

## Childcare Facilities, Summer Camps, Sports Camps and After School Programs

These guidelines have been developed to provide a safe and responsible environment to serve children and families in Miami-Dade County and to deliver services in the “New Normal” for childcare facilities, summer camps, sports camps, and after school programs in adherence with the guidelines and regulations from:

- American Camp Association, Camp Operation Guide Summer 2020  
<https://www.acacamps.org/resource-library/coronavirus/camp-business/camp-operations-guide-summer-2020>
- Florida Department of Children and Families (DCF)  
<https://myflfamilies.com/service-programs/child-care/covid-19-faqs-provider.shtml>
- Centers for Disease Control and Prevention (CDC)  
<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-schools.html>
- Florida Department of Education (DOE)  
<http://www.fldoe.org/em-response/index.shtml>
- Florida Department of Health (FDOH) guidelines  
<http://www.floridahealth.gov/>
- Miami-Dade County general reopening guidelines on page 21 of the “New Normal, A Guide for Residents and Commercial Establishments”  
<https://www.miamidade.gov/information/library/new-normal.pdf>

This document provides guidance and procedures to protect children and families, as well as employees in childcare, summer camps, sports camps and after school programs. These guidelines identify a safe approach for moving from current operations beginning not sooner than June 8, 2020. Individual program schedules will be determined by their readiness to fully implement and follow the safety protocols and guidelines.

A coordinated countywide approach will provide consistent, safer and effective provisions for the above-mentioned programs. This guidance and protocols are outlined to serve children and families while complying with Florida DOE, DCF, CDC, FDOH and Miami-Dade County regulations.

**Our top priority is to keep children and employees safe.**

### General Guidelines

#### I. Workplace Protection

- Implement daily screenings for staff (and all persons entering the facility) consisting of entry temperature checks and CDC health screening questions, respectfully, as well as in accordance with any applicable privacy laws or regulations.
  - Persons with body temperatures of greater than 100.4 or who say yes to screening questions will be prohibited from entering the building or program. Thermometers must be in proper working order and calibrated.
  - Persons exhibiting other symptoms will also be prohibited from entering program/facility.
- Concern for an artificially elevated temperature at initial screening (driving in a car without AC or walking to facility). Individual should wait either in a separate room within the center or in the shade outside with the temperature check repeated after 10-15 minutes.

- Conduct ongoing observation throughout the day of students and staff.
- **Require staff to stay home if they are sick and parents/guardians to keep sick children at home.**
- **Establish controlled means of entrance to limit interaction and maintain social distancing:**
  - **Limit entry to facility to one adult per child. Adults must wear cloth facial coverings** (surgical masks and N95 masks should be reserved to health care professionals) .
  - **Modify access to facility to prevent inadvertent interaction between arriving and departing adults and children.** <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html#pickup>
- **Stagger start and end times of activities and programs to reduce peak traffic.**
  - **Suspend visits and tours of facilities for anyone other than children served and staff during operational hours.**
- **Implement enhanced facility sanitation (cleaning and disinfecting) and personal hygiene practices, including:**
  - **Schedule deep cleaning and disinfecting prior to program start and enhanced cleaning and disinfecting prior to each day's opening.**
  - **Implement cleaning and disinfecting practices for most touch areas throughout the day (every 2- 3 hours) including bathrooms, common areas, door handles, light switches, copy machines, physical barriers, etc .**
- **Follow CDC Guidance for Cleaning and Disinfecting** <https://www.cdc.gov/coronavirus/2019-ncov/community/clean-disinfect/index.html>
- **Provide handwashing station with adequate soap, water, paper towels, or hand sanitizer with at least 60% alcohol at each building or program entrance, exits, and throughout the program or facility.**
- **Installation of permanent or portable touchless faucets, liquid soap dispensers, and paper towel dispensers with easy accessibility within facility is recommended (this is in addition to existing bathroom facilities).**
- **Simple handwashing stations can be created throughout the facility through the use of commercially available wet towel bucket dispensers in conjunction with automatic soap dispensers. Wet cloth towels (with water) may also be used as an alternative to paper towels (so long as they are employed as single use). Handwashing stations must be accompanied by nearby touchless trash bins to dispose of used paper or cloth towels.**
- **Hand sanitizer may be used if handwashing is not possible. Ensure hand sanitizing stations are out of the reach of very young children.**
- **Modify interior spaces to maximize social distancing, including installation of barriers, modification of furniture and layouts, and segmentation of common areas to ensure the separation of groups of not more than 10 individuals.**
- **Establishments are required to check HVAC systems to ensure proper recirculation of outside air and replacement of air filters.**
  - **Ensure filter replacement or upgrade consistent with CDC and OSHA Guidelines** (<https://www.cdc.gov/coronavirus/2019-ncov/community/office-buildings.html>)
  - **Air Change outs are paramount:**
    - **Comply with Section 553.908 on guidance on required air changes per hour.** ([http://www.leg.state.fl.us/statutes/index.cfm?App\\_mode=Display\\_Statute&Search\\_String=&URL=0500-0599/0553/Sections/0553.908.html](http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0500-0599/0553/Sections/0553.908.html))
    - **Comply with FBC 2017, Chapter 4, Ventilation Section of Mechanical Code-** (<https://up.codes/viewer/florida/fl-mechanical-code-2017/chapter/4/ventilation#4>)

