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PIN 20-06-CCP

**Superseded by PIN 20-15-CCP**

TO: ALL CHILD CARE FACILITY LICENSEES AND PROVIDERS

FROM: ***Original signed by Pamela Dickfoss***  
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SUBJECT: **SOCIAL AND PHYSICAL DISTANCING GUIDANCE AND HEALTHY PRACTICES FOR CHILD CARE FACILITIES IN RESPONSE TO THE GLOBAL CORONAVIRUS (COVID-19) PANDEMIC WRITTEN IN COLLABORATION WITH THE CALIFORNIA DEPARTMENT OF EDUCATION**

**Provider Information Notice (PIN) Summary**

PIN #20-06-CCP provides joint guidance and practices regarding social and physical distancing for providers to prevent exposure to COVID-19 while providing care for children.

The California Department of Social Services (CDSS) worked in collaboration with the California Department of Education (CDE) to develop this PIN regarding social and physical distancing for child care providers. We are committed to supporting our child care providers who continue to provide quality care for the children of families working on the frontlines against the coronavirus (COVID-19) pandemic. Essential workers include health care workers, emergency personnel, and first responders battling against this health crisis and those providing the vital services that we depend on daily, such as utilities. They also include employees from a wide range of businesses, such as grocery stores, gas stations, and hardware stores.

Child care providers deliver care and supervision for our essential workforce and play a key role in helping to stop the spread of COVID-19 within our communities. This PIN provides guidance informed by public health guidance regarding social and physical distancing and healthy practices to prevent exposure to the virus. This guidance should be followed until June 30, 2020, or an earlier date upon written notice from the Department, after which time previous licensing rules and guidance shall apply. Child care providers must comply with more rigorous requirements if ordered by federal, state

or local authorities. Additionally, licensed child care providers looking for guidance on how to prioritize enrollment for children of essential critical infrastructure workers can reference future guidance jointly developed by the CDSS and the CDE, which will be posted on the CDE Early Learning and Care Division COVID-19 resources website at: <https://www.cde.ca.gov/sp/cd/re/elcdccovid19.asp>.

### **Social and Physical Distancing**

Social and physical distancing is a practice recommended by public health officials to slow down the spread of disease. It requires the intentional creation of physical space between individuals who may spread contagious and infectious diseases. It additionally requires canceling or postponing the number of gatherings and group activities, reducing all group sizes, and maintaining six feet of distance between every individual, as much as possible.

Specific to child care it is important to adhere to the following distancing guidelines:

- Children should remain in groups as small as possible not to exceed ratio and capacity requirements in the charts below. *It is important to keep the same children and teacher or staff with each group and include children from the same family in the same group, to the greatest extent possible.*
- Extend the indoor environment to outdoors, and bring the class outside, weather permitting.
- Open windows to ventilate facilities before and after children arrive.
- Arrange developmentally appropriate activities for smaller group activities and rearrange furniture and play spaces to maintain 6-foot separation, when possible.
- Find creative ways to use yarn, masking tape, or other materials for children to create their own space.

### **Teacher to Child Ratio & Group Size Guidance**

#### **Child Care Centers**

All child care centers should adhere to the following teacher: child ratios and group size outlined below for prevention, containment, and mitigation measures.

Follow the group sizes in the chart below, unless more restrictive group sizes are required by federal, state or local authorities. Note that the group sizes below do not include the teacher. When mixed ages are present and include an infant under 18 months, adherence to the 1:6 ratio must be followed to allow for responsive caregiving. If all children being cared for are infants, adherence to the 1:4 ratio must be followed within a group size, with no group no larger than 10.

Age	Staff: Child Ratio	Group Size
0-18 months (infant)	1:4	10
18-36 months (toddler)	1:6	10
3 years - kindergarten entry (preschool) & kindergarten entry + (school age)	1:10	10
0 to school age (mixed age groups)	1:6	10

**Family Child Care Homes (FCCH)**

Small and large family child care homes may serve a total capacity of no more than 14, and group size may not exceed 10 children, unless more restrictive group sizes are required by state, federal or local authorities. (Over ten children will require an additional staff or assistant to maintain group sizes of ten or fewer children.)

In other words, if there are more than 10 children in care, then the children need to be divided into two small groups and kept separate from the other group of children each day, to the greatest extent possible. *It is important to keep the same children and teacher or staff with each group and include children from the same family within the same group, whenever possible.*

**The following are required ratios for infants in a FCCH:**

Infants 0-18 months	Provider: Infant Ratio	Group Size
Infants only	1:4 Infant	4
No more than two infants when 6 children are present	1:6 (2 Infant +4 children)	6

**Exclude from your facility any child, parent, caregiver, or staff showing symptoms of COVID-19.**

- Child Care Providers must implement screening procedures for all staff, residing family members in a FCCH, and children. This includes asking all individuals about any [symptoms](#) (primarily fever, cough, difficulty breathing or other signs of illness within the last 24 hours) – that they, or someone in their homes, might have. Providers should also ask individuals if they have had any exposure to another individual with suspected or confirmed COVID-19 cases. As a daily best practice, it is recommended to document and track all known incidents of possible exposure to COVID-19.

