



DISTRICT OF COLUMBIA

OFFICE OF THE STATE SUPERINTENDENT OF

**EDUCATION**

## **Frequently Asked Questions (FAQ)**

### **Supporting Document for *Health and Safety Guidance for Child Care Providers: COVID-19 Recovery Period***

(Aug. 21, 2020)

The Office of the State Superintendent of Education (OSSE) issued updated guidance on Aug. 21, 2020, for District of Columbia child care providers during the recovery period from the coronavirus (COVID-19) public health emergency, available [here](#). The *Health and Safety Guidance for Child Care Providers: COVID-19 Recovery Period* includes guidance for child care providers from the District of Columbia Department of Health and recommendations from the Centers for Disease Control and Prevention.

#### **Scope**

This document is intended to address frequently asked questions related to child care providers' implementation of the *Health and Safety Guidance for Child Care Providers: COVID-19 Recovery Period*. Additional and less common questions are answered during (and in follow-up notes to) the biweekly COVID-19 technical assistance calls. Contact [OSSE.DELcommunications@dc.gov](mailto:OSSE.DELcommunications@dc.gov) for more information or to register for these biweekly COVID-19 technical assistance calls for child care providers.

#### **Effective Date**

This document was updated on Aug. 21, 2020. OSSE will continue to update this document over time.

For information and resources on the District of Columbia Government's COVID-19 response and recovery effort, please visit [coronavirus.dc.gov](https://coronavirus.dc.gov). The CDC's most recent, supplemental guidance for child care can be accessed [here](#).

If you have questions relating to this guidance, submit your questions to [OSSE.DELcommunications@dc.gov](mailto:OSSE.DELcommunications@dc.gov).

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## COMMUNICATION WITH STAFF AND FAMILIES

(For more information, see *Health and Safety Guidance for Child Care Providers: COVID-19 Recovery Period, Section A. Communication with Staff and Families*)

### 1. How will staff be made aware of COVID-19 policies and safety measures?

To support clear communication with children, staff, and families, child care facilities must post [signs](#) in highly visible locations (e.g., facility entrances, restrooms) that [promote everyday protective measures](#) and describe how to [stop the spread of germs](#) (such as by [properly washing hands](#) and [properly wearing a cloth face covering](#)). At a minimum, child care providers must place signage in every classroom and near every sink reminding staff of hand-washing protocols, and in every classroom reminding staff of cleaning protocols.

Include messages about behaviors that prevent the spread of COVID-19 when communicating with staff and families (such as on child care provider websites, in emails, and on [social media accounts](#)). Educate staff, children and families about COVID-19, physical (social) distancing, when they must stay home, and when they can return to child care. Educate staff on COVID-19 prevention and response protocols.

### 2. How will families be made aware of COVID-19 policies and safety measures?

The *Health and Safety Guidance for Child Care Providers: COVID-19 Recovery Period* is posted [here](#). Providers should inform families that the guidance exists and provide them with the link so they may access the guidance on their own.

Additionally, OSSE has developed two family-friendly flyers to help inform the public of what to expect when their children return to the child care setting. They are designed to provide families with reassurance and also reinforce the new health and safety measures that have been put in place. The two flyers are entitled “What to Expect at Your Child Care Provider During COVID-19” and “Child Care Safety During COVID-19.” These flyers (and any other future OSSE family-friendly materials) will be made available at OSSE’s coronavirus webpage located [here](#).

## VACCINES AND HEALTH FORMS

(For more information, see *Health and Safety Guidance for Child Care Providers: COVID-19 Recovery Period, Section B. Vaccines and Health Forms*)

### 1. Families are reporting difficulty in getting to the doctor. Are there any extensions for vaccines, physical exams, or oral health exams?

For children age 3 and older, OSSE has authorized a 90-day extension to submit Universal Health Certificates (UHCs), Oral Health Assessments (OHAs), and Medication and Treatment Authorization forms. **This extension is effective through Nov. 2, 2020 for UHCs and Medication and Treatment Authorization forms and Jan. 31, 2021 for OHAs.** Child care providers must continue to collect timely, unexpired UHCs from all infants and toddlers aged 2 years and younger.

Please note: This extension does not apply to vaccinations. All children enrolled in child care, unless meeting a medical or religious exemption, are to continue to timely receive all vaccines as required by District law. Children may continue to receive fully virtual (or distance learning) services while out

of compliance with vaccines, but may not return for in-person services or activities until the vaccine requirements are met.

## **2. What resources are available to support child care centers and families with vaccination compliance?**

To prevent a vaccine-preventable disease outbreak in a child care setting, it is imperative for all children who attend child care be **fully vaccinated** according to CDC and DC Health standards. Child care centers should ensure that a policy is in place to adhere to all OSSE licensing standards regarding vaccines (immunizations). Resources include:

- A review of vaccine requirements can be found [here](#) and health forms can be found [here](#).
- A list of pediatric vaccine locations can be found [here](#). A search tool to find a primary care center in DC can be found [here](#).