- ASHRAE Standard 62.1-2019, Ventilation for Acceptable Indoor Air Quality.
  - Consider opening doors and windows when feasible without impacting indoor air quality in terms of humidity and airborne particulates levels.
- **Prior to re-opening the facility, flush plumbing and run water in sinks to eliminate stagnant water from the period of closure. Refer to the guidance for building water systems after a prolonged shutdown.** Ensure the safety of your occupants and building water system and devices. <https://www.cdc.gov/coronavirus/2019-ncov/php/building-water-system.html>

## II. Employee Protection

- Require staff to check for symptoms and their temperatures prior to coming to work. Sick staff should stay home.
- **Provide staff with appropriate Personal Protective Equipment (PPE) and cleaning and disinfecting materials, maintaining not less than a 15-day supply.**
- **Teach and reinforce the use of PPE and hygiene practices among all staff.** <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention-H.pdf>.
  - **Cloth face coverings to be worn by all adults in the program. Those involved in strenuous activity can remove their mask while maintaining a 10 foot social distance.** <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>.
  - **Disposable gloves for diapering, foodservice, and feeding of infants and toddlers, must be removed after each individual use.**
- **Ensure social distancing among staff and groups of not more than 10 individuals.**
  - Stagger breaks, meals, program activities
  - Prohibit staff from gathering in communal space-break rooms and common areas.
- **Reinforce hygiene practices, including hand washing:**
  - **Upon 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.**
  - **After sneezing and or coughing.**
  - **Before and after glove usage.**
- **Implement enhanced cleaning and disinfecting for staff areas at start and end of day.**
- **Reduce risk to staff who are defined as COVID-19 vulnerable (e.g., age, pregnancy, pre-existing conditions, etc.), where possible, by redeploying to functions with less social proximity.**

## Enhance staff communication

- **Provide training and educational materials, including this guide, to staff. Include information on everyone's responsibilities as they relate to COVID-19.**
  - **Verify that staff have read and understood the educational material.**
- **Communicate to staff workplace controls, including the proper use of PPE.**
- **Maintain flexible leave policies:**

- Permit employees to take leave to care for a family member sick with COVID-19.
- Communicate strategies for administrative staff to telework from home, if possible.
- **Post signage to educate and train staff and visitors or building occupants to control spread and transmission of COVID-19 using below guidance:**
  - CDC guidance to stop the spread of germs <https://www.cdc.gov/coronavirus/2019-ncov/downloads/stop-the-spread-of-germs.pdf>
  - CDC guidance on COVID-19 symptoms <https://www.cdc.gov/coronavirus/2019-ncov/downloads/COVID19-symptoms.pdf>

