

Coronavirus 2019 (COVID-19): Guidance for Childcare Facilities

This guidance is for childcare facilities providing services in the District of Columbia. Childcare facilities should implement the following measures to help reduce the risk of COVID-19 transmission between children, staff, families, and the community. Separate guidance is provided for schools and summer camps providing services to school aged children (5 years and above) that are exempt from childcare licensing. For additional information, visit coronavirus.dc.gov/phasetwo.

Best Practices for Prevention of COVID-19 in Childcare Facilities

Layered use of multiple COVID-19 prevention strategies is the most effective approach to preventing the spread of COVID-19 in childcare facilities.

Core Elements: Face Masks and Physical Distancing

The most powerful protective elements that should be integrated into every aspect of childcare operations are:

- 1. CORRECT USE OF FACE MASKS AND**
- 2. PHYSICAL DISTANCING**

Other key elements include:

- Hand hygiene and respiratory etiquette
- Screening, quarantine, and isolation
- COVID-19 Vaccination
- Cleaning and Disinfection

Face Masks

- **Face masks are a powerful tool for preventing the spread of COVID-19.** Masks protect the wearer and protect other people.
- Masks act as a simple barrier to help prevent respiratory droplets from traveling into the air and onto other people when the person wearing the mask talks, coughs, sneezes, or raises their voice. This is called source control.
- To be effective, masks must be worn correctly.
 - Masks should be 2-3 layers of tightly woven fabric, cover the nose and mouth, and fit snugly against the sides of the face.
- A mask is not a substitute for physical distancing.
- Mask wearing is especially important indoors and when it is difficult to maintain physical distancing, such as while providing care or comfort to young children.

Who Should Wear a Face Mask

- **All adults must wear cloth face coverings or masks at all times** while participating in childcare activities, except when eating or drinking.
 - If an adult has a contraindication to wearing a face covering, either medical or otherwise, then it is recommended that the individual should not participate in childcare activities.
- **Children 2 years of age or older must wear cloth face coverings or face masks at all times** while participating in childcare activities, except for meals and nap times.
 - Childcare staff should teach and reinforce correct mask wearing for small children.
 - Store masks somewhere safe and clean whenever they are taken off (e.g. while eating), such as in an individually labelled paper bag or small container, a cubbie, a pocket, or in a backpack. It is recommended to fold masks widthwise for storage, with the inner surface facing inward.

- Masks that have been on a person's face and will be reused for that person should be stored individually, not together with other people's masks.
- If interacting with people who rely on reading lips, consider wearing a clear mask (not face shields) or a cloth mask with a clear panel.
- Exceptions are allowable for young children taking developmental factors into account. Children who wear a mask should be able to:
 - Use a mask correctly
 - Avoid frequent touching of the mask and their face
 - Limit sucking, drooling, or having excess saliva on the mask
 - Remove the mask without assistance
- Wearing masks may be difficult for young children with certain disabilities (for example, visual or hearing impairments) or for those with sensory, cognitive, or behavioral issues.
 - Plan for options for children with special needs who may not be able to comply with mask requirements.
 - For children who are only able to wear masks some of the time for these reasons, prioritize having them wear masks during times when it is difficult to separate children and/or staff (for example, during carpool drop off or pick up, or when standing in line).
- Parents and childcare staff should discuss individual considerations for children of any age, including medical or developmental conditions that may prevent them from wearing a mask, and consult with the child's health care provider if necessary, to determine if an individual child is able to wear a mask and attend childcare safely.
- Children younger than two years of age should not wear face masks.

For more information about non-medical face coverings or face masks, please refer to the guidance *Guidance about Masks and Other Face Coverings for the General Public* on coronavirus.dc.gov/healthguidance.

Cohorting and Physical Distancing

Cohorting

Cohorting consists of separating **children and staff** into distinct groups that stay together throughout the day. This is an important part of maintaining childcare operations if a case of COVID-19 occurs in a facility. Limiting mixing between cohorts will decrease the number of children and staff that need to be quarantined if a case occurs in a childcare facility.