## **REOPENING BUILDINGS**

*(For more information, see Health and Safety Guidance for Child Care Providers: COVID-19 Recovery Period, Section C. Reopening Buildings)*

### **1. Should child care facilities continue to conduct fire drills during the recovery period?**

At this time the DC Fire and EMS Fire Marshal is recommending that the physical evacuation of buildings for drill purposes as required by the fire code be postponed temporarily through Sept. 1, 2020. This is to prevent the large gathering of people congregating in designated assembly areas during a non-emergency situation.

During this temporary postponement period, the Fire Marshal is encouraging the use of other methods by workplace safety coordinators and managers that will reinforce building evacuation awareness for employees. Some examples include: communications on office noticeboards, emailing out procedures and evacuation plans together with a risk-based approach being adopted for employees, video presentations, and in-person evacuation procedure reviews directly with employees (while practicing 6 feet social distancing).

### **2. How should child care facilities notify OSSE of the program's planned reopening date?**

Child care facilities must submit an [Unusual Incident Report](#) (UIR) to notify OSSE of the program's planned reopening date. The reopening UIR must be sent to [OSSE.childcarecomplaints@dc.gov](mailto:OSSE.childcarecomplaints@dc.gov) and is to be sent as soon as the reopen date is set. When sending the UIR, indicate the planned date for reopening in the description and details section of the UIR.

## PHYSICAL (SOCIAL) DISTANCING

(For more information, see *Health and Safety Guidance for Child Care Providers: COVID-19 Recovery Period, Section D. Physical (Social) Distancing*)

### 1. Why is it important to keep the same groups of children and staff together?

Keeping the same group of children and staff together minimizes the risk of transmission to other groups of children receiving care in the same facility. Additionally, if a child or staff member becomes ill, the provider, parents and DC Health can more easily determine which children and staff may have been exposed. To prevent the spread of COVID-19, there must be no mixing between or combining of groups, including during entry and exit of the building, at mealtime, in the restroom, on the playground, in the hallway, and other shared spaces.

### 2. Is it ever allowable to have more than 10 individuals in a group?

When necessary (e.g., one-on-one therapy per a child's IFSP or IEP) there is an allowance for brief periods of one additional adult per group, for a total of 11 people. Such therapists must follow the same set of precautions as listed for floaters including wearing a mask, smock, and booties and washing (or sanitizing) their hands before and after the session. To the extent feasible, the therapist and child should move to a corner of the room as far from other individuals as possible.

### 3. Can more than one group of 10 people share a classroom if there is space between the groups?

More than one group, i.e., 10, or briefly 11, individuals (children and staff) may occupy a classroom ***if the below provisions (and additional required physical distancing measures) are followed:***

- Child care providers may use partitions to separate groups;
- Partitions must be at least 6 feet tall and of solid material with no holes or gaps (e.g., solid barrier or fire-resistant vinyl blankets);
- Individuals must be at least 6 feet away from the partition on each side;
- To effectively create a barrier, the 6-foot-tall partition must extend the length of the area in which children and staff are using for activities. No classroom activities should occur outside the barrier of the partition. The open space at each end of the partition *may not* be used to congregate but may function as a hallway to be used with appropriate social distancing measures.
- Partitions must align with regulatory safety protocols to ensure it is not a fall hazard, allow for proper ventilation, meet fire safety regulations, and any other safety regulations.
- The regulatory and safety protocols for partitions are detailed in guidance issued by The Department of Consumer and Regulatory Affairs (DCRA) which can be accessed [here](#).

Providers with questions about partitions, including questions about vendors, can contact DC Child Care Connections at (202) 829-2500 or [osse.dchildcareconnections@dc.gov](mailto:osse.dchildcareconnections@dc.gov), or visit the resources website from DC Child Care Connections [here](#).

### 4. If there are no more than 10 (or briefly 11) individuals (staff and children) per activity, is there any change to adult-to-child ratios?

No. Adult-to-child ratios are to be maintained. In accordance with OSSE Licensing subsection 121.8, Child Development Centers shall have at least two staff members supervising children at all times regardless of the group size of the children.

**5. During naptime, what strategy should be used to promote social distancing?**

At naptime, ensure that children are spaced out as much as possible. Nap mats, cots, and cribs must be placed head to toe, where *head to head distance* is at least 6 feet apart. During naptime, face coverings **should not** be worn by children.

