COVID TOOLKIT FOR CHILD CARE SETTINGS

ALABAMA
PUBLIC
HEALTH

TABLE OF CONTENTS

INTERIM GUIDANCE FOR CHILD CARE SETTINGS 3

- Transmission and Symptoms of COVID-19 3

REQUIREMENTS AND RECOMMENDATIONS

- Drop-off/Arrival Procedure 4
- Monitoring for Symptoms 5
- Preventing Spread in the Classroom 6
- Cloth Face Coverings 7
- Cleaning and Hygiene 8
- Protecting Vulnerable Populations 9
- For Facilities Planning to Reopen After Extended Closures 9
- Transportation 10
- Daily Health Screening Log 11
- COVID-19 Child Care Screening Tool 12
- When to Use the COIVD-19 Report Card 13
- COVID-19 Parent Checklist 14
- COVID-19 Child Care Contact Tracing Log 15

HEALTHY CHILD CARE ALABAMA MAP AND NURSE CONSULTANT CONTACT INFORMATION 16

REFERENCES 17

INTERIM GUIDANCE FOR CHILD CARE SETTINGS

This guidance is intended to help licensed and exempt child care facilities make informed decisions about COVID-19 and minimize the risk of exposure to both the staff and the children in their care. Health and safety guidance for child care facilities during COVID-19 is outlined in this document.

Transmission and Symptoms of COVID-19:
We are learning more about COVID-19 every day, but much about the virus is still to be discovered through more research. COVID-19 is mostly spread by respiratory droplets released when people talk, cough, or sneeze. It is thought that the virus may spread to hands from a contaminated surface and then to the nose or mouth, causing infection. Therefore, personal prevention practices (such as handwashing and staying home when sick) and environmental cleaning and disinfection are important principles that are covered in this document. Fortunately, there are a number of actions that child care programs can take to help lower the risk of COVID-19 exposure in child care settings.

Symptoms may appear 2-14 days after exposure to the virus. People with COVID-19 have reported a wide range of specific and non-specific symptoms of COVID-19.

People with these symptoms may have COVID-19 (but this list does not include all possible symptoms):

- Fever* or chills
- New cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Headache
- Nausea or vomiting
- Diarrhea

People with COVID-19 report a wide range of symptoms from no symptoms and mild to severe illness . Even people with no or mild symptoms can spread the virus. Children with COVID-19 may not initially present with fever and cough as often as adult patients.

**Fever is determined by a measured temperature of 100 .4 °F or greater, or feels warm to the touch, or says they have recently felt feverish .*

Actions that are **recommended** for each topic were developed to protect people in the child care setting to minimize spread of COVID-19 . Child care settings are expected to make every effort to meet all guidance in this document, however it is understood that some recommended actions may not be feasible in all settings; specific actions should be tailored to each child care program.

This Interim Guidance for Child Care Settings covers the following topics:

Drop-off/Arrival Procedure
- Monitoring for Symptoms
- Preventing Spread in the Classroom
- Cloth Face Coverings
- Cleaning and Hygiene
- Protecting Vulnerable Populations
- For Facilities Planning to Reopen After Extended Closure
- Transportation
- Forms
  - Daily Health Screening Log
  - COVID-19 Child Care Screening Tool
  - When to use the COVID-19 Report Card
  - COVID-19 Child Care Contact Tracing Log
  - COVID-19 Parent Checklist
- Resources

DROP-OFF/ARRIVAL PROCEDURE

Child care programs are recommended to:
- Post signage in drop-off/arrival area to remind people to keep six feet of distance whenever feasible. Refer to page 11, Daily Health Screening Log.

It is **recommended** that child care programs:
- Before arrival: Ask parents/caregivers to be on the alert for any symptoms of COVID-19 and to keep the child(ren) home if showing any signs of illness.
- Consider staggering arrival and drop off times and/or plan to limit direct contact with parents/caregivers as much as possible.
- Have a staff member greet children outside as they arrive.
  - Designate a staff person to walk children to their classroom, and at the end of the day, walk them back to their cars. Walk with older children and transport infants in an infant carrier.
  - The staff person greeting children should wear a cloth face covering and be a person who is not at higher risk for severe illness from COVID-19.
  - Staff should monitor and encourage social distancing at arrival and drop-off
- Communicate to families about modified drop-off/arrival procedures, including:
  - Designate the same parent or individual to drop off and pick up the child every day if possible.
  - Avoid designating those considered at high risk such as elderly grandparents who are over 65 years of age if possible.