- Childcare facilities may resume following cohort sizes set in childcare licensing regulations, provided they are able to do so while preserving appropriate physical distancing. Keep the same groups of children and staff together each day as much as possible (as opposed to rotating teachers or children).
- Stagger arrival/drop-off times by cohort. Minimize staff contact with parents/caregivers at drop off.
- Cohorts should be maintained for all activities including meals with no mixing between cohorts. The safest arrangement is for each cohort to have their own classroom. Each cohort should maintain 6 feet distance from other cohorts, indoors and outdoors, as much as is possible.
- The use of floating staff poses an avoidable increased risk of exposure if staff test positive for COVID-19. Limiting the use of floating staff will reduce this risk.
- If specialized staff (for example, early intervention specialists) are providing services to children within multiple cohorts or multiple childcare facilities, they should take prevention measures to limit the potential transmission of COVID-19, including getting vaccinated, and wearing masks or other recommended personal protective equipment. They should limit interactions with children to only the children they are there to see. Specialized staff should keep detailed logs of interactions in the facility to support contact tracing if needed.

Physical Distancing

- Staff should remain 6 feet of distance from other staff at all times. This is a critical mitigation measure to prevent spread between classrooms.
- Childcare providers should maximize spacing between children, and between children and staff, with a goal of 6 feet of distance when feasible.
 - Children or staff who are members of the same household do not have to social distance from each other.
- Pay special attention to social distancing during the following times: entry and exit of the building, at mealtimes, in restrooms, on playgrounds, in hallways, and in other shared spaces.
- Modify layout of the childcare facility as necessary to promote social distancing. For example, space out seating areas, turn tables to face the same direction, or seat children only on one side of tables, socially distanced.
- Six feet of distance should be maintained during naptime. Place children head-to-toe to ensure distance between their faces. Masks must not be worn when sleeping.
- Avoid large group activities and activities requiring children to sit or stand in proximity, e.g., circle time.
- Require curbside or door-side drop-off and pick-up of children.
- Social distancing may be more challenging for young children with disabilities and should be encouraged as much as possible.
- It is important to hold babies and small children when they need comforting or feeding, and precautions can be taken to do so safely.

Strategies to promote appropriate physical distancing and cohorts include:

- Posting signage at the entrance(s) stating that nobody with a fever or symptoms of COVID-19 is permitted to enter the childcare facility and that individuals must wear a mask or face covering.
- Displaying signage in visible locations throughout the facility reinforcing everyday prevention measures (e.g., social distancing, mask wearing, hand hygiene).
 - Signage should be clear, easy to understand, and in be in appropriate primary languages spoken by staff and family members.
- Using visual cues to promote social distancing, such as tape or decals on the floor, or signs on walls.
- Staggering staff shifts, start times, and break times as much as possible. Limit the number of employees in a breakroom at any given time to ensure social distancing.

Hand hygiene and Respiratory Etiquette

- Employers should provide adequate supplies (e.g., soap, paper towels, hand sanitizer, tissues, no-touch/foot pedal trash cans) to support healthy hygiene practices.
- Promote and teach good hand hygiene: washing hands with soap and water for at least 20 seconds or using an alcohol-based hand sanitizer that contains at least 60% alcohol.
 - If hands are visibly dirty, soap and water should be used.
 - Supervise small children when they are using hand sanitizer to prevent ingestion.
- Key times to perform hand hygiene include:
 - On arrival to the facility,
 - Before and after group activities,
 - Before and after preparing food or drinks,
 - Before and after eating, handling food, or feeding children,
 - Before and after helping a child put on or adjust their mask,
 - Before and after putting on, touching, or removing your mask or touching your

- face,
 - Before and after diapering a child,
 - After using the restroom or after helping a child use the restroom,
 - After having contact with bodily fluids,
 - After playing on outdoor or shared equipment,
 - After handling other people’s belongings,
 - After handling trash,
 - After blowing your nose, coughing, or sneezing.
- Avoid touching your face, eyes, mouth, and nose with unwashed hands.
- Cover coughs and sneezes
 - Cover your mouth and nose with a tissue when you sneeze or cough
 - If you don’t have a tissue, cough or sneeze into your elbow.

