squeeze any sunscreen out.
  - This mixes up all the particles and distributes them evenly in the container.
- Apply sunscreen to child's "exposed" skin. If using spray sunscreen; spray into gloved hands, then apply to child's skin.
  - Common places missed include behind knees, ears & neck.
  - Sunscreen should be fully rubbed in until you cannot see the product.
- Take off gloves, using the proper ungloving procedure.

**Perform hand hygiene before re-gloving to apply sunscreen to another child.**

## 16 SYMPTOM CHECKER FOR COVID-19

### Is it COVID-19?

- Covid-19 symptoms can include fever, cough, and shortness of breath. This may be similar to other illnesses, like the flu and common cold. Many people with COVID-19 have mild or few symptoms, and some may have no symptoms at all.
- If you are able to manage your symptoms at home, you don't need to seek care or get a COVID-19 test. Contact your medical provider for any symptoms that are severe. For medical emergencies, such as difficulty breathing, call 911.

<b>SYMPTOMS</b>	<b>COVID-19</b>	<b>FLU</b>	<b>COLD</b>	<b>ALLERGIES</b>
<b>Cough</b>	Often	Often	Sometimes	Sometimes
<b>Fever</b>	Often	Often	Rarely	Never
<b>Body Aches</b>	Often	Often	Rarely	Never
<b>Shortness of Breath</b>	Sometimes	Sometimes	Rarely	Rarely
<b>Headache</b>	Sometimes	Often	Sometimes	Sometimes
<b>Fatigue</b>	Sometimes	Often	Sometimes	Sometimes
<b>Sore Throat</b>	Sometimes	Sometimes	Sometimes	Never
<b>Loss of Taste or Smell</b>	Sometimes	Rarely	Rarely	Rarely
<b>Diarrhea</b>	Sometimes	Rarely	Never	Never
<b>Chest Pain or Pressure</b>	Rarely	Rarely	Never	Never
<b>Runny Nose</b>	Rarely	Sometimes	Often	Often
<b>Sneezing</b>	Rarely	Sometimes	Often	Often
<b>Watery Eyes</b>	Never	Never	Never	Often

**17**    **SITE SPECIFIC ADDITIONS**

Door used for arrival/departure:

Use of restrooms shared with school or other facility:

Playground schedule:

Kitchen schedule:

Other: