



## Reopening New York City: Checklist for Child Care Program Guidelines

When New York City (NYC) child care programs are able to reopen, they will need to follow New York State (NYS) [requirements](#) to address COVID-19. Before opening, child care programs must also develop a [safety plan](#) and keep it on site. We encourage you to review these requirements and begin planning for reopening.

Group child care (GCC) and school-based child care (SBCC) programs must also follow the requirements of Article 47 and Article 43 of the NYC Health Code, respectively. All programs must have a current and valid NYC Department of Health and Mental Hygiene permit or certification to operate.

Remember, there is still community transmission of COVID-19 in NYC. Keep in mind the Core Four actions for preventing COVID-19:

- **Stay home if sick.** Stay home if you are sick unless you are leaving for essential medical care (including [testing](#)) or other essential errands.
- **Physical distancing.** Stay at least 6 feet away from other people.
- **Wear a face covering.** Protect those around you. You can be contagious without symptoms and spread the disease when you cough, sneeze or talk. A face covering may help reduce the spread of COVID-19.
- **Practice healthy hand hygiene.** Wash your hands often with soap and water or use hand sanitizer if soap and water are not available; clean frequently touched surfaces regularly; avoid touching your face with unwashed hands; and cover your cough or sneeze with your sleeve, not your hands.

### Before Reopening

The NYC Health Department recommends that before reopening, you take these steps to make sure your program is ready for staff and children.

- Flush all faucets (5 to 10 days before opening) for at least 10 minutes. Flush cold water from all outlets first, and then flush hot water.
- Discard perishable food from the kitchen area.
- Review expiration dates of all stocked items.
- Check refrigerator temperature is at or below 41 degrees F.
- Check the batteries of carbon monoxide and smoke detectors and fire alarms.
- Check inspection date of fire extinguishers, recording date of last inspection.
- Make sure there is a log for fire drills. Indicate on the fire drill log the months your program was closed. **Note:** The drill must be done within 48 hours of opening.
- Check that fire extinguishers are in working order and replace any that have expired.
- Check that exit lights are visible and illuminated.

- Check that interior fire alarm is in good working order.
- Clean and disinfect all indoor spaces, including kitchens, bathrooms and common areas. (see [General Guidance for Cleaning and Disinfecting for Non-Health Care Settings](#)).
- Clean and disinfect all outdoor equipment and make sure that all structures are free of any hazards.
- Clean and sanitize all toys and play equipment. Remove any that cannot easily and frequently be cleaned and sanitized (e.g., plush toys).
- Make sure that hand washing facilities are functioning and properly stocked with soap and paper towels.
- Designate additional hand washing or sanitizing stations, if possible.
- Make sure that there are enough cleaning supplies. Use [EPA-registered sanitizers and disinfectants](#) effective against COVID-19.
- Check that exits are not blocked and that there are two means of exit.
- Check for running hot and cold water (temperature cannot exceed 115 degrees F) and that toilets are flushing.
- Check for leaks and make repairs as needed.
- Survey walls for peeling paint and mold and address problems as needed.
- Survey and clean any outdoor play area.
- Maximize outdoor air flow through ventilation system, as possible.
- Check that there are at least two epinephrine autoinjectors on site, in good working order. If they have expired, email [autoinjector@health.nyc.gov](mailto:autoinjector@health.nyc.gov) to request new devices.
- Make sure first-aid kits are complete and replace any expired products.
- Check lighting and replace any burned out lights.
- Ensure electrical outlets are properly secured.
- Identify a space to be used for isolation of ill children.

## Summary of New York State (NYS) Requirements and Best Practices

These are the mandates and recommended best practices from the NYS [summary guidelines](#). Be sure to also review [NYS's detailed guidelines](#), affirm compliance and develop a [safety plan](#) before you start.

### Physical Distancing

#### *Mandates*

- Any time that employees are less than 6 ft. from each other or interacting with children, they must wear a face covering.
- Ensure employee and children groupings are as static as possible by having the same group of children stay with the same staff whenever and wherever possible. Group size must be limited to no more than 15 children (not including employees/staff).
- Ensure that different stable groups of up to 15 children have no or minimal contact with one another or utilize common spaces at the same time, to the greatest extent possible.
- Implement practices to maintain adequate social distancing in small areas, such as restrooms and breakrooms, and signage and systems (e.g. flagging when occupied) to restrict occupancy when social distancing cannot be maintained in such areas.

- Take reasonable steps to reconfigure space to limit overall density of rooms to 15 or fewer children
- Prohibit non-essential visitors on site, to the extent possible.
- Establish designated areas for pick-ups and deliveries, limiting contact to the extent possible.
- Limit in-person gatherings of employees (e.g. breaks, meetings) to the greatest extent possible.

