

The most important thing Childcare Facilities can do to help decrease the spread of COVID-19 is to adhere to social distancing and disinfecting guidelines.

Social Distancing

- Childcare should be carried out in stable groups, preferably with ten (10) or fewer. “Stable” means that the same ten (10) or fewer children are in the same group each day.
- Children should not change from one group to another.
- If more than one group of children is cared for at one facility, each group should be in a separate room. Groups should not mix with each other.
- Childcare providers should remain solely with one group of children.
- Consider staggering arrival and drop off times and/or have child care providers come outside the facility to pick up the children as they arrive.

Cleanliness

- Pre-screen employees and children before entrance into the facility.
- Keep restrooms stocked with soap and/or hand sanitizer.
- Routinely clean and disinfect restrooms daily or more if possible. You may want to increase cleaning of high-touched surfaces such as faucets, toilets, doorknobs, light switches, toys and bedding.
- Provide wipes, sanitizer, and cleaning products throughout workplaces to allow for frequent sanitation of frequently touched surfaces.

COVID-19 EMPLOYEE AND CHILD ENTRY SCREENING QUESTIONNAIRE

In order to be allowed to work or attend the childcare facility, the following questions should be asked prior to their entry into the facilities. For your protection it is suggested that you retain this form, should an employee or child begin to show symptoms.

SYMPTOM & RISK CHECKLIST

- | YES | NO | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have or have you had a fever of over 100.4 in the last 72 hours? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have a cough that is not normal for you? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you experiencing shortness of breath or difficulty breathing? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you experiencing body aches or chills? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have a sore throat? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you experiencing a loss of smell? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you traveled outside of Central Missouri in the last two weeks? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you been exposed to someone diagnosed with COVID-19 in the last two weeks? |

EMPLOYEE NAME AND DATE

EMPLOYEE SIGNATURE

Entry will be denied to any individual who refuses to complete the questionnaire in its entirety, any individual who is positive for any three (3) screening questions, and/or with new onset of the following symptoms: 1) Fever \geq 100.4 in past 72 hours. 2) Persistent cough, that is not normal for you. 3) Shortness of breath.