MONITORING FOR SYMPTOMS

People with COVID-19 have reported a wide range of specific and non-specific symptoms of COVID-19. Regular screening for symptoms should be done at the start of the day and throughout the day to help reduce exposure . Adults should be encouraged to self-monitor for symptoms such as fever, cough, new loss of smell or taste, and shortness of breath/difficulty breathing. If a child develops symptoms while at child care, they should remain isolated under the supervision of an adult and return home safely as soon as possible. If a staff member develops symptoms while at the facility, they should notify their supervisor immediately and must remain isolated and return home .

Child care programs are recommended to:

- Conduct a daily health screening of any person entering the building, including children, staff, family members, and other visitors to identify symptoms, diagnosis, or exposure to COVID-19. Refer to page 12, COVID-19 Child Care Screening Tool.

It is recommended that child care programs:

- Not allow people to enter the child care setting if:
  - They have tested positive for COVID-19;
  - They are showing the following COVID-19 symptoms (fever, chills, shortness of breath, difficulty breathing, new cough, or new loss of taste or smell);
  - They have recently had close contact (within 6 feet, for 15 minutes or more) with a person with COVID-19.
- Educate staff and families about the signs and symptoms of COVID-19 and when people should stay home and when they can return to child care.
- Develop plans for backfilling positions of employees on sick leave and consider crosstraining to allow for changes of staff duties.
- Support staff to stay at home as appropriate with flexible sick leave and paid leave policies.

PREVENTING SPREAD IN THE CLASSROOM

Social distancing can decrease the spread of COVID-19. Social distancing ("physical distancing") means keeping space between yourself and other people outside of your home. Stay at least 6 feet (about 2 arms' length) from other people; do not gather in groups; stay out of crowded places and avoid mass gatherings.

It is recommended that child care programs:

- Follow social distancing strategies.
- Only allow children and staff who are required for daily operations and ratio inside the building and classrooms with the following exceptions (these individuals can enter once screened):
  - Health professionals who support children with special health care needs, early intervention service coordinators and providers for children with Individualized Family Services Plans (IFSP), and itinerant teachers and related service providers for children with Individual Education Plans (IEP) working in compliance with their agency protocols are allowed to be in the classroom once screened. Providers are encouraged to work collaboratively with their Nurse Consultants to safely meet the needs of children in their care.
  - Mothers who are breastfeeding to meet the nutritional needs of breastfeeding infants.
- Restrict teachers to one classroom with one group of children. To reduce the number of people coming in and out of classrooms, limit the use of "floater" teachers to one per classroom to provide coverage for staff at meal time and breaks.
- Waiting areas should have 6 feet spacing markings.
- Keep each group of children in their assigned rooms throughout the day with the same child care providers, including at naptime and for meals.
- Limit mixing of children as much as possible (e.g., staggering playground times, keeping groups separate for activities such as art and music).
- At nap time, ensure that children's naptime mats (or cribs) are spaced out as much as possible, ideally 6 feet apart. Place children head to toe to help prevent the virus from spreading.
- Prohibit water play using water tables and sensory play such as rice, beans, sand, or playdough activities.
- Keep a designated bin for separating mouthed toys and maintain awareness of children's behaviors. When a child is finished with a mouthed toy, remove it, place it in a toy bin that is inaccessible to other children, and wash hands. Clean and sanitize toys before returning to children's area.
- Discontinue activities that involve bringing together large groups of children or activities that don't allow for social distancing, including in-person field trips, large groups using playground equipment simultaneously, etc.
- Discontinue use of drinking directly from water fountains, request water fountains be used for bottle filling stations only.
- Discontinue in-person activities that involve bringing together large groups of people or activities that do not allow for social distancing (field trips, performances, etc.).
- Limit nonessential visitors and activities involving external groups or organizations.
- 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. Avoid serving food from common dishes or with common utensils. Ensure the safety of children with food allergies.
- Ensure ventilation systems operate properly and increase circulation of outdoor air as much as possible by opening windows and doors, using fans, or other methods. Do not open windows and doors if they pose a safety or health risk to people using the facility.
- Arrange for administrative staff to telework from their homes.