### III. Protection of Children

- As part of the initial enrollment or re-enrollment process, program staff should speak about the risk of COVID-19 to the parents of children with underlying health conditions. Parents should be encouraged to speak to their child's health care provider to assess their risk and to determine if they should stay home.
- Parents with children with underlying medical conditions, must provide clearance from the primary care physician indicating the child is able to participate in center-based or in person programs to enroll/reenroll the child in the program. Programs must follow children's care plan for underlying health conditions.
- Conduct daily wellness check on children at drop off – temperature of children and CDC screening questions for adults regarding children's health.
  - Children with temperature >100.4 or whose guardian says yes to screening questions will be prohibited from entering the building or program, unless cleared by a doctor.
  - Children who exhibit symptoms of an upper respiratory illness will not be permitted to attend the program that day.
- Children and youth >2 years will be expected to wear face coverings unless engaged in strenuous activities. Accommodations will be made for pre-school children and for children with disabilities or special needs.
- Establish strict density measures to ensure that groups are no greater than 10 and can maintain separation and social distancing requirements.
  - Revise facility capacity, accordingly, ensuring that there are separate spaces for groups of no greater than 10.
  - As much as possible, maintain 6 feet distance between children unless accommodations are warranted for very young children or children with disabilities.
  - Restrict mixing, have the same group of children stay with the same staff each day, including during mealtimes.
  - Maximize use of outdoor spaces and increase time spent on outdoor activities.
- Children who exhibit symptoms of illness during the day must be placed in a supervised isolation space established for this purpose and parents must be contacted immediately.
  - Continue ongoing monitoring.
- Establish training for children and schedule for frequent handwashing throughout the day.
  - Implement healthy hand hygiene behavior, refer to website: <https://www.cdc.gov/handwashing/posters.html>
  - Supervise washing of hands with soap and water for at least 20 seconds.

- Alcohol-based hand sanitizers with at least 60% alcohol can be used if soap and water are not readily available and if the hands are not visibly soiled and if the child has not just completed eating or going to the bathroom.
- Supervise very young children, or as needed for children with disabilities, when they use hand sanitizer to prevent ingestion.
  - Assist very young children with handwashing, including infants who cannot wash hands alone, and as needed for children with disabilities.
  - After assisting children with handwashing, staff should also wash their hands.
- Provide disposable cups or refillable water bottles and prohibit the typical use of water fountains.
- Establish training and schedule for proper and frequent cleaning and disinfecting of surfaces, toys, sporting equipment and materials, as applicable.
  - All cleaning materials should be kept secure and out of reach of children.
  - Cleaning products should not be used near children, and staff should ensure that there is adequate ventilation when using these products to prevent children from inhaling toxic fumes.
  - CDC Guidance for Cleaning and Disinfecting: <https://www.cdc.gov/coronavirus/2019-ncov/community/clean-disinfect/index.html>
- Require that each child has their own set of materials. Prohibit sharing of items between children as much as possible. Clean and disinfect each item before and between use. If it is a sport camp the child should bring their own ball or other needed sporting equipment.
- Inform parents that children should leave toys and blankets and their comfort items at home to reduce the introduction of new objects. Accommodations should be made for children with disabilities or special needs.
- 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.

#### IV. Employer-led Public Health Interventions

- Review HR policies to reflect requirements to safely serve children and protect staff in the COVID-19 environment.
- Post signs on how to: Stop the spread of COVID-19; properly wash hands; promote everyday protective measures; and properly wear a face covering. DOH and/or CDC signage must be posted in multiple, publicly trafficked locations. See resources section for sample signs.
- **Staff must acknowledge reviewing in advance and complying with health screening questions prescribed by the CDC/Florida Department of Health (being turned away, if they are not able to confirm answers as required for entry).**
- Facilitate work-from-home options when possible for staff with symptoms.
- <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>.

#### V. Industrywide Safeguards

- Develop a plan for potential COVID-19 cases in the program including coordinating with DOH, cleaning and disinfecting of areas, and potential temporary closure until area impacted is cleaned, disinfected and cleared by DOH.
  - Post number and E-mail for FL-DOH 850-245-4444; [health@flhealth.gov](mailto:health@flhealth.gov)
  - Post phone numbers and e-mails for other relevant authorities

- **Maintain good records of visitors and staff movements each day to facilitate investigation of potential COVID-19 cases.**
- Detailed records of daily health screenings should be maintained as well, following HIPPA compliance.
- Conduct self-assessment and readiness check list. Refer to CDC document for readiness. (See checklist attached).
- **Prepare and distribute policy guidelines allowing staff to familiarize themselves with the material. Train staff on guidelines prior to reopening if possible.**
- Prepare and distribute documentation to parents/legal guardians of children to explain rules and guidelines for children to follow.
- **Prepare communication platforms, such as websites, text messaging, and telephone hotlines, to communicate information to children, parents/legal guardians, staff, etc.**
- Designate at least one qualified person from staff to act as the primary contact for children, parents/legal guardians, employees and DOH. The designee(s) should be prepared to effectively address any questions and concerns related to the COVID-19 pandemic.
- Discourage the use of perfect attendance awards and incentives.
- **At the start of each day, and when necessary during program, hold small group orientations and trainings and demonstrations on behaviors and precautions children should abide by, to prevent the spread of COVID-19, including:**
  - Remind students and staff that you have a "Safety-first" policy that includes.
  - How, when and where to effectively wash and sanitize hands.
  - How to practice physical distancing in various settings (cafeteria, classrooms, cabins, etc.).
  - Which symptoms to look out for and when to report them and to whom.
  - When to stay home.
  - Coughing and sneezing etiquette.
  - Other program specific policies or guidelines.
- **In the event of a potential exposure to COVID-19 please take the following actions:**
  - **Inform parents/legal guardians and affected employees on same day about any potential contact their children (or the staff) may have had with suspected or confirmed cases.**
  - **Coordinate and work closely with DOH to respond to the event in a timely and appropriate manner.**
  - **Group should be monitored but not isolated unless the child tests positive.**
  - **Coordinate appropriate follow up measures with DOH in Miami Dade County**
  - **Consider providing distance-learning opportunities/options for ill students**
- **If a person who has been in the program or facility tests positive:**
  - **The facility must immediately report the incident, timing of infection and proposed remediation plan to relevant authorities including the DOH and the FL-DOH.**
  - **Inform parents/legal guardians and affected employees on same day about any potential contact their children (or the staff) may have had with confirmed cases.**
  - **Close off areas used by 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 cleaning and disinfecting to allow respiratory droplets to settle before cleaning.**
  - **Clean and disinfect all areas used by the person including common areas, bathrooms and offices.**



- **Use products from the list of those that are EPA-approved for use against the SARS-CoV 2 (virus that causes COVID-19)** <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>.
- **Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.).**
- If more than 10 days has passed since the person who is sick visited the center, additional cleaning and disinfecting is not necessary and the center should continue its routine cleaning and disinfecting program.
- Follow CDC guidelines on what to do if there is a confirmed case of COVID-19. <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-schools.html>
- **Child must provide a doctor's note approving the child's return to the program.**

## **VI. Communication**

- **Create communications strategies for staff, families, and children:**
  - **Advance guidance to parents regarding how to prepare themselves and their children for what to expect.**
  - **Create orientation messages and disseminate (i.e: e-mail, Zoom sessions, etc.).**
    - **i.e: Healthy kids start at home.**
- **Ensure reliable contact information for incident notification to families and for inquiries by families.**
- Work with community-based organizations to disseminate communications messages.
- Encourage children to talk about how they are feeling.
- Tell children they can ask you any questions and make yourself available to talk and listen.
- Be calm and reassuring; be careful not only about what you say but how you say it.
- Be a source of comfort.
- Listen for underlying fears or concerns.
- Ask questions to find out what a concerned child knows about COVID-19.
- Let children know that fear is a normal and acceptable reaction.
- Provide only honest and accurate information.
- Correct any false information they may have heard. See "Myth busting information", <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/myth-busters>)
- Be considerate with children when correcting any information.
- If you do not know the answer to a question, say so. Do not speculate. Find answers by visiting the CDC, WHO, or or the Florida Department of Health website, contact local DOH.
- Make sure children know how the virus can spread and how to prevent it from spreading.
- Talk about what the program is doing to protect everyone from getting sick.
- When age appropriate, reassure concerned children that even though the COVID-19 pandemic is serious, hospitalizations and death are rare, especially in young healthy individuals.
- Let children know that typically teens and children seem to get a milder illness when compared to adults.
- Share with guardians the signs and symptoms of Kawasaki disease (Multisystem Inflammatory Syndrome) <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/children/mis-c.html>
- **Provide family information on preventing COVID-19 including CDC guidance for large or extended families living in the same household.**
- **Provide Florida Department of Health guidance for High Risk Individuals.**