COVID-19 Vaccination

- Childcare staff are strongly recommended to get the COVID-19 vaccine.
- Find out more about getting the COVID-19 vaccine at coronavirus.dc.gov/vaccine.
- For more helpful information, see *Guidance for Fully Vaccinated People* at coronavirus.dc.gov/healthguidance.

Daily Health Screening

- Childcare facilities should perform a daily health screen for all persons entering the childcare facility. This includes all children, staff, contract and specialized staff, family members, visitors, and volunteers.
 - Screening can be performed before (via phone or app) or upon arrival and can be based on self-report or report from caregivers.
 - For a sample screening tool, see *Screening Tool Guidance* at coronavirus.dc.gov/healthguidance.
- Non-essential visitors to childcare facilities should be minimized. Any visitors should be required to follow facility policies on health screenings, face masks, physical distancing, and other preventive measures.
- Ask families to be alert for signs of illness in children and to keep them home if they are sick.
 - Refer families to the “*Decision Guide: Can a Child Go to School or Childcare?*” decision guide in the “Schools and Childcare Toolkit” found at dchealth.dc.gov/page/schools-and-childcare-covid-19-toolkit.
- An individual with any of the following symptoms must not enter the facility, and instead must leave the facility immediately, isolate, and be advised (or advise their caregiver) to call their healthcare provider.
 - Fever (subjective or 100.4 degrees Fahrenheit), chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, poor appetite or poor feeding, abdominal pain, or diarrhea.
 - Please note that children with COVID-19 infection often present with non-specific symptoms, such as only breathing or stomach symptoms, with the most common being cough and/or fever.
 - Although screening is very important, be aware that screening may not detect all people infected with the virus that causes COVID-19, Some people, especially children, can have infection without any symptoms.
- Individuals who are under quarantine (for example due to exposure to a close contact), isolation, or have a test result pending also must not enter the facility.
- Active fever checks as a screening tool are not recommended.
- Screening tools must be reviewed routinely after submission. Any individual reporting

symptoms, possible exposure, or is awaiting test results must not be allowed entry.

Considerations for Employers

- Employers are responsible for providing a safe workplace.
- Employers should communicate COVID-19 policies to staff and families.
- Employers should provide staff with masks and appropriate personal protective equipment as per their job responsibilities.
- Consider providing appropriately sized disposable facemasks to children if they need one, supplies permitting.
- Employees who handle food must wear disposable gloves to minimize bare hand contact with any food products.
- Gloves should only be worn as indicated per routine job responsibilities. Hand hygiene should be performed before and after wearing gloves.
- Implement leave policies that are flexible and non-punitive, and that allow sick employees to stay home. Leave policies are recommended to account for the following:
 - Employees who report COVID-19 symptoms
 - Employees who were tested for COVID-19 due to symptoms, travel, or exposure and have test results are pending
 - Employees who tested positive for COVID-19
 - Employees who are a close contact of someone who tested positive for COVID-19¹
 - Employees who need to stay home with their children if there are school or childcare closures, or to care for sick family members
- Encourage and support staff to get the COVID-19 vaccine by providing leave options for leaving to get the vaccine and if they experience common side effects.
- Learn about and inform your employees about COVID-related leave provided through new federal law, the Families First Coronavirus Response Act (FFCRA) and all applicable District law relating to sick leave.
- Educate employees about COVID-19. Refer to coronavirus.dc.gov for more information.

Additional Operational Considerations

Meals

- Meals should be eaten outdoors as much as possible. Indoor meals should take place in well-ventilated spaces.
- Avoid self-service food or drink options. Any food served should be in pre-packaged boxes or bags, or individually plated for each child.
- Children should eat in separate areas or with their cohort, instead of in a communal dining area.
- Use disposable food service items (utensils, dishes). If disposable items are not feasible or desirable, ensure that all non-disposable food service items are handled with gloves and washed and sanitized after each use with dish soap and hot water or in a dishwasher. Individuals should wash their hands after removing their gloves or after directly handling used food service items.
- Avoid sharing of utensils and other personal items.

Equipment and Belongings

- Avoid the use of shared items that are difficult to clean (e.g., puzzles, stuffed animals, board

¹ For more information, including information about quarantine and testing exemptions, please see Guidance for Quarantine after COVID-19 Exposure at coronavirus.dc.gov/healthguidance.

games).

- Each child's belongings should be kept separate from others. Belongings should be kept in individually labeled containers, cubbies, or areas.
- Dedicate and label cots and mats for use by individual children during the day.
- Provide adequate supplies to reduce sharing high touch materials (for example, assign each child their own art supplies, equipment, etc.) or limit the use of supplies to one cohort of children.

Cleaning, Disinfection, and Sanitation

- In addition to following baseline required standards of cleaning, disinfection, and sanitization for childcare facilities, facilities should have a comprehensive plan for routine cleaning (and disinfection as needed) of common spaces and frequently-touched surfaces within the facility (e.g., chairs, tables, countertops, sink handles, diaper changing tables, faucets, computers, handrails, door handles, light switches, cots).
- Management should properly train staff on cleaning procedures and monitor cleaning schedules to ensure compliance.
- Management should place signage in every classroom reminding staff of cleaning procedures.
- Frequently touched surfaces should be cleaned at least daily.
- Clean any shared objects frequently, based on level of use.
- Toys that have been in children's mouths or soiled by bodily secretions should be immediately set aside. These toys should be cleaned and sanitized by a staff member wearing gloves, before being used by another child.
- Use washable bedding (e.g., sheets, pillowcases, blankets). Wash bedding whenever soiled, and before use by another child. Wash unsoiled bedding weekly.
- Wear disposable gloves when diapering a child. Wash your hands and the child's hands before and after diapering.
- If the facility has been closed due to COVID-19, the building should be cleaned and disinfected per the DC Health *Guidance on Cleaning and Disinfection for Community Facilities with Suspected or Confirmed COVID-19*.
- **For comprehensive guidance on cleaning and disinfection**, please see the following DC Health guidances at coronavirus.dc.gov/healthguidance:
 - *Guidance on Cleaning and Disinfection for Community Facilities with Suspected or Confirmed COVID-19*
 - *Guidance on Routine Cleaning and Disinfection for Community Facilities*.

High-Risk Individuals

Childcare facilities should encourage staff and families with children who are at increased risk of experiencing severe illness due to COVID-19 to consult with their medical provider **before** participating in childcare activities.

- **Older adults and adults with the following conditions are at increased risk** of severe illness from COVID-19:
 - Cancer
 - Chronic kidney disease
 - Chronic lung diseases (including COPD, moderate-to-severe asthma, interstitial lung disease, cystic fibrosis, and pulmonary hypertension)
 - Dementia and other neurological conditions
 - Type I or Type II Diabetes
 - Down Syndrome
 - Heart conditions, such as heart failure, coronary artery disease, cardiomyopathies, or hypertension)

- HIV infection
- Immunocompromised state (weakened immune system)
- Liver disease
- Overweight or obesity
- Pregnancy
- Sickle cell disease or thalassemia
- Smoking, current or former
- History of solid organ or blood stem cell transplant
- History of stroke or cerebrovascular disease
- Substance use disorders
- There is less evidence to date about conditions which put **children** at increased risk of severe illness from COVID-19. Current information suggests that children with medical complexity (like genetic, neurologic, or metabolic conditions, and congenital heart disease) are generally at increased risk compared to their healthier peers. Like adults, conditions such as obesity, diabetes, asthma or chronic lung disease, sickle cell disease, or immunosuppression also appear to put children at increased risk for severe COVID-19.
- Any staff member or parent of a child who has a medical condition not listed, but who is concerned about their safety, should also consult with their medical provider before participating in childcare activities.
- For more information, please refer to *People with Certain Medical Conditions* at the Centers for Disease Control and Prevention (CDC) website: [cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html)