*Recommended best practices*

- Ensure employees maintain a distance of at least 6 ft. at all times, unless safety of the core activity requires a shorter distance (e.g. jointly responding to the needs of a child).
- Restrict/modify the number of work areas and seating areas for employees, so that individuals are at least 6 ft. apart in all directions (e.g. side-to-side and when facing one another).
- Reduce bi-directional foot traffic using tape or signs with arrows in narrow aisles, hallways, or spaces, and post signage and distance markers denoting spaces of 6 ft. in commonly used areas and any areas in which lines are commonly formed or people may congregate (e.g. vestibules in large facilities during drop off/pickup).
- Limit on-site interactions (e.g. designate separate ingress/ egress for employees, as well as separate ingress/egress for parents/guardians/caregivers picking up and dropping off their children).
- Put in place measures for child drop-off and pick-up procedures to allow for strict 6 ft. distance between parents/guardians and employees.
- Stagger arrival and drop-times and, when feasible, have staff receive the child from the parent/ guardian at the beginning of the day and bring the child out to the parent/guardian at the end of the day, so that parents/guardians don't have to enter the facility or program area.
- Maintain a staffing plan that does not require employees to "float" between different classrooms or groups of children, unless such rotation is necessary to safely supervise the children due to unforeseen circumstances (e.g. staff absence).
- At nap/rest time, facilitate children to rest at least 6 ft. apart and head-to-toe.
- On rainy days, set program or activity capacity that allows for appropriate social distancing between stable groups of children, when groups must remain indoors or under shelters (e.g. park pavilions).
- When caring for young children:
  - Wear an over-large button-down, long sleeves shirt or smock and put long hair up off the collar in a ponytail or other updo.
  - Have multiple changes of clothes on hand for employees and children in the program.
  - Place contaminated clothes in a plastic bag and send home for laundry or wash on premises.

**Protective Equipment**

*Mandates*

- Ensure employees wear face coverings any time they are 6 ft. apart from one another, and at all times when interacting with children, regardless of distance.
- Provide employees with an acceptable face covering at no-cost to the employees and have an adequate supply of coverings in case of need for replacement.
- Acceptable face coverings include but are not limited to cloth (e.g. homemade sewn, quick cut, bandana) or surgical masks.
- Clean, replace, and prohibit sharing of face coverings. Consult the CDC [guidance](#) for additional information on cloth face coverings and other types of personal protective equipment (PPE), as well as instructions on use and cleaning and disinfection.
- Train employees on how to put on, take off, clean (as applicable), and discard PPE.
- Limit the sharing of objects (e.g. electronic equipment, arts and crafts materials, touch screens) and discourage touching of shared surfaces; or, when in contact with shared objects or frequently touched areas, require employees to wear gloves (trade-appropriate or medical); or, require employees and children to practice hand hygiene before and after contact.

*Recommended best practices*

- Note from the NYC Health Department:* If physical barriers are installed, they must be installed in accordance with applicable New York State and NYC Building and Fire Codes. Acrylic plastic products (e.g., plexiglass) may be flammable. A professional should be consulted to ensure the product and installation is code compliant.

**Child Care Program Activities**

*Mandates*

- For sport and athletic activities:
  - Keep stable groups of children separated.
  - Focus on activities with little or no physical contact (e.g. running).
  - Encourage sports that involve less physical closeness over those that are close-contact or involve shared equipment.
  - Encourage activities that are lower risk such as skill-building and conditioning.
  - Enhance cleaning and disinfection protocols.
  - Refer to [CDC guidelines](#).
- For food services:
  - Serve individual portions to children.
  - Keep stable groups of children separated.
  - Stagger mealtimes to reduce occupancy/congregation.
  - Separate tables with seating at least 6 ft. apart from other tables, as feasible.
- Discourage excursions away from programs (e.g. field trips). If transportation occurs, make all reasonable efforts to maintain stable groups of children in vehicles.
  - If groups of children must be mixed within a vehicle, seating must be arranged to maximize distance between different groups of children and employees.
  - All individuals (driver, employees, and children) over age 2 and able to medically tolerate a face covering must wear face coverings.

### *Recommended best practices*

- If transportation occurs:
  - Ensure that when children are boarding the vehicle, they are occupying seats from back to front, where feasible.
  - Increase ventilation, when weather permits, within any vehicle (e.g. opening the top hatches of buses or opening windows).