- Speak in age-appropriate language:
- **Early elementary school-aged children:** Provide brief, simple information that balances COVID-19 facts with appropriate reassurances that adults are there to help keep them healthy and to take care of them if they do get sick. Give simple examples of the steps they can take every day to stop germs and stay healthy, such as washing hands. Use language such as “Adults are working hard to keep you safe.”
- **Upper elementary and early middle school-aged children:** This age group often is more vocal in asking questions about whether they indeed are safe and what will happen if COVID-19 spreads in their area. They may need assistance separating reality from rumor and fantasy. Discuss the efforts national, state, and community leaders are making to prevent germs from spreading and keep people healthy
- **Upper middle and high school-aged children:** With this age group, issues can be discussed in more depth. Refer them to appropriate sources of COVID-19 facts. Provide honest and accurate information about the current status of COVID- 19. Direct children with questions you cannot answer and/or fears you cannot assuage to administration or the designated staff member(s) responsible. Have follow-up conversations with children who have asked questions or expressed concerns.



## ADDITIONAL GUIDELINES FOR SPECIFIC PROGRAMS

### Summer Camp Programs

#### I. Non-employee Protection (children)

- Ensure all field trips and activities comply with social distancing guidelines.
  - Vehicular means of transportation are recommended only when necessary. If the destination can reasonably be reached by other means (walking, jogging, bicycling, hiking, etc.), it may be beneficial to plan travel to the destination using those alternatives.
  - What Bus Transit Operators Need to Know About COVID-19. <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/bus-transit-operator.html>
  - Cleaning and Disinfection for Non-emergency Transport Vehicles. <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/disinfecting-transport-vehicles.html>

#### II. Industrywide Safeguards

- CDC Youth programs and camps during COVID-19 PANDEMIC decision tool <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/Camps-Decision-Tree.pdf>

### Early Childhood

#### I. Employee Protection

- When washing, feeding or holding very young children, childcare providers can protect themselves by wearing an over-large button-down, long-sleeved shirt and by wearing long hair up and off the collar in a ponytail or other updo.

#### II. Non-employee Protection (children)

- As necessary, reduce classroom ratios to ensure sleeping cots/mats can be placed head to feet and not less than 3 feet apart (pre-school) and individual student workstations can be placed 6 feet apart (older children).
- Children and staff must bring an extra pair of shoes to be kept and worn at school throughout the school week.
- Restrict playground use to one classroom at a time, clean and disinfect high touch areas on equipment between each group.
- Remove all soft surfaces (rugs and plush toys) from classrooms, except for the youngest children where rugs may remain.
- Remove any toys that cannot be cleaned and disinfected. Do not share toys with other groups of infants and toddlers. Set aside toys that need to be cleaned due to use during the day. Consider using separate containers for clean toys and for toys that need to be cleaned and disinfected and properly label containers.
- Encourage kids to leave toys and blankets and their comfort items at home to reduce the introduction of new objects.
- Provide individual student kits with commonly used classroom materials such as crayons, markers, pencils.

### III. Business Process Adaptation

#### Parent Drop-Off and Pick-Up

- Face coverings are required at drop off and pick up, not adhering to this measure will result in not being able to drop off and pick up child.
- To the extent possible, limit direct contact with parents/guardians and ensure consistent adherence to social distancing.
- Entry Process Stations:
  - Hand hygiene stations will be set up at the entrance of the facility, so that the parent and child can clean or sanitize their hands before they enter. If a sink with soap and water is not available, provide hand sanitizer with at least 60% alcohol. Keep hand sanitizer out of children's reach and supervise use.
  - Temperature taking station.
  - Staff will be available to pick up child in the last station after parent turns in daily screener form and signs in.
  - Staff will check in child.
- Only one family is permitted in waiting/reception area at a time.
- In case of inclement weather, parents will stay in their vehicles and staff will notify when the first station is available for them to start their drop off process.
- Consider staggering arrival and drop off times and plan to limit direct contact with parents as much as possible.
- Assign a designated area for strollers/car seats which are to remain outside classrooms.
- Ideally, the same parent or designated person should drop off and pick up the child every day. If possible, older people such as grandparents over 65 years old or those with serious underlying medical conditions should not pick up children because they are more at risk for severe illness from COVID-19.

