

# HOUSEKEEPING ITEMS

- All participants are in listen-only mode.
- Certificates of Attendance will not be provided.
- Complete post-event evaluation.
- Closed Captioning is optional.
- Access resources via chat panel.
- Submit all questions via Q&A.
- Recording will be OnDemand on ECLKC.





**OFFICE OF HEAD START**

An Office of the Administration for Children & Families



## Webinar 4: Health and Safety Considerations

8/4/2021

# Today's Presenters

- **Dr. Bernadine Futrell** – *Director, OHS*
- **Shawna Pinckney** – *Director, Grants Division, OHS*
- **Heather Wanderski** – *Director, Program Operations Division, OHS*
- **Marco Beltran DrPH** – *Senior Program Specialist/FPO, OHS*
- **Jill Sells, MD, FAAP** – *Medical Advisor, NC HBHS*
- **Beth Lowe, MPH, BSDH** – *Oral Health Education Specialist, NC HBHS*
- **Nicole Patterson, MSACN, NDTR** – *Nutrition Lead, NC HBHS*
- **Abbey Alkon, PNP, MPH, PhD** – *Leadership Team, NC HBHS*
- **Bobbie Rose RN** – *TTA Specialist, NC HBHS*



# Today's Session Overview

- **Office of Head Start Q&A**
- The National Center on Health, Behavioral Health, and Safety (**HBHS**) will:
  - ✓ Discuss takeaways and recent changes in the July 2021 CDC guidance.
  - ✓ Share recommendations on safely implementing Head Start comprehensive health, oral health, and meal services.
  - ✓ Explain Caring for Our Children (CFOC) COVID-19 modifications.
  - ✓ Introduce the Head Start Forward COVID-19 Health and Safety Checklist for Operating Head Start Programs, and COVID-19 Health and Safety Supply and Task List.
- Wrap-up and close



# Does OHS recommend that programs require the use of masks for in-person services?

Yes. Based on CDC guidance and the recommendations from the American Academy of Pediatrics for mask wearing indoors to create safe schools during the COVID-19 pandemic, Head Start programs should make mask use universally required, regardless of vaccination status of staff. Reasons for this include:

- All Head Start and Early Head Start children are not yet eligible for vaccination.
- Staff model consistent and correct mask use for children aged 2 and older.
- It is difficult to monitor vaccine status of staff and parents.
- Many communities have low vaccination uptake where the virus may be circulating more prominently.
- Increased community transmission of a variant that is spread more easily among children or is resulting in more severe illness from COVID-19 among children.
- Masking is effective in reducing transmission of the virus and protecting those who are not vaccinated.

45 CFR §1302.47 **Safety Practices**



## Toothbrushing was suspended in PY 2020-2021. What is OHS's guidance now as it relates to oral health hygiene and toothbrushing?

Programs should continue to promote effective oral health hygiene for all children receiving services. Toothbrushing in group care settings may resume if the program can implement strategies to reduce the possibility of transmitting the virus to others via salivary droplets during brushing. It is recommended that program staff helping children with brushing be fully vaccinated against COVID-19 and wear a properly fitted mask covering their nose and mouth for additional protection.

45 CFR §1302.43 **Oral health practices**

# Is there new guidance around family-style meals?

CDC guidance says there is a very low risk of transmission from food, food packaging, surfaces, and shared objects. Programs can resume family-style meals if they implement strategies to reduce the possibility of transmitting the virus. Seating children farther apart and providing as much fresh air as possible are parts of a layered approach to protect children. Keep masks on until children and adults are eating. Staff should ensure children wash hands prior to and immediately after eating.

45 CFR §1302.44 **Child nutrition**

# How can programs support transportation safety?

Programs should continue to position children as far apart as possible, with one child per bench and children not seated in consecutive rows. Children from the same home may sit together. The vehicle operator and bus monitor should practice all safety actions and protocols as indicated for all program staff, including the use of a mask and hand hygiene. Weather permitting, open windows on buses to increase ventilation on the buses.

45 CFR §1303.74  
**Safety procedures**



# How should programs evaluate child wellness and determine if a child is sick?

---

Programs should work with their Health Services Advisory Committees (HSAC) to revisit their sick child policy and update it as needed. Given that young children display frequent upper respiratory symptoms, seasonal allergies, and other symptoms, which will be difficult to distinguish from COVID-19, OHS is concerned some children could be unnecessarily excluded from programs. Programs should work with the child's health care provider and local health department to determine the most appropriate exclusion criteria, with the goal of maximizing in-person attendance while minimizing the risk of COVID-19 exposure in the program.

# What is the status of the Public Health Emergency?

The Secretary of the Department of Health and Human Services (HHS) has the authority, under section 319 of the Public Health Service Act, to determine that a public health emergency exists. Once a declaration is made, it remains in effect for 90 days and can be extended. Effective July 20, 2021, Secretary Xavier Becerra extended the public health emergency that was initially declared on Jan. 27, 2020. It has been renewed every 90 days. For more information on the renewal determination of a public health emergency, view the following link: <https://www.phe.gov/Preparedness/legal/Pages/phedeclaration.aspx>

# How can programs support safe home visits?

Before entering a home, home visitors and other Head Start staff who make home visits should first assess their own risk of transmitting infection and risk of complications, if they get infected. They should also identify family members in the visited home who may be at greater risk of transmitting the disease or having complications if infected with COVID-19. Home visiting programs should contact families prior to the home visit and ask about the following indicators:

1. Signs or symptoms of a respiratory infection, such as a fever (subjective or confirmed  $>100.4$  F or higher), cough, sore throat, or shortness of breath
2. Contact with someone with COVID-19, known exposure to someone with suspected or confirmed COVID-19, or ill with respiratory illness within the last 14 days

If the response from staff or the family is yes to either of the items above, the home visiting program should not conduct the face-to-face visit and proceed with an alternative mode for the visit (e.g., telephone and/or video communication). The program should also be in contact with the family to discuss when it would be safe and appropriate to continue in-person home visits.

45 CFR §1302.22(a) **Home-based option**

# How can programs support safe home visits? *Cont'd*

If none of the indicators are positive, home visitors or other Head Start staff who make home visits should continue to take precautions to prevent the spread of COVID-19. As a precaution, the home visitor should:

- Maintain a distance of at least 6 feet between the home visitor and family members during a visit and, if possible, conduct the home visit outside
- Use properly fitted masks to reduce the risk of asymptomatic spread of the disease
- Perform a self-assessment of risk by daily temperature checks for fever and an assessment of symptoms of infection prior to entering the home
- Exit the home immediately and notify the program supervisor if any person is found to be ill within the home
- Minimize contact with frequently touched surfaces at the home
- Use a hand sanitizer that contains at least 60% alcohol before entering the home and after the visit.
- Avoid touching eyes, nose, and mouth

Programs must continue working with their local health departments and HSACs to follow recommendations for in-person home visits based on community risk. Per prior Head Start Forward guidance, programs that cannot conduct an in-home visit — or have limited outdoor options — should consider alternatives, such as conducting home visits at a public location with more space and improved ventilation. Such locations may include libraries, community centers, churches, etc.

45 CFR §1302.22(a) **Home-based option**

## Due to COVID-19, many children have missed check-ups and recommended childhood vaccinations. How can Head Start support childhood vaccinations?

Families have been doing their part by staying at home as much as possible to help stop the spread of COVID-19. An unfortunate result is that many children missed check-ups and recommended childhood vaccinations. The CDC and AAP recommend every child continue to receive recommended vaccinations during the COVID-19 pandemic.

The ongoing COVID-19 pandemic is a reminder of the importance of vaccination. The declines in routine pediatric vaccine doses administered might indicate that children and their communities face increased risks for outbreaks of vaccine-preventable diseases. Programs should remind parents of the need to protect their children against serious vaccine-preventable diseases, even as the COVID-19 pandemic continues. If a child is due for a well-child visit, programs should advise parents to call their health care provider's office and ask about the special measures they have in place to safely offer well-child visits.

