

- 1. What is your recommendation for staff with asthma?**
 - a. Please work with staff individually on their own practices. Masks might not be appropriate for every staff, and coming back to work during Phase 1 might not be appropriate for every staff.
Department of Labor guidance on FMLA and coronavirus sick leave is here:
<https://www.dol.gov/agencies/whd/fmla/pandemic>

- 2. Should the staff monitoring sick children have some type of PPE?**
 - a. PPE is appropriate for monitoring a sick child. CDC guidance should be followed as closely as possible.

- 3. How would you recommend doing social distancing at mealtime while maintaining proper supervision?**
 - a. There is not clear guidance updating recommendations for mealtimes. Mealtimes are particularly tricky for group care. We know that you are required to be within arms reach of children during meals, but children should be distanced as much as possible, particularly during times that children cannot wear masks. Smaller group sizes might be supportive of distance between children.

- 4. How do we help our families not abuse the health and wellness policies?**
 - a. We encourage you to develop and share updated practices with families, and have frequent conversations with families about how best to keep themselves and their children safe.

- 5. Does DoE plan on using these rules for volunteer PreK classrooms.**
 - a. DoE has not released their plan or guidance for School Year 2020/202.

- 6. Any recommendations around alternating children on different days of the week in the same space?**
 - a. Alternating children is one of the best practices recommended. All materials must be properly sanitized before a new group of children enters a classroom.

- 7. How long will these changes be recommended for? Will there be a possibility of going back to normal?**
 - a. While we do not know how long these recommendations will be in place, we will continue to be in contact with updated information and guidance.

- 8. In looking at class sizes, 10 is recommended, but is that set? What about low numbers but a range of say, 10-12?**
 - a. These are just recommendations, not requirements. Every program will have to make decisions about group sizes that work for your individual circumstances. The guidance is intended to support fewer contacts.

- 9. How are programs preparing for subs? We are concerned about vulnerable staff or those they do not have childcare that may access FMLA.**
- a. We recommend having as few adult contacts in each classroom as possible, so limiting the amount of subs in the program would be best practice as much as possible.
- 10. For employees (teachers) with chronic coughs that aren't covid-related and want to return to the classroom, do we allow them to come back initially?**
- a. We recommend the staff provide a note from a health care provider that they are safe and healthy to be in a classroom if they are exhibiting any sign of illness including cough.
- 11. If we have children with chronic health conditions, do we need to recommend they remain at home?**
- a. We know chronic health conditions are a risk factor for coronavirus, and would encourage you to have conversations with families who have children with chronic health conditions about how to determine the best path forward for the child and your program.
- 12. What would the morning health check look like? How should we protect ourselves when taking temperatures?**
- a. We encourage you to use a no-touch thermometer and use masks and gloves when taking temperature. A great resource for health checks is here:
<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html#ScreenChildren>
- 13. Who is our governing agency? Who tells us when we can open and who can shut us down? Is this different for camp vs school, aftercare vs school? How can we find this information?**
- a. Child care is licensed through either DHS or DOE, and summer camp can either be licensed through DHS or unlicensed. During states of emergency, Mayors, Governors, and the President can assume authority to close businesses to preserve safety and security. The Health Department can also disallow businesses on the basis of health concerns.
- 14. Thinking about social/emotional and speech/language development, what are thoughts about using clear face shields as a way to protect our teachers but give our kiddos an opportunity to still learn facial affect and support speech development.**
- a. Face shields are an option as are masks with clear plastic plates in front of the mouth.
- 15. Will teachers and/or children be required to get a cover-19 test prior to reentry?**
- a. Teachers and children are not required to get a coronavirus test.

16. Do you recommend children wear facemasks while running and playing outside?

- a. We do not recommend children wear facemasks outside.

17. Typically policies say a child must be fever free for 24 hours before returning. Is this still a safe timeline?

- a. You should follow your sick policy. Childcare businesses may modify their policy based on CDC's guidance.

18. Are we supposed to keep children separate during center play time?

- a. The recommendation is to consider whether to alter or halt daily group activities that may promote transmission.

- Keep each group of children in a separate room.
- Limit the mixing of children, such as staggering playground times and keeping groups separate for special activities such as art, music, and exercising.
- If possible, at nap time, ensure that children's naptime mats (or cribs) are spaced out as much as possible, ideally 6 feet apart. Consider placing children head to toe in order to further reduce the potential for viral spread.

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html#SocialDistancing>

19. Is the minimum of 10 in a classroom for all ages, or more for 3s and 4s? The 1 year-old ratio with 2 teachers can be 12. Can we still have those ratios in lower ages or all rooms minimum of 10?

- a. The minimum of 10/classroom is more for the 3-5 ages.