DISTRICT OF COLUMBIA
OFFICE OF THE STATE SUPERINTENDENT OF
EDUCATION

Guidance for Child Care Providers and Families Related to Coronavirus (COVID-19)

(Updated May 21, 2020)

The Office of the State Superintendent of Education (OSSE) is sharing the most recent recommendations from the Centers for Disease Control and Prevention (CDC) and DC Health for ***child care providers that remain open during the coronavirus (COVID-19) public health emergency.***

This guidance is effective as of May 21, 2020 and supersedes any previously released guidance on the topic.

For more information on the District of Columbia Government's response to coronavirus (COVID-19), please visit coronavirus.dc.gov. The CDC's most recent, supplemental guidance for child care providers can be accessed here. This guidance will be updated as additional recommendations from the CDC or DC Health become available.

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A. SOCIAL DISTANCING

The CDC recommends gatherings of no more than 10 people. Ways you can ensure appropriate social distancing at your facility include:

- No more than 10 individuals (staff and children) clustered in any given activity;
- To the degree possible, keep the same group of children and staff together each day (as opposed to rotating teachers or children);
- Maximize spacing between individuals in a classroom, including while at tables and in group and individual activities;
- No large group activities and activities requiring children to sit or stand in close proximity, e.g., circle time;
- Minimize classroom mixing on the playground, in the cafeteria, in the restroom, and other shared spaces;
- Stagger drop-off and pick-up times;
- Encourage curb- or door-side drop-off and pick-up of children;
- Restrict field trips;
- Encourage administrative staff to telework when possible; and
- Restrict all outside volunteers or visitors, except adults approved to pick up or drop off enrolled children.

B. HIGH-RISK INDIVIDUALS

Children with chronic medical conditions, including severe asthma, chronic lung disease, heart disease, immunocompromise, or primary immunodeficiency should not participate in congregate child care during this period.

DC Health strongly recommends that staff age 60 and older and/or with chronic medical conditions such as chronic lung disease, heart disease, diabetes, or immunocompromise should not participate in congregate child care during this period. Any staff member who opts to provide congregate child care during this period despite this recommendation should be cleared by their doctor before doing so.

C. DAILY SYMPTOM SCREENING

Children and staff should be screened for the presence of respiratory symptoms or fever upon arrival to the facility each day using the process below:

- Symptom screening should be conducted using social distancing, and with parents/guardians, staff and children wearing non-medical face coverings, as appropriate and feasible (see Section E).
- CONFIRM: Parents/guardians must check their child's temperature, and staff must check their own temperature, two hours or less before arrival to the child care site.
    - Upon arrival, the parent/guardian and staff member must show a photograph of the thermometer or verbally confirm that the temperature was less than 100.4 degrees.
- ASK: Parents/guardians and staff should be asked whether the child or staff member *or* any member of their household has had fever, shortness of breath, or cough.
- LOOK: Child care staff should visually inspect each child and staff member for signs of illness which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness.
- **Any child or staff member with a fever of 100.4 degrees or higher on physical check *OR* with signs of illness on visual inspection *OR* reporting that they or any member of their household has had fever, cough, or shortness of breath shall not be admitted.** Such families or staff shall be instructed to call their health care provider to determine next steps.

If a Family or Staff Member Doesn't Have Access to a Personal Thermometer:
In the event the family or staff doesn't have access to a personal thermometer, the parent/guardian or staff should use a thermometer provided by the child care provider upon arrival.

- A non-contact (temporal) thermometer is recommended. Forehead, tympanic (ear) or axillary (armpit) thermometers are also acceptable. Oral and rectal temperature checks should be avoided.
    - Thermometers must be cleaned per manufacturer instructions, including between uses.
- *Family:* The parent/guardian should then check the child's temperature, after washing hands and wearing disposable gloves.
- *Staff member*: The staff member should check their own temperature, after washing hands and wearing disposable gloves.

If a Staff Member Must Take a Child's Temperature:
As above, the parent/guardian should take the child's temperature before or upon arrival as part of the daily screening protocol. **In the event that a child care staff member must take a child's temperature at any point, they should follow CDC guidelines to do so safely, including with use of a barrier protection *or* Personal Protective Equipment (PPE), as articulated in the Appendix**.

D. EXCLUSION AND DISMISSAL CRITERIA

Exclusion Criteria:
Children and staff should **stay home, or not be admitted,** if the child, staff member, or *any* member of their household has had a temperature of 100.4 degrees or higher, cough, or shortness of breath OR if there are any signs of illness upon arrival. Parents/guardians and staff should call their health care provider for further directions.