CLOTH FACE COVERINGS

There is growing evidence that wearing face coverings can help reduce the spread of COVID-19, especially for those who are sick but may not know it. Cloth face coverings are not surgical masks, respirators ("N-95"), or other medical personal protective equipment. Individuals should be reminded frequently not to touch the face covering and to wash their hands.

Cloth face coverings should **not** be placed on:

- Children under the age of 2;
- Anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the face covering without assistance; or
- Anyone who cannot tolerate a cloth face covering due to developmental, medical or behavioral health needs.

Child care programs are recommended to:

- Have all workers, all other adults, and children eleven years or older on site wear a face covering when they are or may be within six (6) feet of another person, unless the person (or family member, for a child) states that an exception applies.

It is recommended that child care programs:

- **Consider cloth face coverings for children between the ages of two (2) and older if it is determined they can reliably wear, remove, and handle masks following CDC guidance throughout the day.**
- Consider building in time throughout the day when staff and children can take short breaks from wearing cloth face coverings at times and in settings where risk for transmission is lower (e.g., outside, when windows are open, and when people are consistently 6 feet apart).

CLEANING AND HYGIENE

Child care programs are recommended to:

- Follow CDC guidance for cleaning and disinfection recommendations.
- Use an EPA-registered disinfectant that is active against coronaviruses. Clean and disinfect frequently touched surfaces throughout the day and at night. Remember items that might not ordinarily be cleaned daily such as doorknobs, light switches, countertops, chairs, cubbies, and playground structures. Use the cleaners typically used at your facility.

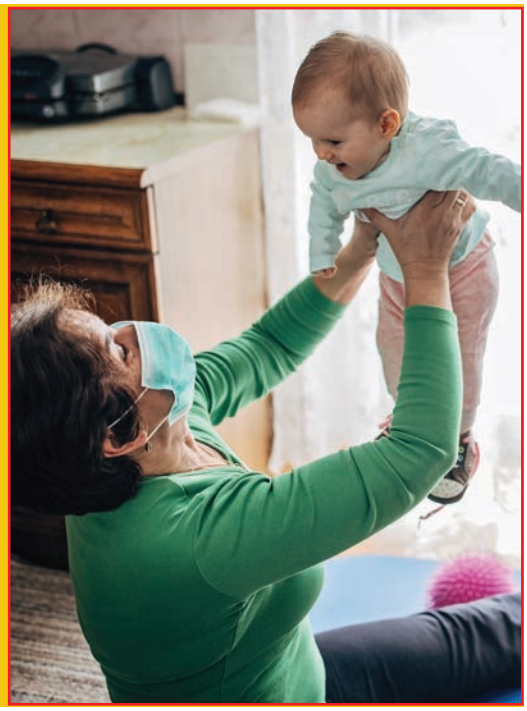
It is recommended that child care programs:

