

DCF #19: Updated guidance on child care centers providing care during COVID-19

Child care plays a critical role in the state’s response to COVID-19. Providing care for the children of essential workforce families ensures those individuals stay in the workforce. The information below provides guidance on policies and practices to promote the health and safety of children in your care, the families of those children, as well as your staff. Additionally, we have included updated information on how to respond when a center identifies COVID-19 symptoms, exposure, or positive test results.

Independent decision-making

Child care programs may decide to close based on what is best for their staff, families, and community, and this decision is supported. Please notify your Licensing Specialist or Certification Representative of program closure and edit the Provider Portal indicating this status.

General Guidance

This general guidance includes policies programs may find useful to implement

I. Limit access to your program

Individuals should NOT provide child care, or visit child care programs if they:

- Are older than 60 years old
- Are pregnant
- Have underlying health conditions, including those with compromised immune systems or respiratory conditions like severe asthma
- Are showing symptoms of COVID-19
- Have been in contact with someone confirmed or suspected of having COVID-19 in the last 14 days
- Have returned from travel to areas with community spread of COVID-19 in the last 14 days

Updated information on travel restrictions can be found on the [CDC website](#).

A [sample employee agreement](#) and [family agreement](#) are available for your use.

II. Consider implementing a health screening at entry

Child care programs are **not expected or required** to screen children and/or staff to identify cases of COVID-19. If a program chooses to implement health screenings upon entry, the following steps could be taken:

- Take the temperature and check symptoms for staff and children upon entry each day
 - Alternatively, programs can ask each caregiver to take their child’s temperature at home, and affirm that the child does not have a fever
- Ask if medications were used to lower any individual’s temperature
- Ask if there are any household members with COVID-19
- Ask if they are limiting the number of people they come into contact with as they abide by “Safer at Home” to prevent the spread of COVID-19

- Recommend that children and staff with a fever at or above 100.4°F return home until the individual is fever and symptom-free for at least 72 hours

A [sample health screening checklist](#) is available for your use.

III. Integrate social distancing strategies

Activities and groups

- Cancel field trips, assemblies, and other large gatherings
- If possible, increase the space between chairs and nap mats/cots/cribs to at least six feet
- Remind staff, children, and their families to maintain a safe distance (six feet) from each other in the program
- Where possible, maintain child to adult ratios, and reduce group sizes to no larger than 10 people total, including children and adults (e.g., one adult and nine children, two adults and eight children, etc.)
- Keep groups together throughout the day and do not combine groups (e.g., at opening and closing, at lunch, at outdoor play time)
- Maintain the same groups from day to day
- Limit use of water or sensory tables and wash hands immediately after any use of these tools
- Limit item sharing, and if items are being shared, remind preschool and older children not to touch their faces and wash their hands after using these items
- Minimize time standing in lines
- Wash hands immediately after outdoor play time
- Avoid sharing spaces, even if the use of the space is staggered and used by only one group at a time
 - Large rooms or areas, like gymnasiums or playgroups, can be divided into discrete sections

Pick-up/Drop-off, Entry into Program

- Stagger arrival and/or dismissal times
- Limit nonessential visitors (including volunteers or staff for special programming like music)
- Require pick up and drop off of children outside of the program
- Ask anyone entering the program to wash hands or use hand sanitizer

Meals/Snacks

- Meals and snacks should be provided in the classroom, if possible
- Provide each child with individual meals and snacks – do not serve family style meals
- Do not share utensils or serving tools
- Toddlers, preschoolers, and school-age children should bring a labeled water bottle each day, or be provided with labeled drinking cups or disposable drinking cups, and should not drink from a water fountain

IV. Increase Sanitization and Hygiene Practices

- Practice frequent handwashing
 - Wash hands often with soap and water for at least 20 seconds

- If soap and water are not readily available, use a hand sanitizer that contains at least 60% alcohol. Cover all surfaces of hands and rub together until they feel dry
- Practice handwashing upon arrival to the program, before meals and snacks, after outdoor play, after using the bathroom, prior to going home, and after blowing your/assisting a child with blowing their nose, coughing, or sneezing.
- Advise children, families, and staff to avoid touching their eyes, nose and mouth with their hands
- Cover coughs or sneezes with a tissue, throw the tissue in the trash, and clean hands with soap and water or hand sanitizer (if soap and water are not readily available)
- Clean AND disinfect frequently touched surfaces daily. This includes tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks
 - Additional cleaning recommendations can be found on the [CDC website](#)

V. Transportation

Programs providing transportation to child care facilities should maximize space between riders (e.g. one rider per seat in every other row). Keeping windows open might reduce virus transmission.