**6. Can floaters be used to provide teachers breaks?**

A relief teacher, or floater, will be allowed to enter a classroom to provide breaks or serve as a runner, as long as the total individuals (staff and children) in the group does not exceed 10 individuals (or briefly, 11). Floating staff may be allowed **only when they:** meet the cloth (non-medical) face covering criteria as listed in section F of the *Health and Safety Guidance for Child Care Providers*, wash their hands prior to entry and exit of the room; wear a clean smock over their clothes; and place booties over their shoes as used for infant classrooms; (note: smocks and booties worn by runners do not need to be changed between entering each classroom unless they come into contact with secretions). Substitutes are allowable if necessary, and must follow provisions above for floating staff members.

**7. Are there any suggestions for how to physically (social) distance with young children?**

Navigating physical (social) distancing standards and the evolving changes in daily life can be challenging for children and their parents and caregivers.

In the child care facility, approaches to support physical (social) distancing include:

- Physically rearrange the room to create “play hubs” in support of individual play:
  - Set up indoor and outdoor settings to maximize spacing (6 feet at minimum) between individuals, including while at tables and in group and individual activities;
  - Set up individual activity stations (e.g., art, puzzles, reading). This can support distance between children and to limit item sharing. To the extent possible, the individual activity stations should include children’s own set of supplies or a rotation of supplies that are cleaned and sanitized, per the health and safety guidance, between each child’s use.
- Review the daily schedule and modify to create a “for now” routine. Children (and adults) benefit from a predictable routine and while some things may need to change having those changes be consistent from day to day can help create stability. This could include:
  - Identifying large group activities that have children sitting or standing close together and modify or replace with a “for now” activity to create distance between children.
  - Implement small group activities and encourage individual play/activities. For example, if the class has eight children, break into two small groups, and designate space in the classroom for individual play. In infant classrooms, keep the non-mobile infants separate from the mobile infants and implement small group, focused activities with this group.
- Incorporate developmentally appropriate discussions that help children understand why they need to keep a physical distance and understand what is happening around them. Some resources that may be helpful are:
  - Child Mind Institute: [Talking to Kids About Coronavirus](#)
  - PBS: [How to Talk to Kids About Coronavirus](#)
  - Brains On! [Understanding coronavirus and how germs spread](#)
  - [Sesame Street in Communities: Comfort Strategies](#)

- Conscious Discipline: [Masks and Gloves Social Story](#) (you'll need to sign-up for a free membership to access this resource)
- The CDC created recommendations to help adults have conversations with children about COVID-19 and ways to avoid getting and spreading the disease, which can be found [here](#).
- The National Association of School Psychologists offers recommendations for help children of all age groups to reduce risk, feel supported and reduce stress, which can be found [here](#).
- The American Academy of Pediatrics offers recommendations for navigating physical (social) distancing measures with children and teens through outdoor activity [here](#).
- Implement a lane system in hallways, stairwells, and other common areas.
- Install physical barriers, such as sneeze guards and partitions, particularly in areas in which it is difficult for individuals to remain 6 feet apart (e.g., reception areas, between bathroom sinks, etc.)

**8. With physical (social) distancing in place, how can we console a crying or hurt child or appropriately take care of infants?**

- Infants, toddlers, and children who are crying or hurt should still be held and comforted throughout the day.
- Due to the fact providers will continue to come into close contact with infants and young children needing comfort, extra precautions must be taken when providing care to this age range.
- OSSE's health and safety guidance includes specific provisions for staff to most safely console a crying or hurt child, as reiterated in the guidance from CDC. While washing, feeding or holding infants and very young children, staff should take additional precautions by:
  - Wear a non-medical (cloth) face covering;
  - Pull long hair off of neck, as in a pony-tail;
  - Wear a large, button-down, long-sleeved shirt (or coverall);
  - Remove and wash their clothing and/or the child's clothing if touched by any secretions; and
  - Wash their hands, arms or body if touched by secretions or after handling soiled clothes.
- Additional PPE requirements for educators and staff in close contact with children, and/or working with any individual with suspected or confirmed COVID-19, are articulated in Appendix B.

## DAILY HEALTH SCREENING

(For more information, see *Health and Safety Guidance for Child Care Providers: COVID-19 Recovery Period, Section E. Daily Health Screening*)

### 1. Does OSSE have a tool that child care providers can use to screen children and staff for symptoms upon arrival?

Yes. OSSE developed a sample daily screening tracker for [children and staff](#). Child care providers are not required to use this tracker, and do not need to submit results to OSSE. However, providers may use this tracker each day to properly screen for symptoms and document which children, staff and essential visitors completed the screen.

### 2. Is a daily temperature check still a required component of the health screen?

**Where feasible**, child care programs may choose to implement a physical temperature check. If child care programs do implement temperature checks, they may request that temperature checks are performed at home or upon arrival.

If a provider decides to implement temperature screens for children and staff as part of their daily health screen, then they need to be sure to follow appropriate protocols per Section E and Appendix A of the guidance. Please see question three of this section for more information.