### **Hygiene, Cleaning and Disinfection**

#### Mandates

- Adhere to hygiene, cleaning, and disinfection requirements from [the Centers for Disease Control and Prevention](#) (CDC) and [NYS Department of Health](#) (DOH) and maintain logs on site that document date, time, and scope of cleaning and disinfection.
- Provide and maintain hand hygiene stations: handwashing with soap, running warm water, and disposable paper towels; alcohol-based hand sanitizer containing 60% or more alcohol for areas where handwashing is not available/practical.
- Make hand sanitizer available throughout common areas on site.
- Employees/staff and children must perform hand hygiene immediately upon entering the program.
- Require staff and children to practice hygiene in the following instances:
  - Upon arrival to the first program activity;
  - Between all program activities;
  - After using the restroom;
  - Before eating; and
  - Before departing the last program activity.
- Provide appropriate cleaning/disinfection supplies for shared and frequently touched surfaces (e.g. door handles, multi-seat strollers, toys, art supplies, areas where children eat), and encourage employees to use these supplies before/after use of these surfaces, followed by hand hygiene.
- Regularly clean and disinfect equipment and toys using the Department of Environmental Conservation's (DEC) [list of products](#) identified by the Environmental Protection Agency (EPA) as effective against COVID-19.
- Limit children from using toys that can't be cleaned/sanitized (e.g. dress-up clothes, puppets).
- For programs with rest periods for children, make individual clean bed coverings available for each child, and do not allow bedding to be shared unless cleaned/disinfected.
- Take the following precautionary measures when taking care of young children:
  - Frequent and thorough hand hygiene for both staff and children.
  - Whenever a child is soiled with secretions, change the child's clothes and clean the child, as needed.
  - When diapering/providing assistance with toileting, wear gloves, wash hands (staff and child), and follow cleaning and disinfection steps between each child.

- Refer to [CDC guidelines](#) for additional information.

#### *Recommended best practices*

- Strongly encourage children to not bring toys from home.
- If staff eat separately from the children, encourage staff to bring lunch from home.
- Place hand sanitizer in convenient locations (e.g. entrances/exits, security/reception desks).
- Place signage near hand sanitizer stations indicating that visibly soiled hands should be washed with soap and water; hand sanitizer is not effective on visibly soiled hands.
- Place receptacles around the facility for disposal of soiled items, including PPE.

### **Communication**

#### *Mandates*

- Affirm you have reviewed and understand the state- issued industry guidelines, and that you will implement them.
- Train all employees/staff on applicable precautions/policies in the State’s guidance either remotely or in- person, using appropriate social distancing and requiring face coverings for all participants.
- Post signage inside and outside of the facility to remind individuals to adhere to proper hygiene, social distancing rules, appropriate use of PPE, and cleaning and disinfecting protocols.
- Conspicuously post completed summary safety plans on site.

#### *Recommended best practices*

- Develop a communications plan for employees, parents/guardians and children that includes applicable instructions, training, signage, and a consistent means to provide information.
- Train staff on how to support children’s development of good public health behaviors and social interaction practices in congregate settings to prevent the spread of COVID-19.
- Designate a staff person to be responsible for responding to COVID-19 concerns. Employees and parent/guardians should know who this person is and how to contact them.

### **Screening**

#### *Mandates*

- Instruct staff to stay home if they are sick and remind parents/guardians to keep sick children home.
- Implement mandatory health screening assessment (e.g. questionnaire, temperature check) for employees, visitors (e.g. contractors, vendors), and children, either directly or through their parent/guardian.
- Screening must ask about (1) COVID-19 [symptoms](#) in past 14 days, (2) positive COVID-19 test in past 14 days, and/or (3) close or proximate contact with confirmed or suspected COVID-19 case in past 14 days. Responses must be reviewed and documented daily.

- ❑ For children arriving to a program via bus transportation and for employees who provide supervision on the bus, screening must be completed prior to boarding the bus, where feasible.
- ❑ In the event that a parent/guardian of a child must be isolated because they have tested positive for, or exhibited symptoms of, COVID-19, the parent/guardian must be advised that they cannot enter the site for any reason, including picking up their child.
  - If the parent/guardian – who is a member of the same household as the child – is exhibiting signs of COVID-19 or has been tested and is positive for the virus, utilize an emergency contact authorized by the parent to come pick up the child. As a “close contact,” the child must not return to the child care for the duration of the quarantine.
  - If the parent/guardian– who is a member of the same household as the child – is being quarantined as a precautionary measure, without symptoms or a positive test, staff should walk out or deliver the child to the parent/guardian at the boundary of, or outside, the premises. As a “contact of a contact” the child may return to the child care during the duration of the quarantine.
  - If a child or their household member becomes symptomatic for COVID-19 and/or tests positive, the child must quarantine and may not return or attend the child care until after quarantine is complete.
- ❑ Immediately notify the state and local health department about any positive test result by an employee or child at their site.

*Recommended best practices*

- ❑ Perform screening remotely (e.g. by telephone or electronic survey) before individuals arrive, to the extent possible.
- ❑ Prevent individuals from intermingling in close or proximate contact with each other prior to completion of the screening, if on site.
- ❑ Screeners should be trained by individuals familiar with CDC, DOH, and OSHA protocols and wear appropriate PPE, including at a minimum, a face covering.
- ❑ Maintain a continuous log of every person, including employees, parents/guardians, children, and any essential visitors who may have close or proximate contact with other individuals at the work site or area; excluding deliveries that are performed with appropriate PPE or through contactless means.
- ❑ Refer to DOH [guidance](#) regarding protocols and policies for employees, parents/guardians, or children seeking to return to work or the site after a suspected or confirmed case of COVID-19 or after such person had close or proximate contact with a person with COVID-19.