As Head Start programs continue to reopen and offer in-person learning and care, it is particularly important for staff to remind parents to work with their child's doctor or nurse to make sure they get caught up on missed well-child visits and recommended vaccines.

45 CFR §1302.42 **Child health status and care**

## Will OHS require that staff of Head Start grantees get the COVID-19 vaccine?

---

The decision to require the vaccine remains a program- and/or employer-specific decision, and subject to applicable federal and state laws. Programs should consider guidance from the U.S. Centers for Disease Control and Prevention (CDC) and the Occupational Safety and Health Administration (OSHA), as well as state and local guidance, in making that decision.



# Can Head Start grantees require staff to get the COVID-19 vaccine?

Yes, Head Start grantees may require staff to get the COVID-19 vaccine. If a grantee chooses to require vaccination for staff, it is important to develop supportive policies and procedures that take into consideration requests for reasonable accommodations for employees with disabilities, medical conditions, or specific religious beliefs and practices. Grantees should consult the [U.S. Equal Employment Opportunity Commission](#) and the [CDC](#) for further information.



# Today's HBHS Presenters



**Jill Sells, MD, FAAP**  
NCHBHS Medical Advisor,  
EDC Distinguished  
Scholar,  
Clinical Professor,  
University of Washington  
School of Medicine

National Center on  
Health, Behavioral Health, and Safety



**Abbey Alkon, PNP, MPH,  
PhD**  
NCHBHS Leadership Team,  
Professor, UCSF School of  
Nursing  
Director, California Childcare  
Health Program



**Bobbie Rose RN**  
TTA Specialist, NCHBHS,  
Child Care Health  
Consultant,  
UCSF California Childcare  
Health Program



**Nicole Patterson,  
MSACN, NDTR**  
NCHBHS Nutrition Lead,  
CFOC Content Manager,  
National Resource Center for  
Health and Safety in Child Care  
and Early Education



**Beth Lowe,  
MPH, BSDH**  
NCHBHS Oral Health  
Education Specialist,  
National Maternal and Child  
Oral Health Resource  
Center (OHRC) at  
Georgetown University

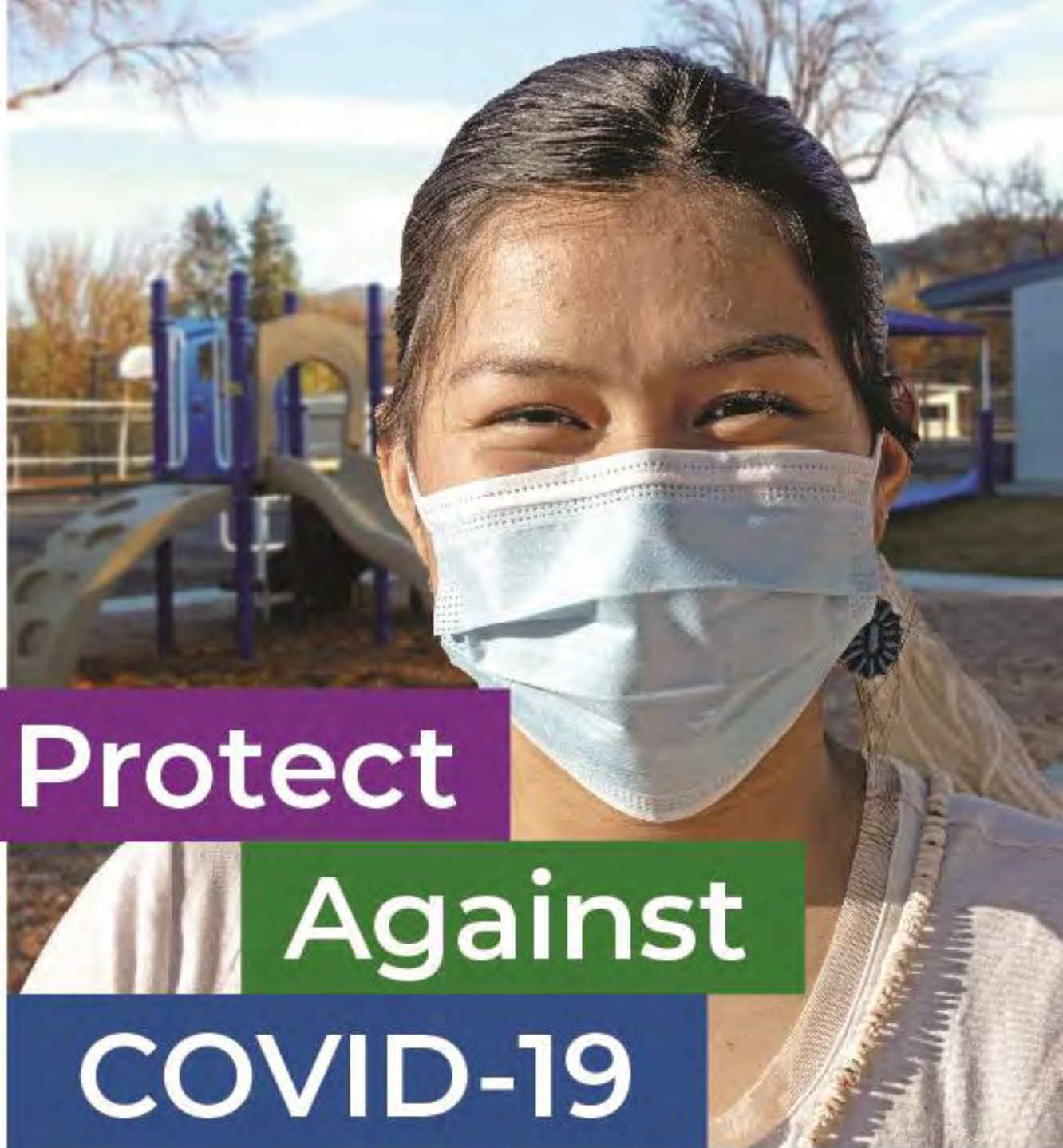


# Agenda

- Discuss takeaways and recent changes in the July 2021 CDC guidance.
- Share recommendations on safely implementing Head Start comprehensive health, oral health, and meal services.
- Explain Caring for Our Children (CFOC) COVID-19 modifications.
- Introduce the Head Start Forward COVID-19 Health and Safety Checklist for Operating Head Start Programs, and COVID-19 Health and Safety Supply and Task List.