Preventing Outbreaks of other Vaccine-Preventable Diseases (non-COVID-19)

According to CDC and DC Health data, the COVID-19 pandemic has resulted in a significant reduction in childhood vaccine administrations across the country including the District of Columbia and Maryland.

To help prevent a vaccine-preventable disease outbreak in a childcare setting, it is imperative for all children who attend childcare be **fully vaccinated** according to CDC and DC Health standards.

- Ensure a policy is in place for reviewing of immunization status of children, provision of reminders to parents, timelines for compliance, and support for children who do not meet requirements.
- A review of immunizations can be found [here](#).
- Review CDC resources regarding [Vaccine-Preventable Diseases](#).

Building Considerations

Childcare providers who are reopening after a prolonged facility shutdown must perform necessary maintenance to ventilation and water systems and features (e.g. sink faucets, drinking fountains, decorative fountains) so that they are ready for use and occupancy and are adequately maintained throughout the operating period.

- Consider making the following improvements to improve building ventilation ([cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html](https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html)):
 - Increase circulation of outdoor air as much as possible, for example by opening windows and doors.
 - Use child-safe fans to enhance the effectiveness of open windows. Position fans to blow inside air out.
 - Do not open windows and doors if doing so poses a safety or health risk (e.g., risk of falling, triggering asthma symptoms) to children using the facility.

- If opening windows and doors is not safe, consider other ways to freshen indoor air, including air filtration and use of exhaust fans.
 - Inspect and maintain all local exhaust ventilation (e.g. in restrooms, cooking areas).
 - Verify ventilation systems operate properly and provide acceptable indoor air quality for the current occupancy level for each space.
 - Decrease occupancy of spaces with poor ventilation.
 - Improve central air filtration to the highest compatible with the filter rack, and seal edges of the filter to limit bypass.
 - Consider running your HVAC system at maximum outside airflow for 2 hours before and after the center or home is occupied.
 - Check filters to ensure they are within service life and appropriately installed. Clean and change filters as per manufacturer's recommendations.
 - Turn off any demand-controlled ventilation (DCV) controls that reduce air supply based on occupancy or temperature during occupied hours.
 - Consider portable high-efficiency particulate air (HEPA) fan/filtration systems to help enhance air cleaning (especially in higher risk areas).
 - Keep systems running longer hours, 24/7 if possible, to enhance air exchanges in the building space.
 - Consult with a specialist to see what works for your building.
- Flush water systems to clear out stagnant water and replace it with fresh water. This will remove any metals (e.g. lead, copper) that may have leached into the water and minimize the risk of Legionnaires' disease and other diseases associated with water.
 - Further details on steps for this process can be found on the CDC website at [cdc.gov/coronavirus/2019-ncov/php/building-water-system.html](https://www.cdc.gov/coronavirus/2019-ncov/php/building-water-system.html).

Establish a Plan for COVID-19 Exposure

For persons diagnosed with or exposed to COVID-19

- Identify a point of contact at the childcare facility that staff and parents/guardians can notify if they test positive for COVID-19.
- A plan should be in place to ensure that staff or children diagnosed with COVID-19 or identified as close contacts of someone with COVID-19 do not return until their isolation or quarantine periods are complete.
 - A person who tests positive for COVID-19 should isolate for at least 10 days and show improvement of symptoms, including no fever for 24 hours.
 - A person who is a close contact of someone with COVID-19 (within 6 feet for a cumulative total of at least 15 minutes over a 24 -hour period) should quarantine for at least 10 days.
 - Please see the guidance documents *Persons Who Tested Positive for COVID-19 and Quarantine after COVID-19 Exposure* for detailed guidance on isolation and quarantine, including exceptions, at coronavirus.dc.gov/healthguidance.