- Have adequate supplies to support healthy hygiene behaviors (e.g., soap, paper towels, tissues, and hand sanitizer with at least 60 percent alcohol for safe use by staff and older children).
- Allow time between activities for proper cleaning and disinfection of high-touch surfaces.
- Teach and reinforce hand hygiene guidance for adults and children such as washing hands frequently with soap and water for at least 20 seconds (about as long as it takes to sing "Happy Birthday" twice). Monitor to ensure both children and staff are washing hands correctly. In addition to usual handwashing, everyone should wash hands:
  - Upon arrival in classroom in the morning;
  - Before and after eating meals and snacks;
  - After blowing noses, coughing, or sneezing or when in contact with body fluids; or
  - After toileting or changing diapers
- Encourage people to cough and sneeze into their elbows, or to cover with a tissue. Encourage people to avoid touching eyes, nose, and mouth. Used tissues should be thrown in the trash and hands washed immediately with soap and water for at least 20 seconds.
- Incorporate frequent handwashing and sanitation breaks into classroom activity.
- Hand sanitizing products with 60 percent alcohol may be used in lieu of handwashing when outdoors if hands are washed upon returning indoors. Hand sanitizer should be stored out of reach of children when not in use. Cannot be used for diapering or eating, preparing, or serving food.
- Clean and sanitize all toys at the end of the day.
- Consider removing soft toys that cannot be easily cleaned. Soft toys that are machine washable should be washed often, at the warmest temperature recommended on the label and dried thoroughly.
- Toys and other items that cannot be cleaned and sanitized/disinfected should not be used. (Children's books are not considered a high risk for transmission and do not need additional cleaning or disinfection.)
- Use disposable food service items such as plates and utensils or ensure that all non-disposable food service items are minimally handled and washed according to current child care and sanitation rules. Individuals should wash their hands immediately after handling used food service items.
- Wash linen items using the warmest appropriate water setting for the items and dry items completely. Clean and disinfect hampers or other carts for transporting laundry according to guidance above for hard or soft surfaces. In child care centers, linen used in rooms where children in care are less than 12 months old must be changed and laundered when soiled and at least daily. Otherwise, bedding that touches a child's skin should be cleaned whenever soiled or wet, before use by another child and at least weekly.
- Clean and disinfect shared tools, supplies, and equipment.
- Minimize use of shared supplies and label individual supplies and items.
- Routinely check and refill/replace hand sanitizer at entries, soap, and paper towels in bathrooms.
- Limit sharing of supplies where possible, such as toys. Ensure adequate supplies to assign for individual use, or limit use to small groups and disinfect between uses. Keep children's personal items separate and in individually labeled cubbies or boxes.

PROTECTING VULNERABLE POPULATIONS

Information on who is at higher risk for severe illness due to COVID-19 is available from the CDC. Individuals who are considered high-risk include people who:

- Are 65 years of age or older
- Have a high-risk condition that includes:
  - Chronic lung disease or moderate to severe asthma;
  - Heart disease with complications;
  - Compromised immune system;
  - Severe obesity - body mass index (BMI) of 30 or higher; or
  - Other underlying medical conditions, particularly if not well controlled, such as diabetes, renal failure, or liver disease
- Staff concerned about being at higher risk should discuss with their supervisor. They may want to speak with their medical provider to assess their risk.



FOR FACILITIES PLANNING TO REOPEN AFTER EXTENDED CLOSURE

It is recommended that child care programs:

- Refer to the following CDC guidance:
  - Guidance for Schools and Child Care Programs
  - Reopening Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools, and Homes
- Train all staff and communicate with families on the following:
  - Enhanced sanitation practices;
  - Social distancing guidelines;
  - Screening practices; and
  - COVID-19 specific exclusion criteria.
- Make sure adequate supplies are available to meet cleaning requirements.

TRANSPORTATION

It is recommended that child care programs:

- Clean and disinfect transportation vehicles regularly:
  - Children should not be present when a vehicle is being cleaned.
  - Ensure safe and correct use and storage of cleaning and disinfection products, including storing products securely away from children and adequate ventilation when staff use such products.
  - At a minimum, clean and disinfect frequently touched surfaces in the vehicle (e.g., surfaces in the driver's cockpit, hard seats, arm rests, door handles, seat belt buckles, light and air controls, doors and windows, and grab handles) at the beginning and end of each trip.
  - Doors and windows should remain open when cleaning the vehicle and between trips to let the vehicles thoroughly air out.
- Follow screening process guidelines for anyone boarding the vehicle:
  - The driver and any accompanying adults should follow the symptom screening protocol outlined above for any person entering a child care facility. Individuals must stay home if they are experiencing symptoms of COVID-19 or have been exposed to someone who has been diagnosed with COVID-19.
  - Before entering a vehicle, all children should be screened. Children who demonstrate symptoms, have been diagnosed with COVID-19, or who have been in contact with someone who has been diagnosed with COVID-19 should not board the vehicle, until they meet the criteria for returning to child care.
  - Vehicles should park in a safe location away from the flow of traffic so that the screening can be conducted safely.
  - Upon arrival at the child care facility, children do not need to be rescreened if proper screening was followed prior to entry into the vehicle.
- Enforce that if a child becomes sick during the day, he or she should not use group transportation to return home and should follow protocols outlined above.
- Enforce that if a driver becomes sick during the day, he or she should follow protocols outlined above and should not return to drive children.
- Identify at least one adult to accompany the driver to assist with screening and/or supervision of children during screening of on-boarding passengers, and to monitor children during transport.
- Have adequate supplies to support healthy hygiene behaviors (e.g., hand sanitizer with at least 60 percent alcohol for safe use by staff and older children).
- Separate children with as much space as the vehicle allows while maintaining safe transportation practices, ideally more than 6 feet away (e.g. one rider per seat in every other row).
- Consider keeping windows open while the vehicle is in motion to help reduce spread of the virus by increasing air circulation, if appropriate and safe.