# A Public Health Emergency Still Exists



Protect

Against

COVID-19



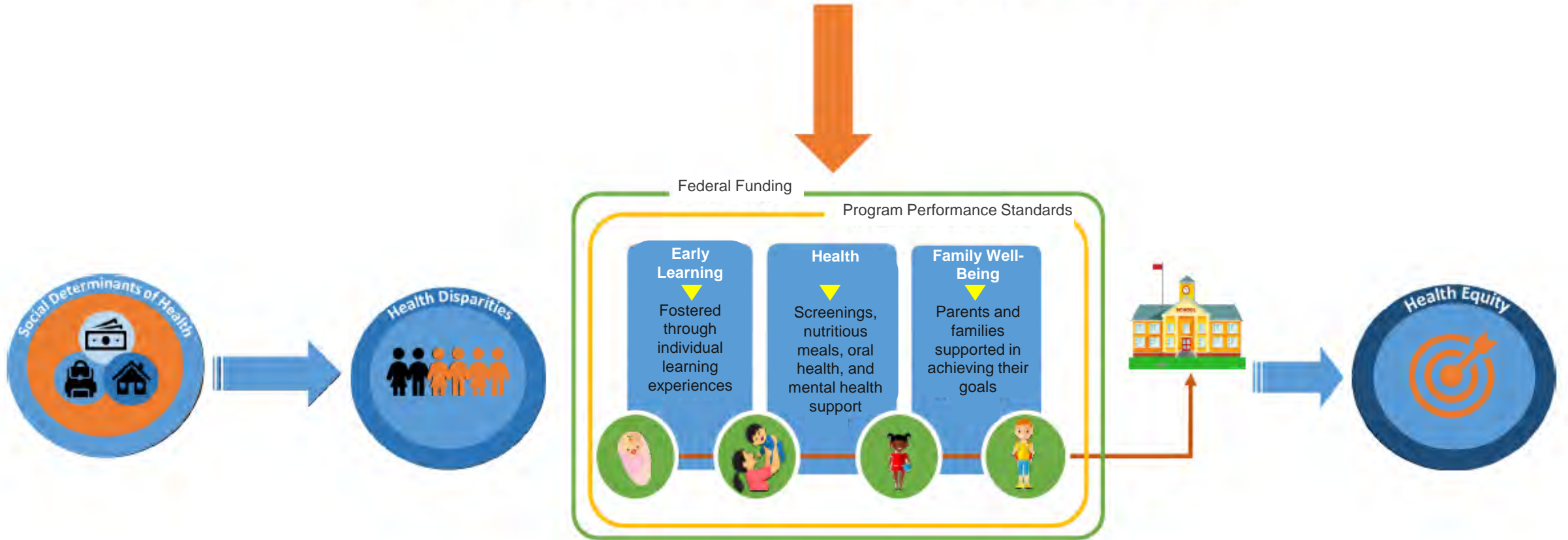
National Center on

Health, Behavioral Health, and Safety



# Head Start can be a health equity intervention.

## Early Prevention & Intervention Point





# HSACs and Community Health Partners

- New health challenges may have developed or widened as a result of the pandemic.
- Use your Health Services Advisory Committee (HSAC), health consultants, and community partners to:
  - Identify prevalent health concerns.
  - Gather information about how to access services for well-child and sick care among community health care providers.
  - Implement a plan for children who:
    - Are not up to date on well-child exams, screening, and immunizations
    - Need a dental exam
    - May need referrals for evaluation or treatment



# New Guidance

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/child-care-guidance.html>

## COVID-19 Guidance for Operating Early Care and Education/Child Care Programs

Updated July 9, 2021 Languages ▼ Print

### Key Takeaways

- Vaccination is currently the leading public health prevention strategy to end the COVID-19 pandemic. Promoting vaccination among eligible individuals can help Early Care and Education (ECE) programs protect staff and children in their care, as well as their families.
- Most ECE programs serve children under the age of 12 who are not yet eligible for vaccination at this time. Therefore, this guidance emphasizes implementing layered COVID-19 prevention strategies (e.g., using multiple prevention strategies together) to protect children and adults who are not fully vaccinated.
- COVID-19 prevention strategies remain critical to protect people, including children and staff, who are not fully vaccinated, especially in areas of moderate-to-high community transmission levels.
- Masks should be worn indoors by all individuals (ages 2 and older) who are not fully vaccinated. ECE settings may implement universal mask use in some situations, such as if they serve a population not yet eligible for vaccination or if they have increasing, substantial, or high COVID-19 transmission in their ECE program or community.
- Localities should monitor community transmission, vaccination coverage, the occurrence of outbreaks, and local policies and regulations to guide decisions on the use of layered prevention strategies.



National Center on

Health, Behavioral Health, and Safety

# Changes in the CDC Guidance

Mask Use, Physical Distancing,  
Promoting Vaccines, Healthy Equity



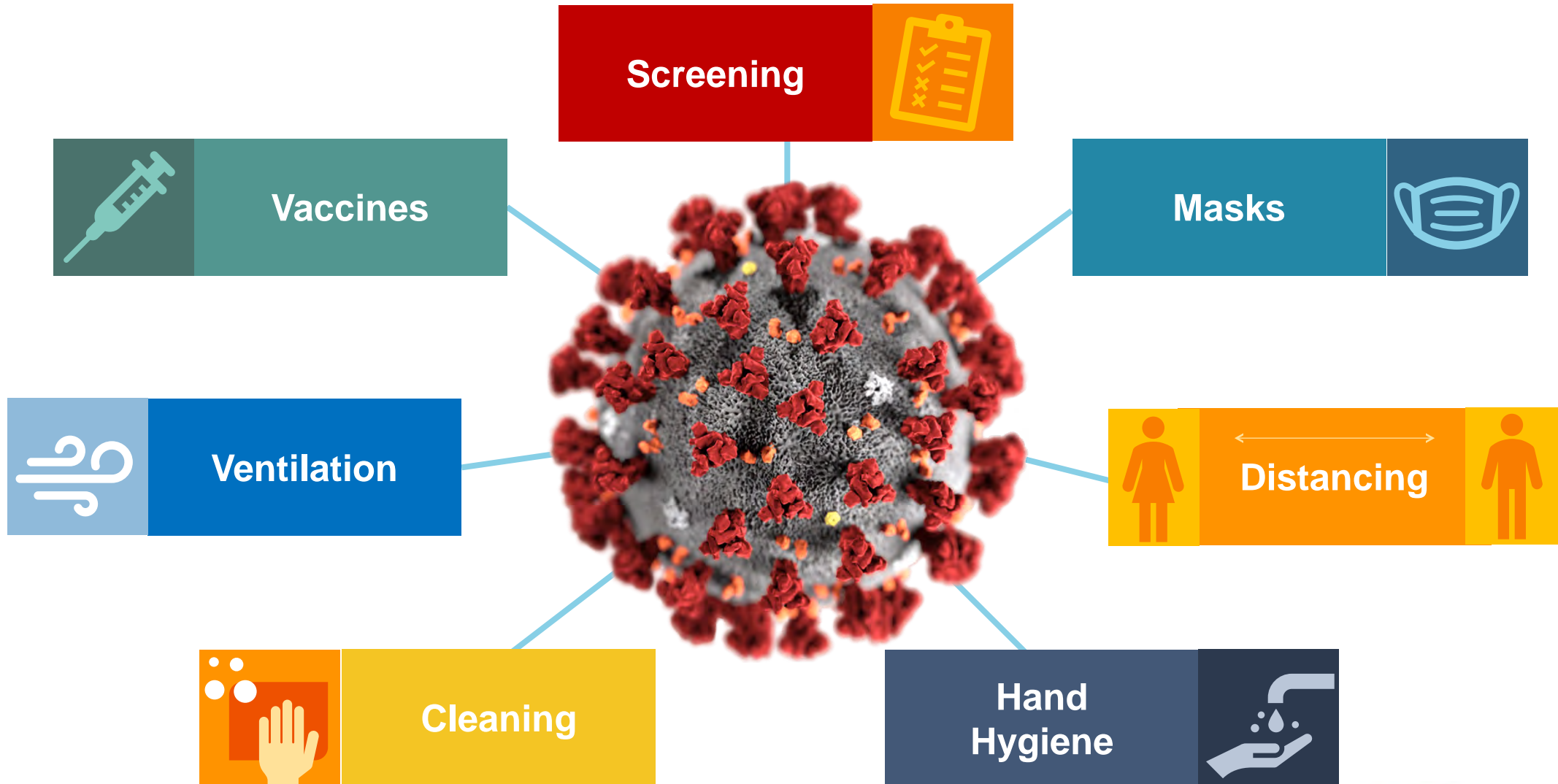


# Key Takeaways from the CDC Guidance

- CDC's guidance continues to recommend using a layered approach of multiple COVID-19 risk reduction strategies.
- These strategies are critical, especially in areas with moderate-to-high rates of community transmission.
- Vaccination is the leading public health prevention strategy to end the COVID-19 pandemic.
  - Promoting vaccination among eligible individuals can help ECE programs protect staff and children in their care, as well as families.
  - ECE programs serve children under the age of 12 who are not yet eligible for vaccination.