### IV. Industrywide Safeguards

- CDC Childcare programs decision tool. <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/Childcare-Decision-Tree.pdf>

#### Sports Programs

##### I. Employee Protection

- Adults must wear face covering at all times except when performing aerobic activities during which they must maintain a distance of 10 or more feet from all other persons.
- Adults must adhere to six-foot social distancing practices when interacting with players, staff and spectators.
- Adults including Directors, players and spectators must adhere to the guidelines from CDC, state and local guidelines.

##### II. Non-employee Protection (children)

- Team and high contact sports are limited to skill and drill training only.
- Indoor/outdoor activity that can be conducted in small groups (cohorts of not more than 10 athletes and/or other personnel in total) and with adequate spacing (minimum of 1 person per 10 feet).
- Some sharing of sporting equipment permitted such as kicking a football, hitting a tennis ball, use of a skipping rope, weights, mats.

- Non-contact skills training. Accidental contact may occur but no deliberate body contact drills. No wrestling, holding, tackling or binding.
- No mock, pick-up games or scrimmages.
- Minimize player contact by eliminating team/player handshakes, fist-bumps, and team/player high fives. No group prayers between teams on the field. Create plan to keep social distancing between teams in effect beyond the field of play. (e.g., ask players to tip their caps/visors, or have teams bow to each other from across the field).
- Facial coverings are removed when performing highly aerobic activity, thus for highly aerobic sports individuals must maintain a distance of 10 feet while performing strenuous activities.
- Maintain 6 feet distance between children unless accommodations are warranted for children with disabilities. The distance must expand to 10 feet if the children are performing aerobic activities which require them to remove face-coverings.
- Restrict mixing, have same group of children stay with the same staff each day.
- Maximize use of outdoor spaces and increase time spent on outdoor activities.
- All sports must abide by personal and hand hygiene and cleaning and disinfecting of equipment in between usage.
- Enhance communication of hygiene best practices with participants (no touching of face, proper and frequent hand washing).
- Provide disposable cups or refillable water bottles and prohibit the typical use of water fountains. Children are encouraged to bring an individual refillable water bottle.
- Limited number of spectators may be permitted to watch from a special designated viewing zones while adhering to physical distancing and with strict use of face coverings.

### III. Business Process Adaptation

- Create one-way entry and exit gates where possible, to direct foot traffic.
- Spectators must abide by social distancing and use of facial coverings
- Inspect designated seating and viewing areas for social distancing compliance for spectators.

### Special Populations

- Children with disabilities require accommodations as sensory and social issues as well as disruptive behaviors will prevent these children from consistently meeting requirements outlined with the plan. Accommodations for social distancing, use of cloth face masks and assistance with personal hygiene can be expected.
- Children in the foster care system must be given priority access to summer and sports camps as well as to childcare services should availability be limited.
- Additionally, children of foster care youth who are in or have been served by the foster care system will be given priority access to summer programs.

### I. Employee Protection

- When making required accommodations for special needs, caregiver intervention and proper use of PPE will help to mitigate risk of virus transmission.

### II. Non-employee Protection (children)

- In all cases, ensuring the immediate safety of children will take precedence over social distancing and PPE requirements.

- Facilities must cohort children to minimize cross contamination.
- Therapy services should be conducted online (when possible).
- If therapy services are delivered at facility, then these services should be delivered in a one-on-one environment and not within the classroom or in proximity to any other persons.
- Designated space for therapies must be cleaned and disinfected between each use abiding by CDC guidance.
- Group of ten (10) may be expanded up to 12 to allow for children in the group to receive one-on-one professional support within the room following these protocols:
  - One-on-one professional will be subject to health screening and protocols in place for all agency staff members.
  - One-on-one support professional will not be required to maintain 6 feet social distance from the child he/she is assigned to support.
  - The work station of the child/one-on-one support professional unit will be placed to maintain 6 feet social distance from other children and staff in the room.
  - One-on-one support professional and their employing agency must attest that he/she works exclusively with the child being served in the program and that he/she is not providing service to other children.