ALABAMA PUBLIC HEALTH

DAILY SCREENING LOG

It is recommended screenings should be done upon arriving to the Child Care Setting and throughout the day to check for symptoms and any new symptoms of COVID-19.

DATE:

Name of Child or Staff	Temperature and time taken	Symptoms of COVID-19	Comments

ALABAMA PUBLIC HEALTH

COVID-19 Child Care Screening Tool

This screening tool can be used in the event a child/staff becomes ill or as a pre-screening tool for child care staff to determine if a child or staff member should be sent home, and when they may return to child care setting.

Child/staff Name: _____ **Screening Date:** ____/____/____

A YES answer to any of the following questions means that the child or staff should not be at child care

1. Has this child/staff had close contact (within 6 feet for at least 15 minutes) with or without a mask with someone diagnosed with COVID-19, or has any health department or health care provider advised the child/staff to quarantine? **If yes,** date of last exposure to close contact: _____/_____/_____

   ❑ Yes — The child/staff should not be at child care. The child/staff can return 14 days after the last time he or she had close contact with someone with COVID-19. This advice to stay home for 14 days is not changed even if the close contact receives a negative test.

   ❑ No — The child/staff can be at child care if the child/staff is not experiencing symptoms.

2. Does this child/staff have any of the following symptoms? **If yes,** date first symptom began: _____/_____/_____

   ❑ Shortness of breath or difficulty breathing
   ❑ New loss of smell or taste
   ❑ New uncontrolled cough that causes difficulty breathing (for child/staff with chronic allergic/asthmatic cough, a change in their cough from baseline)

   If a child/staff has any of these symptoms, they should go home, stay away from other people, and the family member should call the child/staff's health care provider.

3. Has this child/staff been diagnosed with or tested positive for COVID-19 in the last 14 days? **If yes,** date: _____/_____/_____

   ❑ Yes — If a child/staff is diagnosed by their healthcare provider with COVID-19 based on a test and/or their symptoms, they should not be at child care and should stay at home until they meet the criteria below. If a child/staff has been tested, but has not received their result, the child/staff should remain home until the result is known and further guidance is received.

   ❑ No

RETURNING TO CHILD CARE

After a child/staff has been sent home, they can return to child care when a parent/guardian can ensure that they can answer YES to ALL three questions:

❑ Has it been at least 10 days since the child/staff first had symptoms or if asymptomatic at least 10 days since first positive test?
❑ Has it been at least 24 hours since the child/staff had a fever (without using fever-reducing medicine)?
❑ Has there been symptom improvement, including cough and shortness of breath?

- If a child/staff has had a negative COVID-19 test, they can return to child care after at least 10 days from the date the first symptom began once there is no fever without the use of fever-reducing medicines and they have felt well for 24 hours.
- If a child/staff has been diagnosed with COVID-19 but does not have symptoms, they should remain out of child care until 10 days have passed since the date of their first positive COVID-19 diagnostic test, assuming they have not subsequently developed symptoms since their positive test.
- If a child/staff has been determined to have been in close contact with someone diagnosed with COVID-19, they should remain out of child care for 14 days since the last known contact, unless they test positive, in which case the criteria above would apply. They must complete the full 14 days of quarantine even if they test negative.
- A child/staff can return to child care, following normal child care policies, if they receive confirmation of an alternative diagnosis from a health care provider that would explain the COVID-19-like symptom(s), once there is no fever without the use of fever-reducing medicines and they have felt well for 24 hours.