<https://covid.cdc.gov/covid-data-tracker/#county-view>

# Risk Reduction Strategies





# Vaccines





# Ventilation

Effective ventilation indoors can reduce the number of virus particles in the air.

Join NCHBHS tomorrow at 2 p.m. ET for a webinar on Ventilation Basics for Head Start Programs.

[https://zoom.us/webinar/register/WN\\_VI9z\\_hzmQgOAX9niIZbofQ](https://zoom.us/webinar/register/WN_VI9z_hzmQgOAX9niIZbofQ)





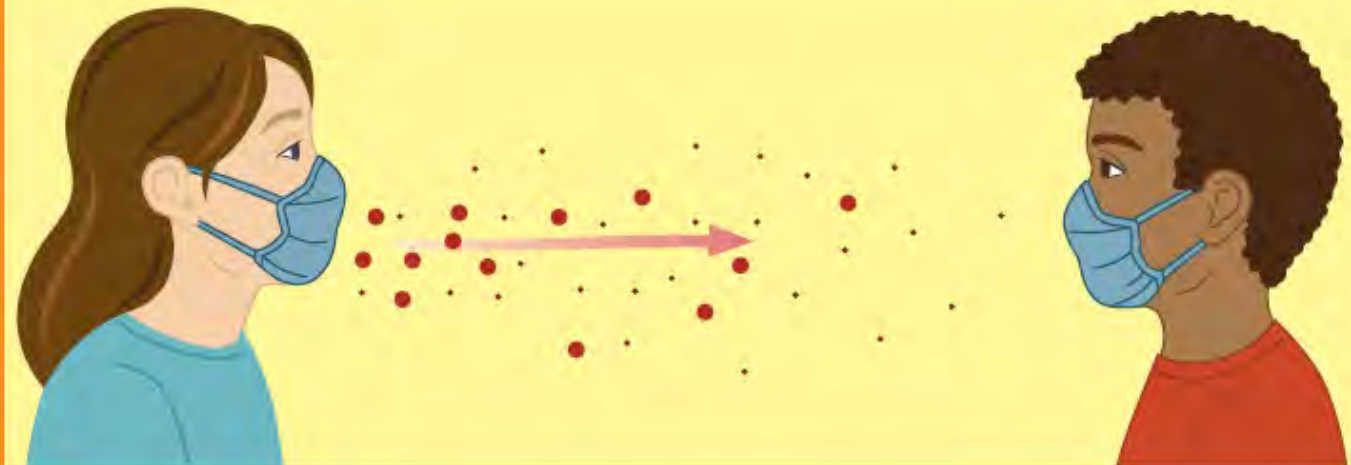
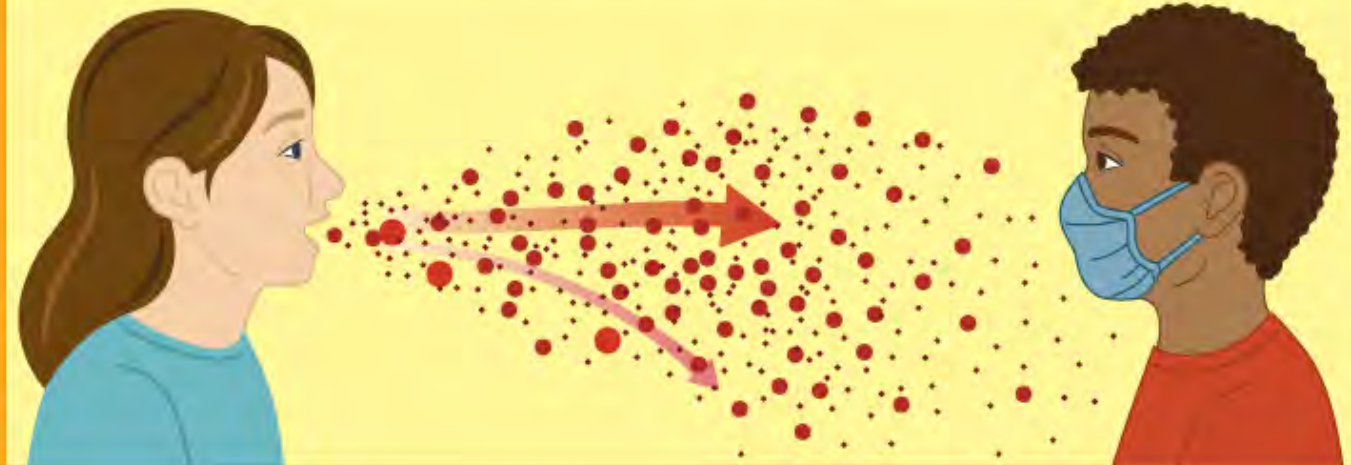
# Wear a Mask to Protect Yourself and Others

## Masks

Head Start programs should make mask use universally required for adults and children ages 2 and older.

Reasons include:

- No vaccines are currently available for young children.
- Adult modeling is important for teaching children healthy habits, such as correct mask use.
- The virus continues to spread, especially in communities with low vaccination rates.





# Physical Distancing

- It is not always feasible to distance, especially during certain activities (e.g., diapering, feeding, holding/comforting) and when caring for younger children.
- It is especially important to **use layered strategies**, such as masking, ventilation, hand-washing, and cleaning, to help reduce the spread of COVID-19, **when it is not possible to maintain physical distance.**



# Cohorting

- Cohorting means keeping people together in a small group and having each group stay together throughout an entire day.
- Consistent groups can limit the number of children and staff who come in contact with one another.
- This can limit the spread of COVID-19.



# Visitor Policies

Implement a daily health check for all essential visitors to your facility, including:

- Breastfeeding mothers
- Direct service providers
- Child care health consultants and infant and early childhood mental health consultants
- Other individuals who provide needed services



# Screening and Staying Home When Sick

- Children and staff who have symptoms of infectious illness should stay home.
- Programs should revisit their sick child policy and modify or update as needed.
- Programs should work with a child's health care provider and their local health department to determine the most appropriate exclusion criteria.

# Stay home

when you're sick



If you have a runny nose, fever, cough, upset stomach, headache, loss of taste or smell, or other symptoms, stay home and get well.



# Physical Health Considerations



National Center on  
Health, Behavioral Health, and Safety





# Pandemic Challenges

- Children may be behind on the schedule of preventive health care and immunizations.
- Delayed immunizations put children at risk for infectious diseases.
- Missed screenings may delay the identification of and referral for suspected concerns.
- Decreased access to specialists may delay diagnosis and treatment.

Join NCHBHS on August 26 at 2 pm ET for our webinar: Check in on Well-Child Check Ups

[https://zoom.us/webinar/register/WN\\_0EYotqnORhypGrJ6blDp6A](https://zoom.us/webinar/register/WN_0EYotqnORhypGrJ6blDp6A)





# Facilitating Care

There are many ways that Head Start/Early Head Start staff can help address these challenges and make it easier for families to use preventive services, so that children get the care they deserve.

## Head Start

- Prioritize health services.
- Engage all staff to support families in accessing preventive health services.
- Reassess community partners.
- Use data to support staff wellness and access to health services.

## Health Care

- Understand your state's Medicaid periodicity schedules.
- Connect with local health providers.
- Include health care partners in HSAC.
- Develop health partnerships to support families' access to care.

## Families

- Partner with families to identify and help reduce barriers to accessing preventive health care.
- Assess families' social and economic needs and help connect them to supportive services if needed.
- Ensure all staff understands the impact of housing, food, and transportation challenges on short- and long-term health outcomes.

## Communities

- Connect with previous health care partners and organizations to understand the current status of their services.
- Explore new health partnerships and community services that could support Head Start families.
- Revitalize or build new communication and referral mechanisms.