### 3. What protocols should be in place if my staff is checking an individual's temperature?

**At-home check:** Where feasible, providers may ask staff or visitors to check their own temperatures, and parents/guardians to check their child's temperature, two hours or less before arrival to the child care site. Upon arrival, the parent/guardian, staff member or visitor should show a photograph of the thermometer or verbally confirm that the temperature was less than 100.4 degrees. This option eliminates the need for supplies, risk to screeners, and congregation of individuals while waiting to complete the temperature check upon arrival.

**On-site check:** If providers ask for a temperature check upon arrival, the parent/guardian, staff member or visitors are to use a thermometer provided by the child care provider and must follow the protocols found in the Daily Health Screen (Section E) of the child care health and safety guidance.

In the event a staff member must take an individual's temperature at the facility, the staff member must follow CDC guidance to do so safely including with use of barrier protection or Personal Protection Equipment (PPE), as articulated in Appendices A and B of *Health and Safety Guidance for Child Care Providers: Covid-19 Recovery Period*. The use of non-contact thermometers is preferred. Forehead, tympanic (ear), or axillary (armpit) temperature checks are also acceptable. Thermometers must be cleaned thoroughly before and after each use per manufacturer instructions.

#### 4. Under what criteria should a child or staff be excluded?

Children, staff and essential visitors must stay home, or not be admitted, if:

- The child, staff member or essential visitor has experienced one or more of the following symptoms. (Section E of the *Health and Safety Guidance for Child Care Providers* shares additional information on how to conduct a daily health screening).
  - Fever (subjective or 100.4 degrees Fahrenheit) or chills
  - Cough
  - Congestion
  - Sore throat
  - Shortness of breath or difficulty breathing
  - Diarrhea
  - Nausea or vomiting
  - Fatigue
  - Headache
  - Muscle or body aches
  - Poor feeding or poor appetite
  - New loss of taste or smell
  - Or any other symptom of not feeling well.
- The child, staff member, essential visitor or any close contact is confirmed to have COVID-19.
- The child, staff member or essential visitor is awaiting COVID-19 test results.
- The child, staff member or visitor has traveled to a high-risk state or country, as defined by DC Health, for non-essential activities within the prior 14 days.

If excluded, parents/guardians, staff and essential visitors should call their health care provider for further directions. Please reference the Exclusion, Dismissal and Return to Care criteria of the guidance (Section K) for information on what parameters must be met for a child or staff member to return to care.

#### 5. For children and staff with chronic health conditions who experience symptoms similar to COVID-19 (e.g. a child with asthma with a cough after exercise), should child care providers exclude them due to symptoms? If not, what documentation do providers need in place to allow them entry?

If a child or staff member has a pre-existing health condition that presents with specific COVID-19 like symptoms but those symptoms were evaluated by a health care provider and determined to be not COVID-19, that child or staff member should not be excluded from the building on the basis of those specific symptoms.

In such circumstances, the child or staff member should have their health care provider provide verbal or written documentation to the child care provider of the specific symptoms that are related to the chronic health condition and for which the child or staff member do not need to be excluded. This documentation can be in the form of a phone call, fax, email or written note from the health care provider. Parental or staff self-reporting, in the absence of documentation from a health care provider, is insufficient.

## NON-MEDICAL (CLOTH) FACE COVERINGS

(For more information, see *Health and Safety Guidance for Child Care Providers: COVID-19 Recovery Period, Section F. Non-Medical (Cloth) Face Coverings*)

### 1. Who should and should not wear non-medical (cloth) face coverings?

Under Mayor Bowser’s Order on masks issued on July 22, 2020, individuals in Washington, DC must wear a mask when they leave their homes. The full Mayor’s Order on masks can be found [here](#).

DC Health created a demonstration on how to use a mask safely, which can be found [here](#). Further guidance from CDC on the use of face coverings, including instructions on how to make and safely remove a cloth covering, is available [here](#).

Group*	Should they wear a face-covering**?	Additional Information
<b>Children younger than 2</b>	No	N/A
<b>Children age 2 and older</b>	Yes, when feasible and developmentally appropriate	<p>Face coverings should be worn if deemed developmentally appropriate by the parent/guardian and child care provider. Such children must be able to safely use, avoid touching, and remove the covering without assistance.</p> <p>Staff may assist children in putting on their masks as long as proper hand hygiene is followed and staff are careful not to touch the child’s eyes, nose or mouth as feasible.</p> <p>Face coverings should <i>not</i> be worn by children during naptime.</p>
<b>Parents/Guardians</b>	Yes	Must wear non-medical face coverings any time they interact with child care staff, including for drop-off and pick-up.
<b>Child care staff and essential visitors</b>	Yes	Must wear at all times when in the facility. (See question 3 below for exceptions).