NOTE: If child/staff have fever (measured or subjective), chills, rigors, myalgia, headache, sore throat, nausea or vomiting, diarrhea, fatigue, congestion, or runny nose, they should be sent home and medically assessed. Close contacts may remain at child care until a clinical diagnosis or positive lab result is received for the individual.

WHEN TO USE THE COVID-19 REPORT CARD

This on-line form is completed to submit information to the Alabama Department of Public Health. All required fields are marked with a red asterisk (*): it is not possible to submit the report without completing all required fields. Complete the other fields when known.

COVID-19 MAJOR SYMPTOMS

- Shortness of breath or difficulty breathing
- New loss of smell or taste
- New uncontrolled cough that causes difficulty breathing (a change in cough from baseline for child/staff chronic allergic asthmatic cough)

COVID-19 MINOR SYMPTOMS

- Fever (measured or subjective
- Chills or rigors
- Muscle or Body Aches
- Headache
- Sore throat
- Nausea or vomiting
- Diarrhea
- Fatigue
- Congestion or runny nose

DOES THE INDIVIDUAL HAVE...

NEW LOSS OF SENSE OF TASTE OR SMELL?

- YES → Send ill individual home to be medically assessed by their healthcare provider; Enter ill individual into the COVID-19 REPORT Card (redcap.link/87xjzxmu) and upload list of close contacts (within 6 feet for 15 minutes or more); If facility does not have access to the internet to submit the report using the redcap link, contact your perspective Healthy Child Care Nurse Consultant; Send close contacts home only if the ill student had the COVID-19 symptom of new loss of sense of taste or smell or close contacts of laboratory confirmed or cinically diagnosed COVID-19 cases; Provide parent/guardian of the ill individual and their close contacts with COVID-19 Parent Checklist and Provisional Quarantine/Isolation Order
- NO → **NEW COUGH, SHORTNESS OF BREATH OR DIFFICULTY BREATHING, OR AT LEAST 2 COVID-19 MINOR SYMPTOMS?**
  - YES → Send ill individual home to be medically assessed by their healthcare provider
  - NO → For all other illnesses, refer to the exclusion criteria found at: go.usa.gov/xfFkU

A LABORATORY-CONFIRMED OR CLINICAL DIAGNOSIS OF COVID-19?

- YES → Send ill individual home to be medically assessed by their healthcare provider; Enter ill individual into the COVID-19 REPORT Card (redcap.link/87xjzxmu) and upload list of close contacts (within 6 feet for 15 minutes or more); If facility does not have access to the internet to submit the report using the redcap link, contact your perspective Healthy Child Care Nurse Consultant; Send close contacts home only if the ill student had the COVID-19 symptom of new loss of sense of taste or smell or close contacts of laboratory confirmed or cinically diagnosed COVID-19 cases; Provide parent/guardian of the ill individual and their close contacts with COVID-19 Parent Checklist and Provisional Quarantine/Isolation Order
- NO → STOP

ALABAMA PUBLIC HEALTH

COVID-19 PARENT CHECKLIST

Child Care Representative to mark an X over the section that does not apply to the parent.

Child's Name: _____ **Date:** ____/____/____

☐ **Your child is being sent home from child care because he or she has one or more of the following COVID- 19 symptoms:** shortness of breath or difficulty breathing, new cough, new loss of taste or smell

Date first symptom began: ____/____/____

✔ Contact your child's healthcare provider/doctor for a medical evaluation

✔ If your child is diagnosed with COVID-19 or tested positive for COVID-19, he or she can return to child care when a parent/guardian can ensure that they can answer YES to ALL three questions:

- Has it been at least 10 days since the child first had symptoms or if asymptomatic at least 10 days since first positive test?
- Has it been at least 24 hours since the child had a fever (without using fever-reducing medicine)?
- Has there been symptom improvement, including cough and shortness of breath?