# CDC Campaign


## Catch Up on Checkups and Routine Vaccines

### Three key resources

<https://go.edc.org/vaccines-partners-childhood-stayingontrack>

<https://www.cdc.gov/vaccines/schedules/easy-to-read/child-easyread.html>

<https://www.cdc.gov/vaccines/schedules/hcp/imz/catchup.html#table-catchup>



**CATCH UP ON CHECKUPS AND ROUTINE VACCINES**

As opportunities for in-person learning and play grow, it's important for your child to catch up on checkups and recommended vaccines to protect their health now and in the future.

The Centers for Disease Control and Prevention (CDC) recommends children continue to see their doctor for regular checkups and routinely recommended vaccinations, even during COVID-19.

**WELL-CHILD CHECKUPS ARE ESSENTIAL**

- The doctor tracks your child's growth and development
- You can ask the doctor questions about your child's health
- Your child gets recommended vaccinations


**VACCINATION HELPS PROTECT YOUR CHILD'S HEALTH**

- Routine vaccinations during childhood help prevent 14 diseases
- Among children born from 1994-2018, vaccinations will prevent an estimated 936,000 early deaths, 8 million hospitalizations, and 419 million illnesses

**Doctors can safely see your child, even during the pandemic.**

Talk with your child's doctor about staying up to date on regular checkups and routinely recommended vaccinations.

[www.cdc.gov/vaccines/routine](https://www.cdc.gov/vaccines/routine)



# Oral Health Considerations



National Center on  
Health, Behavioral Health, and Safety



# Toothbrushing in Head Start Programs During the COVID-19 Pandemic



National Center on  
Health, Behavioral Health, and Safety







# Toothbrushing in Head Start Programs During the COVID-19 Pandemic

- Promotes effective oral hygiene for all children.
- Toothbrushing can resume if strategies to reduce COVID-19 transmission to others are implemented.
  - Staff is fully vaccinated against COVID-19.
  - Staff wears properly fitted masks.
  - Maintain social distance.
  - Wash hands with soap and water or use a hand sanitizer before and after brushing.
  - Clean and disinfect area used for brushing.





# Basic Steps for Hygienic Toothbrushing Practices

- Use child-sized toothbrush, soft bristles, labeled.
- Wash hands.
- Dispense fluoride toothpaste.
  - Rice-size — up to age 3
  - Pea-size — ages 3–6
- Brush teeth.
- Rinse and store brush.
- Clean and disinfect sink.





# Brushing at the Table



**1. Scoop**



**2. Brush**



**3. Spit**



**4. Wipe**



**5. Stuff and toss**



**6. Rinse**



**7. Put Away**





# Resources

- Toothbrushing in Head Start Programs During the COVID-19 Pandemic:

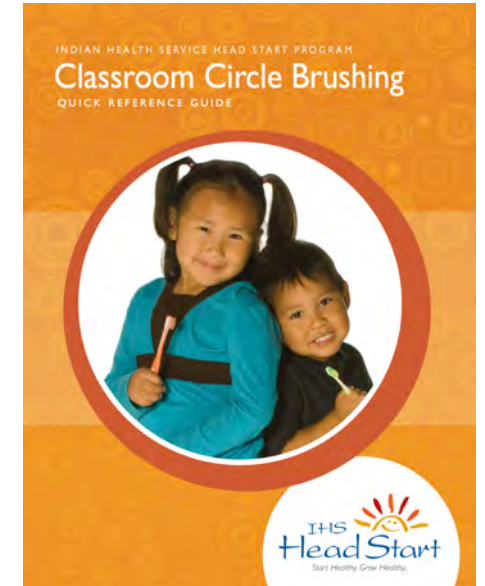
<https://eclkc.ohs.acf.hhs.gov/publication/toothbrushing-head-start-programs-during-covid-19-pandemic>

- Classroom Circle Brushing: Quick Reference Guide:

[www.ihs.gov/HeadStart/documents/ClassroomCircleBrushingPoster.pdf](http://www.ihs.gov/HeadStart/documents/ClassroomCircleBrushingPoster.pdf)

- Steps for Toothbrushing at the Table: Growing Healthy Smiles in Early Care and Education Programs (video):

[eclkc.ohs.acf.hhs.gov/video/steps-toothbrushing-table-growing-healthy-smiles-early-care-education-programs](http://eclkc.ohs.acf.hhs.gov/video/steps-toothbrushing-table-growing-healthy-smiles-early-care-education-programs)



# Family-Style Meals

## Serving Food Safely







# Resuming Family-Style Meals

There is a very low risk of COVID-19 transmission from food, food packaging, surfaces, and shared objects.

**You can resume family style meals if you implement strategies to reduce the risk of transmitting the virus.**





# Serving Meals Safely

Strategies to reduce the risk of transmitting COVID-19

- Keep masks on until children and adults are eating.
- Set up the table with serving dishes, water pitchers, and utensils before the meal.
- Seat children farther apart.
- Provide as much fresh air as possible.
- Wash hands prior to and immediately after eating.
- Clean and sanitize food surfaces before and after meals.

# Caring for Our Children (CFOC)

## COVID-19 Modifications



# CFOC COVID-19 Modifications

<http://nrckids.org/CFOC>



National Center on  
Health, Behavioral Health, and Safety

## Updates to CFOC Standards

### COVID-19 Modifications to CFOC Standards

As of **July 13, 2021**:

Standard 1.7.0.2 Daily Staff Health Check

Standard 3.6.1.2 Staff Exclusion for Illness

Standard 4.3.1.8 Techniques for Bottle Feeding

Standard 6.5.2.3 Child Behavior During Transportation

As of **May 21, 2021**:

Standard 1.1.1.1 Ratios for Small Family Child Care Homes

Standard 1.1.1.2 Ratios for Large Family Child Care Homes

Standard 1.1.1.3 Ratios for Facilities Serving Children with Special Health Care Needs and Disabilities

Standard 1.6.0.1 Child Care Health Consultants

Standard 1.6.0.3 Infant and Early Childhood Mental Health Consultants

Standard 2.3.1.2 Parent/Guardian Visits

Standard 3.1.5.1 Routine Oral Hygiene Activities

Standard 3.1.5.2 Toothbrushes and Toothpaste

Standard 3.6.1.3 Thermometers for Taking Human Temperatures

Standard 4.5.0.4 Socialization During Meals

Standard 6.5.2.1 Drop-Off and Pick-Up

Chapter 7.1 Introduction: How Infections Spread



# CFOC COVID-19 Modifications

## 2.3.1.2: Parent/Guardian Visits



**After reading the CFOC standard, see COVID-19 modification below (Also consult applicable state licensure and public health requirements).**

Parents/guardians are welcome any time their child is in attendance. Caregivers/teachers should inform all parents/guardians that they may visit the site at any time when their child is there and that they will be asked to follow the facility's sign-in procedures (see Standard 9.2.4.7) and admitted without delay. This open-door policy should be part of the "admission agreement" or other contract between the parent/guardian and the facility and caregiver/teacher (1). Parents/guardians should be welcomed and encouraged to speak freely to staff about concerns and suggestions.

Caregivers/teachers should not release a child to a parent/guardian who appears impaired. Caregivers/teachers should not attempt to handle an unstable (e.g., intoxicated) parent/guardian who wants to be admitted but whose behavior poses a risk to the children and adults in the facility. The director should contact local police or child protection agencies to help develop policies and procedures and to train caregivers/teachers.

To ensure the safety of the children and staff, all visitors, including authorized individuals and parents/guardians should check in with the facility staff every visit.

### **COVID-19 modification as of May 21, 2021**

In response to the Centers for Disease Control and Prevention's [COVID-19 Guidance for Operating Early Care and Education/Child Care Programs](#), it is recommended that early childhood programs:

- Limit non-essential visitors, volunteers, and activities involving external groups or organizations.