\*Non-medical (cloth) face coverings should *not* be placed on children younger than age 2, anyone who has trouble breathing (e.g., asthma), or anyone who is unconscious or unable to remove the mask without assistance.

\*\*If children play with their or others’ face coverings *or* if the face-covering cannot be removed and stored safely, their use should be discontinued.

**2. Must non-medical (cloth) face coverings be worn at all times and in all places of a child development facility? Are there instances when a face covering can be removed?**

Yes, face coverings must be worn by staff and essential visitors at all times and in all places of a facility, except in the very limited circumstances articulated below. Face coverings minimize the spread of respiratory droplets that can settle on surfaces and be spread through touch. Wearing a face covering at all times and in all places reduces the risks of an asymptomatic person spreading secretions to surfaces, especially high-touch surfaces, and transmitting the virus to another individual who comes in contact with that surface. **Essential visitors** to child care should be strictly limited. Any essential visitor must wear a face covering at all times on the facility grounds and inside the facility buildings.

There are very limited exceptions in which face coverings do not need to be worn:

- Non-medical face coverings **should not** be placed on children younger than age 2, anyone who has trouble breathing, or anyone who is unconscious or unable to remove the mask without assistance.
- Face coverings **should not** be worn by children during naptime.
- When participating in vigorous physical activity outdoors, face coverings do not need to be worn if social distancing of at least 6 feet is feasible. When outdoors but *not* participating in physical activity, face coverings must continue to be worn.
- Face coverings do not need to be worn by anyone who is actively drinking or eating a meal.
- Face coverings do not need to be worn when in an enclosed office that no one else is permitted to enter.
- Staff may wear face coverings with clear plastic windows, or briefly remove their face coverings, when interacting with children with disabilities identified as having hearing or vision impairments, who require clear speech or lip-reading to access instruction.

**3. How can child care facilities ensure the safe use of clean face coverings?**

Ensure additional protocols are in place to support the safe use of clean face coverings:

- Staff and children wearing face coverings are to bring multiple clean coverings each day, as feasible.
- Child care facilities are encouraged to have face coverings available to staff, children, and essential visitors in the event they forget or soil their face covering.
- Staff and children must exercise caution when removing the covering, always store it out of reach of other children, and wash hands immediately after removing. Be careful not to touch eyes, nose or mouth while removing the covering.
- Face coverings that are taken off temporarily to engage in any of the activities (listed in question 2 above) should be carefully folded so that the outer surface is held inward and against itself to reduce contact with the outer surface during storage.
- The folded face covering can be stored between uses in a clean sealable paper or plastic bag or breathable container. They can also be placed next to the child on a napkin or with the surface cleaned afterward.
- Face coverings should be stored in a space designated for each child that is separate from others when not being worn. Children's face coverings should also be clearly identified with their names or initials, to avoid confusion or swapping. Children's face coverings may also be labeled to indicate top/bottom and front/back.

- As much as possible, staff should prevent children from playing with their or others' face coverings and should ensure they are removed and stored safely.
- Children and staff should be taught to speak more loudly, rather than remove their face covering, if speaking in a noisy environment.

Note: Face coverings or masks with exhalation valves or vents must NOT be worn in child care facilities. This type of mask does not prevent the person wearing the mask from transmitting COVID-19 to others (source control).

**4. Is a hat or headband with a plastic shield that covers the face sufficient for a face covering or mask? What about when children need to see caregivers' facial expressions?**

Based on the CDC [guidance](#), it is not yet known if a plastic face shield will protect individuals from the spray of respiratory droplets. Due to this, they are not a sufficient replacement for a face covering or to use with those individuals for which wearing a face covering may be difficult. Face shields may be used in addition to face coverings or masks in specific circumstances. See Appendix B of the guidance for more information on PPE.

Staff may wear face coverings with clear plastic windows, or briefly remove their face coverings, when interacting with children with disabilities identified as having hearing or vision impairments who require clear speech or lip-reading to access instruction.

**5. How can I support young children to feel more comfortable with wearing a face covering?**

It's understandable children may be afraid of cloth face coverings at first. Practicing with young children can be very effective at supporting the safe and routine use of face coverings.

The American Academy of Pediatrics offers additional guidance on cloth face coverings for children during COVID-19, including age-specific tips for supporting children to feel more comfortable with masks. This guidance can be found [here](#).

## HYGIENE

*(For more information, see Health and Safety Guidance for Child Care Providers: COVID-19 Recovery Period, Section G. Hygiene)*

**1. Caring for young children, especially infants and toddlers, can require close contact to ensure appropriate care. What additional steps can child care providers take to protect themselves when caring for very young children?**

It is important to comfort crying, sad, and/or anxious infants and toddlers, and they often need to be held. When washing, feeding or holding very young children, child care providers must:

- Protect themselves by wearing an over-large button-down, long-sleeved shirt (or coverall), face coverings, and by wearing long hair up off the collar in a pony-tail or other updo.
- Wash their hands, arms or body and anywhere touched by a child's secretion or any soiled clothing or material.
- Change the child's clothes or their own clothes if touched by any secretions.
  - Contaminated clothes should be placed in a plastic bag or washed in a washing machine.