✔ If your child has received an alternate diagnosis that would explain the COVID-19-like symptoms, he or she can return to child care following the advice of their healthcare provider/doctor and child care policies. *This does not apply to close contacts of individuals with COVID-19.*

✔ If your child has had a negative COVID-19 test, they can return to child care after at least 10 days from the date the first symptoms began once there is no fever without the use of fever-reducing medicines and they have felt well for 24 hours.

✔ Report to the child care director the results and outcome of the call to your child's healthcare provider/doctor.

☐ **Your child may have had close contact (within 6 feet for at least 15 minutes) with someone diagnosed with COVID-19**

Date of last exposure to close contact: ____/____/____

✔ If your child has been determined to have been in close contact with someone diagnosed with COVID- 19, they should remain out of child care for 14 days since the last known contact.

✔ If your child becomes symptomatic during this time, have them evaluated by their healthcare provider/doctor and report to the child care director the results and outcome of the medical evaluation. See section above for symptomatic child for return to child care guidance.

✔ If your child tests positive during this time and remains asymptomatic, he or she can return to child care after it has been at least 10 days since the positive test result.

ALABAMA PUBLIC HEALTH

COVID-19 CHILD CARE CONTACT TRACING LOG

- Use this log to capture information pertaining to a child/staff that was in close contact with a confirmed or potential COVID-19 case.
- Close contact is defined as being within 6 feet of a COVID-19 case for 15 minutes or longer in the two days prior to illness onset.
- Close contacts should remain at home to quarantine until test results are known.
- All close contacts should practice social distancing, wear masks (if appropriate), and frequently wash hands.

Name of Child/Staff:	Date of Birth:
If Child, Name of Parent/Guardian or Proxy	
Phone # of Staff, or Parent/Guardian or Proxy:	Alternate Phone # of Staff, or Parent/Guardian or Proxy:

Close Contact Name	DOB	Grade/ Classroom	Phone # of Staff, or Parent/ Guardian or Proxy	Alternate Phone # of Staff, or Patent/Guardian or Proxy

HEALTHY CHILD CARE ALABAMA

Child Care staff will call Nurse Consultant for your county with any questions or concerns.