COVID-19 exposure, symptoms, and positive tests

I. Children, staff, or parents of children with COVID-19 or symptoms

If an enrolled child or employee tests positive for COVID-19, contact your local public health department and your DCF licensing specialist as soon as possible. They will walk you through your next steps. You can [find your local health department contact through DHS' website](#).

If a child or staff member develops symptoms of COVID-19 (fever of 100.4 or higher, cough, or shortness of breath) while at the facility:

- Immediately separate the person from others until the person displaying symptoms can leave the facility
- Advise the employee or child's parent or caregiver to inform the facility immediately if the person is diagnosed with COVID-19
- If the child or employee tests positive for COVID-19, contact your local public health department as soon as possible. You can [find your local health department contact through DHS' website](#).

II. Allowing a child or staff member to return to a child care facility after suspected COVID-19 symptoms

If a staff member or child has symptoms of COVID-19 or is a close contact of someone with COVID-19, they can return to the child care facility if the following conditions are met:

- If an individual has a fever, cough, or shortness of breath and has not been around anyone who has been diagnosed with COVID-19, they should stay home and away from others until 72 hours after the fever is gone and symptoms get better. If the person's symptoms worsen, they should contact their healthcare provider to determine if they should be tested for COVID-19.

- If an individual is diagnosed with COVID-19, they must remain out of the facility **for a minimum of 7 days after the onset of first symptoms**. They may after meeting the following conditions:
 - If the individual is not using a COVID-19 test, and they had a fever: 3 days after the fever ends AND there is an improvement in their initial symptoms (e.g. cough, shortness of breath)
 - If the individual is not using a COVID-19 test and they did not have a fever: 3 days after they see an improvement in their initial symptoms (e.g. cough, shortness of breath)
 - If the individual is using a COVID-19 test, they must no longer have a fever (without the use medicine that reduces fevers) AND have improvement of other symptoms (for example, when your cough or shortness of breath have improved) AND receive two negative tests in a row, 24 hours apart.
- If an individual believes they had close contact with someone with COVID-19 but are not currently sick, they should monitor their health for fever, cough, and shortness of breath during the 14 days after the last day they were in close contact with the sick person. They should **not go to work or school and should avoid public places for 14 days**.

III. Positive cases of COVID-19 in children and/or staff

In addition to following any instructions received from your local public health authority, if there is a case of COVID-19 among children or staff, programs should consider whether a short-term (less than 1 week) or long-term (two weeks or more) closure will allow for sufficient cleaning and disinfection. Public health can also use this time to trace close contacts of the case and determine if others could be at risk. Advantages of long-term closures must be weighed against the economic burden placed on staff and children’s families, loss of key members of the workforce, and impacts on learning. If local closures are pursued because of community transmission, the geographic extent of closures should be informed by local epidemiologic data.

- **Assess the impacts of any decisions you make on the families you serve.** There are equity implications for any decision you may make, and the families you work with will be able to provide you the best feedback on and guidance on how to move forward in a child- and family-centered way.
- If extended facility closures are recommended by public health, programs should implement continuity of operations plans.
 - Ensure continuity of meal programs and distribution of medications.
 - Continue providing necessary services for children with special healthcare needs.
- Parents of children at increased risk of severe illness should consider implementing plans to remove children from the program.
- Maintain regular communications with parents and your local public health department.
- The staff or child diagnosed with COVID-19 should follow the [CDC recommendations for discontinuation of home isolation and voluntary home quarantine](#).