- Infants, toddlers, and their providers should have multiple changes of clothes on hand in the child care center or home-based child care.
- Child care providers must wash their hands before and after handling infant bottles prepared at home or prepared in the facility. Bottles, bottle caps, nipples, and other equipment used for bottle-feeding must be thoroughly cleaned after each use by washing in a dishwasher or by washing with a bottle brush, soap, and water.

CDC provides further guidance on safe diaper changing procedures that can be found [here](#).

Additional PPE requirements for educators and staff in close contact with children, and/or working with any individual with suspected or confirmed COVID-19, are articulated in Appendix B of the *Health and Safety Guidance for Child Care Providers: COVID-19 Recovery Period*.

## CLEANING, DISINFECTION AND SANITIZATION

*(For more information, see Health and Safety Guidance for Child Care Providers: COVID-19 Recovery Period, Section H. Cleaning, Disinfection, and Sanitization)*

### 1. What is a schedule for 'regular' and 'frequent' cleaning, sanitizing, and disinfecting of high touch surfaces, toys, games, bedding, etc.?

Please see [Routine Schedule for Cleaning, Sanitizing, and Disinfecting Child Care Facilities](#) for an example of an intensified cleaning, sanitizing, and disinfecting schedule. This schedule is adapted from Caring for Our Children: National Health and Safety Performance Standards, Appendix K: Routine Schedule for Cleaning, Sanitizing, and Disinfecting and is updated based on [CDC's updated guidance for child care providers](#).

Use all cleaning, sanitizing, and disinfecting products according to the manufacturer's instructions for concentration, application method, contact time, and drying time before use by a child. When cleaning, sanitizing, and disinfecting surfaces during routine cleaning, staff should wear gloves and a face covering to protect themselves from any potential contamination. Custodial, as well as other staff who may be performing deeper cleaning and disinfecting throughout the building, must adhere to PPE requirements as articulated in Appendix B in the *Health and Safety Guidance for Child Care Providers: COVID-19 Recovery Period*.

### 2. If a child or staff member develops symptoms of COVID-19 throughout the day, but is not confirmed to have do I need to take additional steps to clean, disinfect, and sanitize?

Immediately rope off or close, then clean and disinfect areas and equipment in which the ill individual has been in contact. Once the room is vacated at the end of the day, perform deep cleaning and disinfection of full classroom, and any other spaces or equipment in which the ill individual was in contact. This includes the isolation room after use by an ill child or staff member. Staff supporting, accompanying or cleaning up after a sick child must adhere to PPE requirements as articulated in Appendix B.

**3. If COVID-19 is confirmed in a child or staff member, are there extra steps to clean, disinfect, and sanitize properly?**

If seven days or fewer have passed since the person who is sick used the facility, follow these steps:

- Close off areas used by the person who is sick.
  - Note: If it is during the day when the COVID-19 case is confirmed AND the COVID-19 positive individual was appropriately excluded from in-person activities while awaiting test results, it is acceptable to close, clean, and disinfect the spaces used by the COVID-19 positive individual after the children and staff in those spaces leave for the day.
- Open outside doors and windows to increase air circulation in the areas.
- Wait 24 hours or as long as possible before cleaning or disinfecting to allow respiratory droplets to settle.
- Clean and disinfect all areas used by the person who is sick, such as classrooms, bathrooms, and common areas.

If more than seven days have passed since the person who is sick used the facility, additional cleaning and disinfection is not necessary. Continue routine cleaning and disinfection. Staff conducting cleaning must adhere to PPE requirements as articulated in Appendix B.

## HIGH-RISK INDIVIDUALS

*(For more information, see Health and Safety Guidance for Child Care Providers: COVID-19 Recovery Period, Section I. High Risk Individuals)*

**1. Are there any individuals who should NOT participate in congregate child care during the COVID-19 public health emergency?**

Child care providers must notify all families and staff that DC Health recommends that any individual at high-risk for experiencing severe illness due to COVID-19 consult with their medical provider **before** participating in child care activities.

- People with the following conditions **are at increased risk** of severe illness from COVID-19:
  - Chronic kidney disease
  - Cancer
  - Chronic obstructive pulmonary disease (COPD)
  - Immunocompromised conditions
  - Obesity (Body Mass Index of 30 or higher)
  - Serious heart conditions
  - Sickle cell disease
  - Type 2 diabetes mellitus

A complete list of conditions that might place an individual at increased risk for severe illness from COVID-19 is available [here](#).