Child care facilities should:

- Follow procedures daily for self-screening for all staff, residing family members in a FCCH, and children. This should include taking temperatures before arriving to work or beginning care.
- Train staff about the new screening procedures and notify caregivers. Ask caregivers to screen themselves and children daily, prior to coming to your facility. Caregiver must also notify you if children have taken any fever reducing medications in the prior 24 hours.
- If anyone has a temperature of 100.4°F/38°C or higher they must be excluded from the facility.
- It is recommended as a best practice to take children's temperature each morning **only if the facility uses a no-touch thermometer. The no touch thermometer needs to be wiped with an alcohol wipe after each use.**
- If the facility uses a thermometer requiring a touch-method (under the tongue or arm, forehead, etc.), it should only be used when a fever is suspected.
- Thermometers must be properly cleaned and disinfected after each use. (Information regarding best practices for thermometers can be found within the CDC document at [this link.](#))
- Monitor staff and children throughout the day for any signs of possible illness.
- If staff or a child exhibit signs of illness, follow the facility procedures for isolation from the general room population and notify the caregiver immediately to pick up the child.
- Implement and enforce strict handwashing guidelines for all staff and children.
- Post signs in restrooms and near sinks that convey proper handwashing techniques.

Review and share with staff and caregivers important guidance related to prevention and social and physical distancing:

[OSHA Safety and Health Guidance](#)

[Practice Social & Physical Distancing](#)

### **How to Talk to Young Children about Social Distancing**

- Implement strategies to model and reinforce social and physical distancing and movement.
  - Use carpet squares, mats, or other visuals for spacing.
  - Model social distancing when interacting with children, families, and staff.
  - Role-play what social distancing looks like by demonstrating the recommended distance.
  - Give frequent verbal reminders to children.
  - Create and develop a scripted story around social distancing, as well as handwashing, proper etiquette for sneezes, coughs, etc.

- Send home a tip sheet for parents and caregivers to also learn about social distancing.

### **Practice Healthy Hygiene**

- Teach, model, and reinforce healthy habits and social skills.
  - Explain to children why it's not healthy to share drinks or food, particularly when sick.
  - Practice frequent handwashing by teaching a popular child-friendly song or counting to 20 (handwashing should last 20 seconds).
  - Teach children to use tissue to wipe their nose and to cough inside their elbow.
  - Model and practice handwashing before and after eating, after coughing or sneezing, after playing outside, and after using the restroom.

### **During Drop Off and Pick Up**

- Conduct visual wellness checks of all children upon arrival and ask health questions when concerned.
  - Ask caregivers and parents to meet at the facility entryway for pick-up and drop-off of children whenever possible.
  - Explain to parents and caregivers that all visits should be as brief as possible.
  - Ask parents or caregivers to enter and exit the room one person at a time to allow for social and physical distancing.
  - Ask parents and caregivers to wash their own hands and assist in washing the hands of their children before drop 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.

### **Examine your Environment**

- Implement procedures to frequently clean all touched surfaces.
  - Have multiple toys and manipulatives accessible that are easy to clean and sanitize throughout the day.
  - Limit the amount of sharing.
  - Offer more opportunities for individual play and solo activities, such as fine motor activities (i.e., drawing, coloring, cutting, puzzles, and other manipulatives).
  - Plan activities that do not require close physical contact between multiple children.
  - Stagger indoor and outdoor play and adjust schedules to reduce the number of children in the same area.
  - Designate a tub for toys that need to be cleaned and wiped after use.

### **Meal Times**

- Utilize more tables to spread children out or use name cards to ensure adequate spacing of children.
  - Practice proper handwashing before and after eating.
  - Use paper goods and disposable plastic utensils when possible, following CDC and CDPH COVID-19 food handling guidelines.
  - Immediately clean and disinfect trays and tables after meals.
  - Avoid family- or cafeteria-style meals, ask staff to handle utensils, and keep food covered to avoid contamination.

### **Toothbrushing**

- Stop toothbrushing during class. Encourage parents and caregivers to regularly brush teeth at home.

### **Bathroom**

- Use this time as an opportunity to reinforce healthy habits and monitor proper handwashing.
  - Sanitize the sink and toilet handles before and after each child's use.
  - Teach children to use a tissue when using the handle to flush the toilet.
  - Wash hands for 20 seconds and use paper towels (or single use cloth towels) to dry hands thoroughly.

### **Personal Items**

- All personal items should be labeled and kept in a separate bag to ensure personal items are separate from others. During this time, personal toys should be kept at home until further notice.

### **Napping**

- Space cots 6 feet apart from each other. Arrange the head of each bed alternately, in opposite directions, to lessen the possible spread of illness between children from coughing or sneezing.

Note: The COVID-19 pandemic is a challenging and fluid situation. Federal, state and local orders and guidance may change frequently. Please refer to the [Child Care Licensing Webpage](#) for up-to-date information and resources. The licensee should adhere to the local public health department's orders and guidelines for providing a healthy and safe child care environment. The licensee should also incorporate policies and procedures provided by CDSS, California Department Public Health, California Department of Education, health care providers, and other essential government authorities. Please also check [Governor's Office COVID-19 Updates](#) and your [local county public health department](#) for the most current updates and requirements.