Refer to the COVID-19 modification in [Standard 6.5.2.1 Drop-Off and Pick-Up](#).

### **RATIONALE**

When access is restricted, areas observable by the parents/guardians may not reflect the care the children actually receive. Strong relationships between families and early care and education staff can contribute to positive outcomes for children and families. Positive, mutually respectful, and collaborative relationships can enhance family engagement in early care and education programs, family well-being, and home–school connections. There is also some evidence that these relationships can have a positive effect on children's school readiness (2).

### **COMMENTS**

Parents/guardians can be interviewed to see if the open-door policy is consistently implemented.





# COVID-19 Health and Safety Checklist



National Center on  
Health, Behavioral Health, and Safety



# COVID-19 Health and Safety Checklist for Operating Head Start Programs

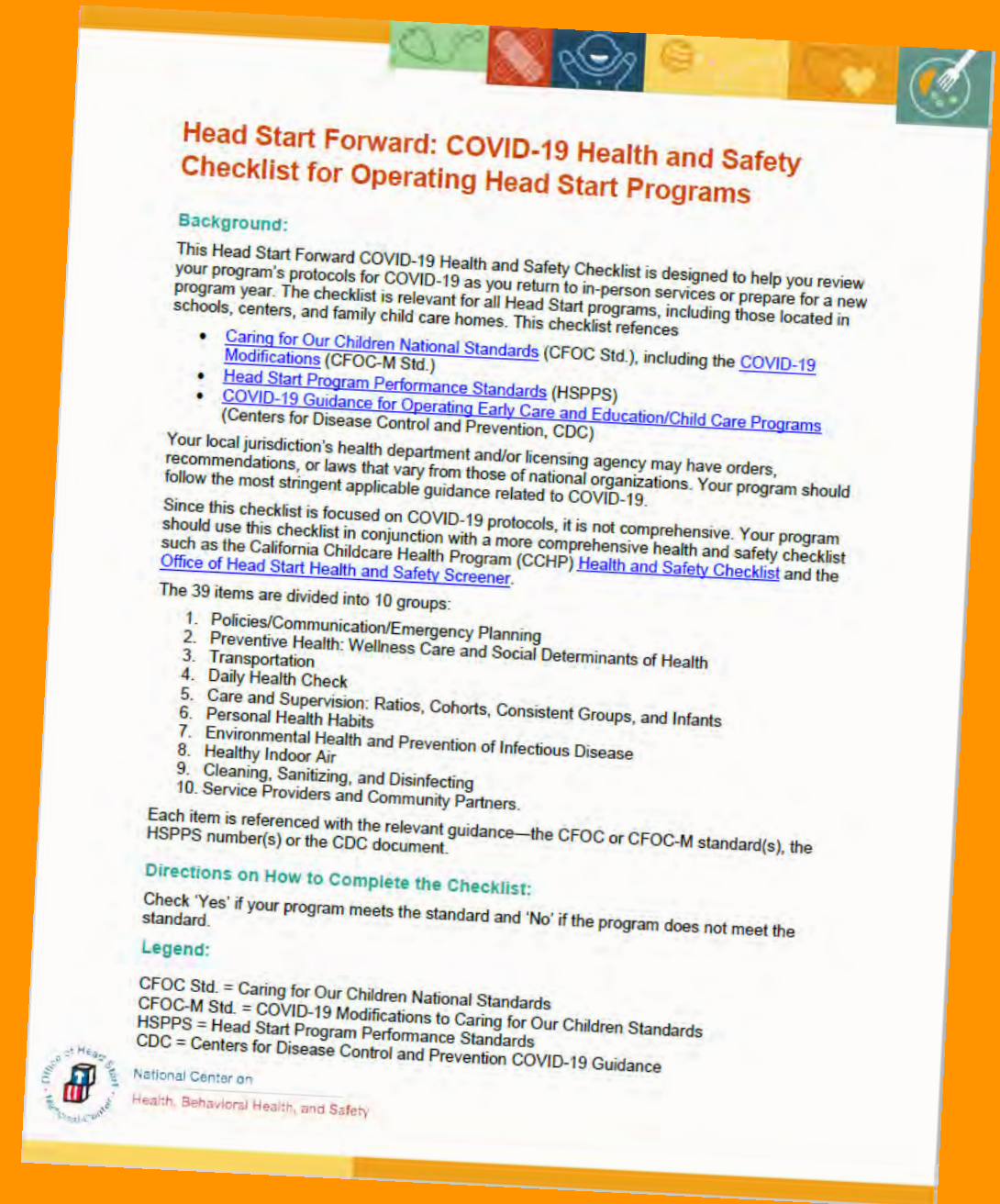
## Rationale and Purpose

- Assesses critical health and safety issues to reduce the spread of COVID-19
- Includes observable items

<https://eclkc.ohs.acf.hhs.gov/publication/head-start-forward-covid-19-health-safety-checklist-operating-head-start-programs>



National Center on  
Health, Behavioral Health, and Safety

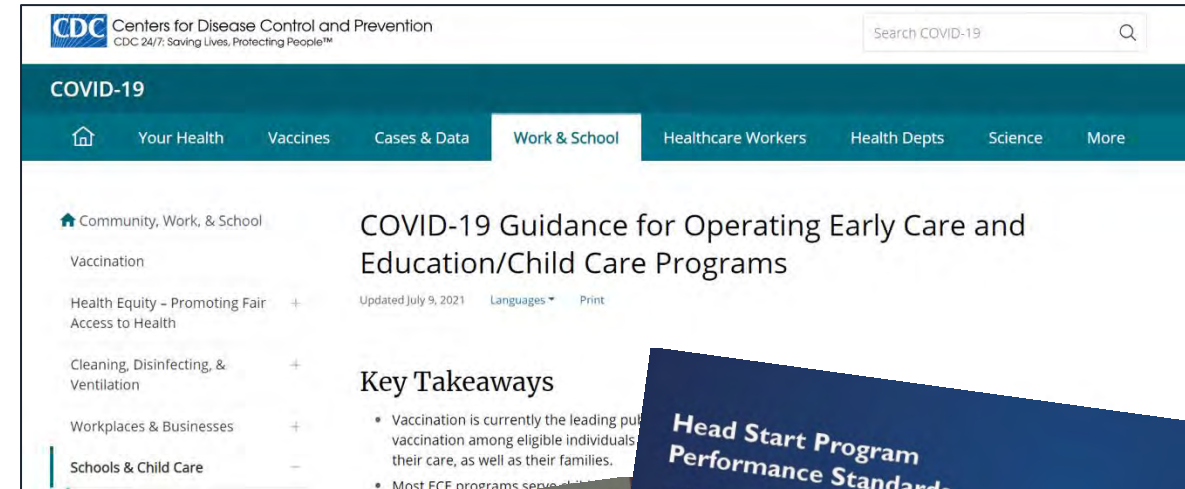




# Head Start Program Performance Standards

## Caring for Our Children (CFOC) Standards and CFOC COVID-19 Modifications

## CDC's COVID-19 Guidance for Operating Early Care and Education/Child Care Programs





# 10 Checklist Categories

1. Policies, Communication, and Emergency Planning
2. Preventive Health
3. Transportation
4. Daily Health Check
5. Care and Supervision
6. Personal Health Habits
7. Environmental Health/Prevention of Infectious Disease
8. Healthy Indoor Air
9. Cleaning, Sanitizing, and Disinfecting
10. Service Providers and Community Partners