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 child care activities.

Child care providers are not required to secure written clearance from high-risk individuals prior to participating in congregate child care.

## MEALS

*(For more information, see Health and Safety Guidance for Child Care Providers: COVID-19 Recovery Period, Section J. Meals)*

**1. We serve meals family-style. How do we adjust meal service to meet the health and safety guidelines?**

Meals must be served individually. If meals are typically served family-style or from a hot bar or salad bar, plate each child's meal to serve it so that utensils are not shared.

**2. How can we ensure safe practices if children bring their own lunch?**

The lunch should either be placed in the child's cubby or, if needing to be refrigerated, a staff member wearing gloves should wipe the outside down prior to storing in the fridge. When handling individual lunch boxes at meal time, staff must wash their hands between the handling of each lunch box. Food items should be removed from the lunch box and placed with the child, or plated separately, and then the lunch box returned to the child's cubby. Note: Children may open and handle their own lunch boxes if developmentally appropriate.

Communication with families about cleaning items brought from home is recommended. Schools must ensure that students are not exposed to foods to which they have known allergens.

Staff must follow all PPE requirements in Appendix B, and as required per food safety regulation or requirements, including wearing gloves whenever handling food products and change gloves and wash hands when changing activities. Staff must eliminate any bare-hand contact with food produces during food preparation and distribution.

## EXCLUSION, DISMISSAL AND RETURN TO CARE CRITERIA

*(For more information, see Health and Safety Guidance for Child Care Providers: COVID-19 Recovery Period, Section K. Exclusion, Dismissal, and Return to Care Criteria)*

**1. OSSE's guidance references excluding children or staff who have had close contact with someone confirmed COVID-19 positive. How should we define 'close contact'?**

DC Health's contact tracers conduct an investigation for any positive case of COVID-19, and will identify those who meet criteria for "close contact" with the positive individual. A number of factors are taken into account by contact tracers when defining close contact and appropriate next steps, including whether individuals were wearing face coverings, and the type and length of exposure.

DC Health will contact anyone deemed to be a close contact of a person identified as a positive case of COVID-19, and child care providers **do not** need to independently make that decision. However, for awareness, a rule of thumb for “close contact” is having been within 6 feet of a COVID-19-positive individual for 15 minutes or more during their infectious period.

**2. If a child or staff member is excluded or absent due to COVID-19 or exposure to someone with COVID-19, when can they come back to child care?**

Table 1 from the *Health and Safety Guidance for Child Care Providers: COVID-19 Recovery Period, Section K. Exclusion, Dismissal, and Return to Care Criteria* identifies the criteria that child care providers must use to allow the return of a child or staff member with: (1) COVID-19 symptoms; (2) positive COVID-19 test results; (3) negative COVID-19 test results or documentation from healthcare provider of alternate diagnosis; (4) close contact of individual with confirmed COVID-19; or (5) travel to a high-risk state or country as defined by DC Health.

**3. What should I do if a child or staff member becomes ill during the day?**

If at any point throughout the day, a child or staff member develops a fever or shows other signs of illness, the program director must follow the dismissal criteria detailed *Health and Safety Guidance for Child Care Providers: COVID-19 Recovery Period, Section K. Exclusion, Dismissal, and Return to Care Criteria*, and OSSE Licensing Guidelines regarding the exclusion and dismissal of children and staff.

- For children, the program director is to immediately isolate the child from other children. If developmentally appropriate, the child should put on a cloth (non-medical) or surgical face covering, if not wearing already.
  - Notify the child’s parent/guardian of the symptoms and that the child needs to be picked up *as soon as possible*, and instruct them to seek health care provider guidance.
  - Identify a staff member to accompany the isolated child to the isolation area and supervise an isolated child while awaiting pickup from the parent/guardian.
    - The staff member(s) briefly responding to the sick child in the classroom, accompanying the child to the isolation area, and supervising the child in the isolation area must comply with PPE requirements per Appendix B.
  - Follow guidance for use of the isolation room below.
  - Immediately follow all cleaning and disinfection protocols for any area and materials with which the child was in contact, per Section H: Cleaning, Disinfection and Sanitization.
- For staff, the program director should send the staff member home immediately or isolate until it is safe to go home, instruct the staff member to seek health provider guidance, and follow cleaning and disinfecting procedures for any area, toys, and equipment with which the staff member was in contact.

*Isolation Room:* Providers must identify a well-ventilated space to isolate sick individuals until they are able to leave the facility. The space should be in an area that is not frequently passed or used by other children or staff, and not behind a barrier. If safe and nice weather, providers are encouraged to isolate sick individuals outdoors. When in the isolation area, the sick individual must wear a non-medical (cloth) face covering or surgical mask (if developmentally feasible), be within sight of the supervising staff member, and be physically separated from other individuals by at least 6 feet. To

the extent feasible, isolate only one sick individual in the isolation suite at a time. The isolation area must be immediately cleaned and disinfected after the sick individual departs. Supervising staff must comply with the PPE requirements in Appendix B.