When should staff or children get tested?

Symptomatic staff and children:

- Children and staff that are symptomatic should be evaluated for COVID-19 testing. Please refer to the "*Decision Guide: Can a Child Go to School or Childcare?*" decision guide in the "Schools and Childcare Toolkit" found at dchealth.dc.gov/page/schools-and-childcare-covid-19-toolkit.
- Children and staff that develop symptoms of COVID-19 should isolate at home and consult with their healthcare provider and seek testing.
- It is recommended that children and staff should get tested if anyone in their household is symptomatic, even if they themselves do not have symptoms (persons who are fully

vaccinated should only get tested if they develop symptoms).

- DC Health recommends all household members get tested at the same time.
- If testing is not done, it is recommended that the staff member/child stay home while the symptomatic household member's test result is pending.
 - If the result is negative, the child/staff can return to the facility without restriction.
 - If result is positive, the child should isolate at home and the family can expect outreach from the DC Health Contract Tracing team.
- DC Health does not recommend repeated (e.g., surveillance) testing of children or staff who do not have symptoms or known exposures.

Communication and Response

- If a child or staff member develops any symptoms of COVID-19 during the course of the day, the facility should have a process in place that allows them to isolate until they are able to safely go home and seek healthcare provider guidance.
- If a facility identifies a child or staff member with COVID-19 who is in the facility, they should be prepared to dismiss that child or staff member, and the potentially exposed cohort(s) until DC Health is able to complete the case investigation.
 - The exposed cohort should remain in their designated area and follow routine procedures while they are waiting for their parents/caregivers to pick them up.
 - If the facility is notified of a case who is not in the building, the affected cohort may remain until the end of the day.
- Facilities should have a notification process in place to share the following with staff and parents/guardians if a case occurs at the childcare facility:
 - Education about COVID-19, including the signs and symptoms of COVID-19
 - Referral to the *Guidance for Contacts of a Person Confirmed to have COVID-19*, available at coronavirus.dc.gov.
 - Information on options for COVID-19 testing in the District of Columbia, available at coronavirus.dc.gov/testing.
 - The privacy of the ill staff or child must be protected, and personal information must not be shared without their consent.

Reporting

- Refer to the guidance "*First Steps for Non-Healthcare Employers when Employees Test Positive for COVID-19*" at coronavirus.dc.gov/healthguidance when a case is reported in your facility.
 - A close contact is someone who was within 6 feet of a person who tested positive for COVID-19 for at least 15 minutes over a 24-hour period, during that person's infectious period.
 - The infectious period starts two days before symptom onset date (or positive test date for people who do not have symptoms), and typically ends 10 days after symptom onset date (or positive test date for people who do not have symptoms).
- Facilities **must** notify DC Health if:
 - The facility is notified that a staff member (including contractors), volunteer, or visitor **tested positive for COVID-19** (not before results come back)
 - OR**
 - The facility is notified that a child tested positive for COVID-19 (not before results come back)
 - AND**
 - The individual was in the building or participated in childcare activities **during their infectious period.**

- Notify DC Health by submitting an online form on the DC Health COVID-19 Reporting Requirements website: dchealth.dc.gov/page/covid-19-reporting-requirements.
 - Submit a Non-Healthcare Facility COVID-19 Consult Form.
 - DC Health must be notified on the same day the case was reported to the facility, preferably as soon as possible after the facility was notified.
- An investigator from DC Health will follow-up within 24 hours to all appropriately submitted notifications. Please note this time may increase if cases increase in the District.

The guidelines above will continue to be updated as the outbreak evolves. Please visit coronavirus.dc.gov regularly for the most current information.