## COVID-19 Health and Safety Checklist Items

Yes No

Policies/Communication/Emergency Planning		
1.	Health and safety policies have been reviewed and are up-to-date. CFOC <a href="#">9.2.1.2</a> , <a href="#">9.2.4.4</a>   HSPPS <a href="#">1302.47</a>   <a href="#">CDC</a>	
2.	Changes to health and safety policies and practices are communicated to families. CFOC <a href="#">9.2.1.2</a> , <a href="#">2.3.1.1</a>   HSPPS <a href="#">1302.41</a>   <a href="#">CDC</a>	
3.	Staff receive information, training, and support on implementing COVID-19 related practices and policies. CFOC-M Std. <a href="#">1.6.0.1</a>   CFOC <a href="#">9.2.4.4</a>   HSPPS <a href="#">1302.47</a>	
4.	Signs describing how to stop the spread of germs (e.g., properly washing hands and properly wearing a mask) are posted in visible locations. Signs are clear, easy-to-understand, use pictures, and are in primary languages spoken by staff and families. Accommodations are made for people with visual impairments. CFOC-M Std. <a href="#">7.1</a>   CFOC <a href="#">2.4.1.2</a> , <a href="#">3.2.2.3</a>   <a href="#">CDC</a>	
5.	A communication system is in place for families and staff to report absences related to COVID-19 to the program. <a href="#">CDC</a>	
6.	A communication system is in place for the program to report COVID-19 cases and outbreaks to staff and families (e.g., group texts, emails, phone calls). CFOC <a href="#">9.2.4.3</a>   HSPPS <a href="#">1302.41</a>   <a href="#">CDC</a>	
7.	Communications and resources are culturally relevant, in plain language, and available in appropriate languages and accessible formats. CFOC <a href="#">9.2.1.2</a>   HSPPS <a href="#">1302.41</a>   <a href="#">CDC</a>	
8.	The Emergency Operations Plan (EOP) or Disaster Preparedness Plan is up-to-date and includes steps to take when a child or staff member has been exposed to someone with COVID-19, has symptoms of COVID-19, or tests positive for COVID-19. CFOC <a href="#">9.2.4.3</a>   HSPPS <a href="#">1302.47</a>   <a href="#">CDC</a>	
9.	The EOP or Disaster Preparedness Plan is made in collaboration with local partners (e.g., state and local public health departments, licensing regulators). CFOC <a href="#">9.2.4.3</a>   <a href="#">CDC</a>	





Yes No

Preventive Health: Wellness Care and Social Determinants of Health		
10.	Resources that support vaccination are shared with staff and families. CFOC-M Std. <a href="#">1.6.0.1</a>   HSPPS <a href="#">1302.41</a> , <a href="#">1302.46</a> , <a href="#">1302.93</a>   <a href="#">CDC</a>	
11.	Staff and family concerns about COVID-19 vaccinations are discussed in a culturally appropriate and non-judgmental manner. CFOC-M Std. <a href="#">1.6.0.1</a>   HSPPS <a href="#">1302.41</a> , <a href="#">1302.46</a> , <a href="#">1302.93</a>   <a href="#">CDC</a>	
12.	Children are up-to-date with well child visits, routine childhood vaccines, developmental screening, and dental appointments. CFOC-M Std. <a href="#">1.6.0.1</a>   HSPPS <a href="#">1302.42</a>	
13.	Concerns about food and housing security, employment, and safety are discussed with families. Resources that support food and housing security, employment, and safety are shared with staff and families. CFOC <a href="#">9.4.1.19</a> , <a href="#">9.2.4.3</a>   HSPPS <a href="#">1302.46</a>	

Yes No

Transportation		
14.	Children transported on buses are seated one child per row, when possible, unless they are from the same household. Drivers and bus aides practice routine safety protocols (e.g., hand hygiene, masks). Staff and children are screened for symptoms of COVID-19 or illness before boarding the vehicle. See OHS Information Memorandum on <a href="#">Head Start Transportation Services and Vehicles During the COVID-19 Pandemic</a> . CFOC-M Std. <a href="#">6.5.2.3</a>   <a href="#">CDC</a>	



Yes No

Daily Health Check		
15.	Staff and children are screened for symptoms of COVID-19 or illness before entering the facility. CFOC-M Std. <a href="#">1.7.0.2</a> , <a href="#">3.6.1.2</a>   CFOC <a href="#">3.1.1.1</a>   HSPPS <a href="#">1302.42</a> , <a href="#">1302.47</a>   <a href="#">CDC</a>	
16.	People who are breastfeeding infants are screened for COVID-19 or illness before entering the facility. <a href="#">CDC</a>	
17.	Direct service providers are screened for symptoms of COVID-19 or illness before entering the facility. Nonessential visitors, volunteers, and people attending external group activities have limited access. CFOC-M Std. <a href="#">2.3.1.2</a>   HSPPS <a href="#">1302.47</a> , <a href="#">1302.94</a>   <a href="#">CDC</a>	
18.	If checking for fever, a no-contact thermometer is used according to the manufacturer's instructions. CFOC-M Std. <a href="#">3.6.1.3</a>   HSPPS <a href="#">1302.47</a>	

Yes No

Care and Supervision: Ratios, Cohorts, Consistent Groups, and Infants		
19.	Children are grouped into cohorts with assigned staff, and these groupings stay the same from day to day. CFOC-M Std. <a href="#">1.1.1.1</a> , <a href="#">1.1.1.2</a> , <a href="#">1.1.1.3</a>   HSPPS <a href="#">1302.47</a>   <a href="#">CDC</a>	
20.	There is minimal or no interaction between cohorts. CFOC-M Std. <a href="#">1.1.1.1</a> , <a href="#">1.1.1.2</a> , <a href="#">1.1.1.3</a>   HSPPS <a href="#">1302.47</a>   <a href="#">CDC</a>	
21.	Staff wear masks and washable smocks when feeding and holding infants. Extra smocks for staff and changes of clothing for children are available in case they get soiled during feeding. Eye protection is available for staff caring for infants (e.g., glasses, goggles, face shield). CFOC-M Std. <a href="#">4.3.1.8</a>	
22.	Guidance from state and local health departments and the licensing agency on group size is followed. CFOC-M Std. <a href="#">1.1.1.1</a> , <a href="#">1.1.1.2</a> , <a href="#">1.1.1.3</a>   HSPPS <a href="#">1302.21</a> , <a href="#">1302.23</a>	



Yes No

Personal Health Habits		
23.	<p>Adults, including staff, visitors, and family members, wear a well-fitted face mask indoors.</p> <p>Children 2 years or older who can remove their own mask wear a well-fitted face mask indoors except when eating or sleeping.</p> <p>CFOC-M Std. <a href="#">1.1.1.1</a>, <a href="#">1.1.1.2</a>, <a href="#">1.1.1.3</a>, <a href="#">1.6.0.1</a>, <a href="#">1.6.0.3</a>, <a href="#">6.5.2.1</a>   HSPPS <a href="#">1302.47</a>   <a href="#">CDC</a></p>	
24.	<p>A supply of masks is available at the entrance for children and families who do not have masks.</p> <p>CFOC-M Std. <a href="#">6.5.2.1</a>   HSPPS <a href="#">1302.42</a></p>	
25.	<p>Children and staff practice proper hand hygiene before and after touching their mask or assisting with masks.</p> <p><a href="#">CDC</a></p>	
26.	<p>Adults and children wash their hands or use hand sanitizer upon entering the building.</p> <p>CFOC-M Std. <a href="#">6.5.2.1</a>   HSPPS <a href="#">1302.47</a></p>	
27.	<p>Hand sanitizer with at least 60% alcohol is next to sign in/out sheets and available in areas without access to soap and running water.</p> <p>CFOC-M Std. <a href="#">6.5.2.1</a>   HSPPS <a href="#">1302.47</a></p>	
28.	<p>Children are spaced apart when seated for meals and snacks if possible. If space is limited, children eat in smaller groups with staggered mealtimes to allow more spacing between them. Children eat outdoors or in well-ventilated indoor spaces.</p> <p>CFOC-M Std. <a href="#">4.5.0.4</a>   <a href="#">CDC</a></p>	