## EXPOSURE REPORTING, NOTIFICATIONS AND DISINFECTION

*(For more information, see Health and Safety Guidance for Child Care Providers: COVID-19 Recovery Period, Section L. Exposure Reporting, Notifications & Disinfection)*

### 1. Should each child care provider identify a COVID-19 point of contact?

To ensure a clear and efficient process for communication each child care provider should identify a staff member as the COVID-19 point of contact (POC). This person would be responsible for:

- Ensuring the below steps are followed in the event of a confirmed case of COVID-19.
- Ensuring that the child care facility has contact information for all contract staff. It is critical that DC Health have reliable contact information in the event a positive case or close contact among contract staff.
- Acting as the POC for families and staff to notify if a child or staff member test positive for COVID-19.

### 2. If a child or staff member is confirmed to have COVID-19, how does the child care provider report this information to OSSE and DC Health?

The facility must follow existing procedures for reporting communicable disease. Facilities must notify DC Health when:

- A staff member notifies the facility they tested positive for COVID-19 (not before results come back);  
*OR*
- A child or parent/guardian notifies the child care facility a child tested positive for COVID-19 (not before results come back).

In the event of a confirmed case of COVID-19 in a child or staff member, child care providers must:

- File an Unusual Incident Report (UIR) with OSSE by sending it to [OSSE.ChildCareComplaints@dc.gov](mailto:OSSE.ChildCareComplaints@dc.gov) **and**
- 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](https://dchealth.dc.gov/page/covid-19-reporting-requirements)
  - Submit a **Non-Healthcare Facility COVID-19 Consult Form**

In the event of a confirmed COVID-19 case, child care providers do not need to automatically close. DC Health will instruct child cares within 24 hours on dismissals and other safety precautions in the event a known COVID-19 positive individual came in close contact with others at the facility.

If a child care provider is seeking COVID-19 advice other than related to a confirmed case, as above, they may contact [OSSE.DELcommunications@dc.gov](mailto:OSSE.DELcommunications@dc.gov).

**3. How does the child care center communicate information about a positive COVID-19 case to families and staff?**

Child care providers must have communication protocols in place that protect the privacy of individuals and alert their families and staff to a COVID-19 case. Communication is to be completed per DC Health directive and will include:

- Notification to those staff and families of children in close contact with the individual including the requirement to quarantine for 14 days;
  - Note: DC Health will identify close contacts based on its case investigation. It is not the responsibility of the provider to define those that must quarantine.
- Notification to the entire program that there was a COVID-19 positive case, those impacted have been told to quarantine, steps that will be taken (e.g., cleaning and disinfection), and the facility's operating status;
- Education about COVID-19, including the signs and symptoms of COVID-19, available at <https://coronavirus.dc.gov>;
- Referral to the Guidance for Contacts of a Person Confirmed to have COVID-19, available at <https://coronavirus.dc.gov>;
- Information on options for COVID-19 testing in the District of Columbia is available at <https://coronavirus.dc.gov/testing>.

**4. How does the DC Health contract tracing team support child care providers in determining the necessary steps to take in the event of a COVID-19 case at their facility?**

DC Health's contact trace force helps to contain the virus and mitigate community spread. In the event a positive case of COVID-19 occurs at a child care facility, the child care provider should report the case as outlined in question 2 above. The contact tracer will follow-up regarding additional individuals with whom the child may have had close contact in the facility. DC Health will then provide the child care provider with steps on other classrooms or groups that may also be impacted and need to quarantine.

## GENERAL QUESTIONS

**1. What steps should child care providers take upon opening and closing each day?**

OSSE developed a Health and Safety Checklist for Child Care that can be used to support child care providers in implementing OSSE's *Health and Safety Guidance for Child Care Providers: COVID-19 Recovery Period*. This document, which can be accessed [here](#), includes two checklists as follows:

- Be Prepared Every Day: A Daily Health and Safety Checklist. This checklist can be used every day by child care providers to support the facility's readiness to receive children and staff members.
- Policy and Process Preparedness Health & Safety Checklist. This checklist can be used to help providers ensure they have the right policies and processes in place to protect the health and safety of their staff and families during this public health emergency.

**2. Will OSSE and DC Health be able to forecast when there will be a change in health and safety guidance that impacts child care operations?**

CDC and DC Health will continue to evaluate the health conditions and provide updates on the necessary policies and processes for protecting health and safety. If the public health data allows or requires updates to be made to the health and safety guidance, OSSE will work with DC Health to update our guidance and communicate accordingly to providers.