1 Judy Cunningham
251-410-4391
Base County: Mobile

2 Pamela Senters
251-690-8994
Base County: Mobile

3 Ann Fox
51-575-8878
Base County: Monroe

4 Sheila Davis
334-427-2854
Base County: Covington

5 Renea Gilliland
334-566-2860 EXT. 4
Base County: Pike

6 Marsha Galloway
334-293-6532
Base County: Montgomery

7 Gwen Kennedy
334-877-2863
Base County: Dallas

8 Kay Rombokas
334-756-0758
Base County: Chambers

9 Teresa Goad
205-685-4183
Base County: Shelby

10 Daphne Pate
205-554-4517
Base County: Tuscaloosa

11 Alicia Boykin
205-685-4216
Base County: Shelby

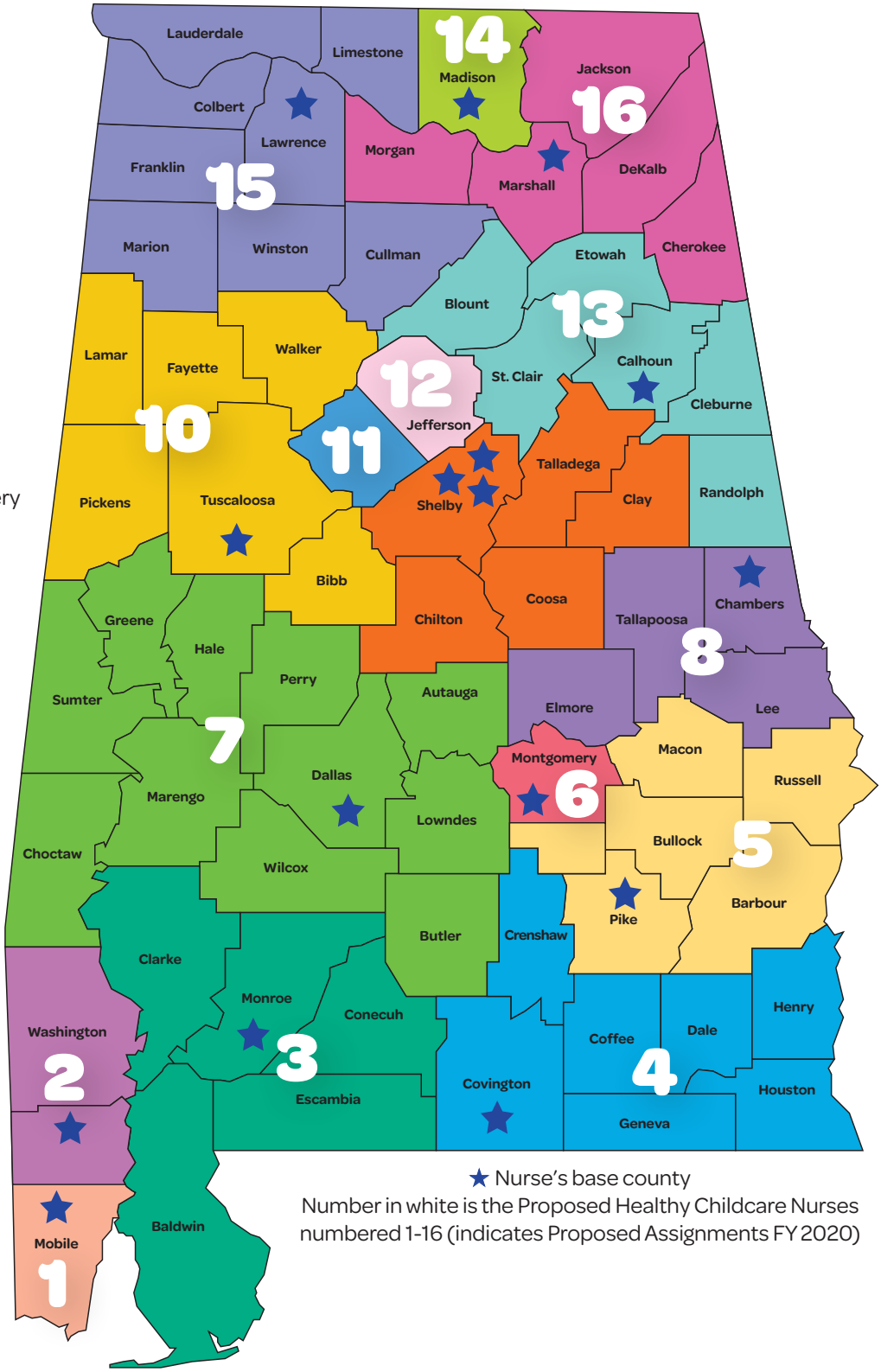
12 Vacant
205-491-0249
Base County: Shelby

13 Karen Cobb
256-240-7869
Base County: Calhoun

14 Vacant
256-533-8711
Base County: Madison

15 Ginger Letson
256-560-6413
Base County: Lawrence

16 Debi Weaver
56-582-1867
Base County: Marshall



★ Nurse's base county
Number in white is the Proposed Healthy Childcare Nurses numbered 1-16 (indicates Proposed Assignments FY 2020)

REFERENCES

- Specific and Non-specific Symptoms of COVID-19: https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html
- People to Enter the Child Care Setting: https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html
- Close Contact: https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html
- Signs and Symptoms: https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html
- Social Distancing: https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html
- Social Distancing Strategies: https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html#SocialDistancing
- Ensure the Safety of Children with Food Allergies: https://www.cdc.gov/healthyschools/foodallergies/pdf/13_243135_A_Food_Allergy_Web_508.pdf
- CDC Guidance: https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html#CleanDisinfect
- EPA-registered Disinfectant That Is Active Against Coronaviruses: https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19
- People Who Are at Increased Risk for Severe Illness: https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-increased-risk.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fneed-extra-precautions%2Fpeople-at-higher-risk.html
- Schools and Child Care Programs: https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html
- Reopening Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools, and Homes: https://www.cdc.gov/coronavirus/2019-ncov/community/reopen-guidance.html
- Clean and Disinfect: https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html#Cleaning

ALABAMAPUBLICHEALTH.GOV