Yes No

Environmental Health and Prevention of Infectious Disease		
29.	Children are positioned alternating head to toe on mats, cots, or cribs for naps. CFOC-M Stds. <a href="#">1.1.1.1</a> , <a href="#">1.1.1.2</a> , <a href="#">1.1.1.3</a>   HSPPS <a href="#">1302.47</a>	
30.	Outdoor environments are used for activities and meals as much as possible. CFOC-M Stds. <a href="#">1.1.1.1</a> , <a href="#">1.1.1.2</a> , <a href="#">1.1.1.3</a>   HSPPS <a href="#">1302.31</a>   <a href="#">CDC</a>	

Yes No

Healthy Indoor Air		
31.	Windows and doors are open if it is safe. Windows accessible to children open less than 4 inches or have window guards so that children cannot climb out. CFOC <a href="#">5.1.3.2</a>   HSPPS <a href="#">1302.47</a>   <a href="#">CDC</a>	
32.	Fans are available to increase air flow in and out of open windows if a heating, ventilation, and air conditioning (HVAC) system is not present or is inadequate. If fans are present, they are not accessible to children. CFOC <a href="#">5.2.1.1</a> , <a href="#">5.2.1.7</a>   HSPPS <a href="#">1302.47</a>   <a href="#">CDC</a>	
33.	The HVAC system has been inspected by a qualified contractor. The HVAC system is operated and maintained according to the manufacturer's instructions. CFOC <a href="#">5.2.1.3</a>	
34.	Portable air cleaners with HEPA filters are operated and maintained according to the manufacturer's instructions if there is no HVAC system or it is inadequate. <a href="#">CDC</a>	





Yes No


Cleaning, Sanitizing, and Disinfecting		
35.	The facility is cleaned routinely according to CFOC recommendations. CFOC <a href="#">3.3.0.1, Appendix K</a>   HSPPS <a href="#">1302.47</a>	
36.	High touch surfaces (e.g., doorknobs, railings, grab bars) are cleaned and disinfected at least daily. CFOC <a href="#">Appendix K</a>   HSPPS <a href="#">1302.47</a>   <a href="#">CDC</a>	
37.	The product used to disinfect has an EPA registration number and is on the EPA List N for products effective against coronavirus SARS-CoV-2 (COVID-19). See <a href="#">About List N: Disinfectants for Coronavirus (COVID-19)</a> . <a href="#">CDC</a>	

Yes No

Service Providers and Community Partners		
38.	Child care health consultants and members of the Head Start Health Services Advisory Committee are engaged for up-to-date COVID-19 information and guidance, for reviews and updates of health and safety policies, for staff development, and for support in vaccination efforts. CFOC-M Std. <a href="#">1.6.0.1</a>   HSPPS <a href="#">1302.42</a>	
39.	Infant and early childhood mental health consultants are engaged to help the program promote resilience, provide support, and address the social, emotional, and mental health challenges faced by children, families, and staff during COVID-19. CFOC-M Std. <a href="#">1.6.0.3</a>   HSPPS <a href="#">1302.45</a>	

# How to Use the COVID-19 Health and Safety Supply and Task List

- You may want to purchase and/or assemble supplies to help you match the items on the COVID-19 Health and Safety Checklist.
- The list of supplies and tasks is divided into 3 sections: Supplies, Equipment, and Facility Tasks.



## Head Start Forward: COVID-19 Health and Safety Supply and Task List

Supporting the COVID-19 Health and Safety Checklist for Operating Head Start Programs

### Supplies


- Disposable gloves
- Thermometer (touchless, if possible)
- Health screening log
- Face masks (child- and adult-sized)
- Paper bags or plastic containers to store masks while eating or napping
- Smocks for staff
- Face shields and/or other eye protection for staff
- Liquid soap for handwashing
- Paper towels, tissues, and toilet paper
- Hand sanitizer that contains at least 60% alcohol
- U.S. Environmental Protection Agency (EPA)-registered disinfectant that is listed on [List N Tool: COVID-19 Disinfectants](#)
- EPA registered sanitizer for food surfaces
- Laundry soap/detergent
- Extra bedding for cots, mats, and cribs
- Microfiber cloths
- Carpet squares, mats, hula hoops, pool noodles, or other visuals for spacing children
- [COVID-19 Risk Reduction Strategies: Posters](#)

### Equipment

- Extra tables for meals and activities to promote spacing
- Outdoor furniture for children's meals and staff breaks
- Portable handwashing sink for outdoor areas
- Diaper changing table and paper rolls to line table
- Garbage cans with lids that can be opened by a foot-pedal and garbage can liners
- Portable air filtration device with HEPA filter
- Vacuum cleaner with HEPA filter
- Dishwasher with a sanitizing cycle
- Washing machine and dryer
- Spray bottles and liquid measuring cup
- Stepping stool for children to reach sink
- Safety locks for keeping hazardous chemicals out of children's reach

### Facility Tasks

- Consult a ventilation specialist about heating, ventilation, and air conditioning (HVAC) system upgrades, repairs, and filters.
- Invest in HVAC upgrades and repairs, as needed.
- Repair windows so they can open safely.
- Install window guards.
- Install and/or service bathroom and kitchen exhaust fans that vent to the outdoors.



Office of Head Start  
National Center for  
Health, Behavioral Health, and Safety



National Center on

Health, Behavioral Health, and Safety





# Examples of Purchases to Match COVID-19 Checklist Items by Category

**Healthy Indoor Air**

Portable air cleaners

**Personal Health Habits**

Child- and adult sized-masks

**Daily Health Check**

Touchless thermometers

**Environmental Health**

Outdoor furniture for meals, activities, staff breaks





**Use multiple, layered risk reduction strategies together.**

## Simple Steps to Stay Healthy

Use these seven strategies to reduce the spread of COVID-19

**Wash your hands**

**Wear a mask**

**Stay physically distant and socially connected**

**Increase fresh air**

**Clean and disinfect**

**Check for symptoms daily and stay home if you're sick**

**Get vaccinated**





# Key Messages

- Encourage staff and families to get vaccinated, because this is the leading public health prevention strategy to end this pandemic.
- Use universal masking in Head Start programs.
- Monitor rates of local community transmission and adjust program practices as needed.
- Implement safe protocols for resuming toothbrushing in group care, serving family-style meals, and allowing essential visitors.
- Use the COVID-19 Health and Safety Checklist to reduce the spread of the virus.



# More NCHBHS Resources

- Ventilation Basics for Head Start Programs webinar — August 5
- Check-In on Well-Child Check-Ups webinar — August 26
- COVID-19 Health and Safety Checklist and Supply and Task List
- COVID-19 Health Considerations on ECLKC  
<https://eclkc.ohs.acf.hhs.gov/physical-health/article/covid-19-health-considerations>



*Thank you!*



National Center on

Health, Behavioral Health, and Safety

Subscribe to our mailing list at <https://go.edc.org/HBHS-Contacts>



# National Center on Health, Behavioral Health, and Safety

Toll-Free: 888-227-5125

Email: [health@ecetta.info](mailto:health@ecetta.info)

Website: <https://eclkc.ohs.acf.hhs.gov/health>

This presentation is/was supported by the Administration for Children and Families (ACF) of the United States (U.S.) Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$7,582,500 with 97% funded by ACF and 3% by the Health Resources Services Administration (HRSA) of the U.S. HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor are an endorsement by, ACF/HHS, or the U.S. government. This resource may be duplicated for noncommercial uses without permission.





# Save the Date

## Upcoming Head Start Forward Webinar *Register Today!*



### Showcase of Grantee Best Practices on In-person Services

Wednesday, Aug. 25, 2021, 1–2:30 p.m. ET