If a child or staff member reports any of the above symptoms, **or** is confirmed to have COVID-19, the child or staff member must not return to child care until:

- 72 hours **after** the fever has resolved without the use of fever-reducing medication (e.g., Motrin, Tylenol) and respiratory symptoms have improved; **AND**
- *[UPDATED]* At least 10 days after symptoms first appeared, **whichever is later**.

If a child or staff member has had close, prolonged contact with someone with confirmed COVID-19, but the child or staff member is not sick, they should not return to child care for **14 days** from the last day they came into close contact with the COVID-19 positive individual. Throughout this period, they should closely monitor their health for signs of illness, and call their medical provider if they develop.

Recommendations regarding these timelines are evolving, and guidelines will be updated if further information becomes available from DC Health and CDC.

Dismissal Criteria:
If a child or staff member develops a fever or other signs of illness, the program director should follow OSSE Licensing Guidelines regarding the exclusion and dismissal of children and staff.

- For children, the program director should immediately isolate the child from other children, notify the child's parent/guardian of the symptoms and that the child needs to be picked up *as soon as possible*, and immediately follow cleaning and disinfecting procedures for any area and toys with which the child was in contact.
- For staff, the program director should send the staff member home immediately and follow cleaning and disinfecting procedures for any area, toys and equipment with which the staff member was in contact.

Confirmed Cases of COVID-19:
Child care providers should report confirmed COVID-19 positive cases of children, staff, or any individual who has entered the facility using the protocol in Section I: "Potential Exposure and COVID-19 Reporting."

If a child, staff member, or any individual who entered the facility is confirmed to have COVID-19, the child care provider must:

1) Contact DC Health, OSSE, and DME, as articulated in Section I;
2) Dismiss children and staff for two to five days while determining long-term course, which may include closure for 14 days or more;
3) Communicate with staff and parents regarding the confirmed case and exposure, per DC Health guidance;
4) Clean and disinfect the child care facility, as articulated in Section G;
5) Determine duration of program closure based on guidance from DC Health.

E. NON-MEDICAL (CLOTH) FACE COVERINGS

The CDC recommends wearing non-medical (cloth) face coverings in public settings and in circumstances in which social distancing is difficult, including in child care facilities, when feasible. 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.

Parents/guardians, staff and children above the age of two are recommended to wear non-medical (cloth) face coverings in the child care setting, when feasible and developmentally appropriate.

- Non-medical (cloth) face coverings should *not* be placed on children age 2 and younger, anyone who has trouble breathing, or anyone who is unconscious or unable to remove the mask without assistance.
- **Parents/guardians** are encouraged to wear for drop-off and pick-up.
- **Staff** should wear when arriving/exiting and within the facility, when feasible.
- **Children age 2 and older** should wear a face covering, when feasible, and 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.
- Use is particularly encouraged in centers with multiple classrooms, in common areas (e.g., hallways, restrooms), at drop-off/pick-up, and any other time in which social distancing may be more challenging.
- Face coverings should not be worn by children during naptime.
- Face coverings do not need to be worn outdoors when social distancing of at least 6 feet is feasible.

Ensure additional protocols are in place to support the safe use of clean masks.

- Staff and children wearing face coverings should bring multiple clean coverings each day.
- Staff and children should exercise caution when removing the covering, always store it out of reach of other children, and wash hands immediately after removing.
- The benefit of such a face covering is to limit the spread of secretions. **If children play with their or others' face coverings *or* if they are not removed and stored safely, their use should be discontinued.**

F. HYGIENE

Child care providers should instruct staff to follow the below hygiene practices to help keep child care facilities clean and safe. Families are encouraged to follow the same practices.

- Avoid people who are sick (e.g., coughing, sneezing, fever);
- Teach and model good hygiene practices, including covering coughs and sneezes with an elbow or tissue and washing hands with soap and water for at least 20 seconds; and
- Avoid touching their face, especially mouth, nose and eyes.

Hand-washing should take place frequently throughout the day, including:

- At the entrance to the facility;
- Next to parent sign-in sheets, including sanitary wipes to clean pens between uses;
- After going to the bathroom or changing a diaper;
- Before eating, handling food, or feeding a child;
- After blowing or supporting a child with blowing their nose, coughing, or sneezing;
- Before and after staff gives medication to a child;
- After handling wastebaskets or garbage; and
- After handling a pet or other animal.

If soap and water are not available, and the hands are not visibly dirty, an alcohol-based hand sanitizer that contains at least 60 percent alcohol may be used. This should only be used by a child under very close observation from a staff person or parent/guardian and follow the manufacturer's instructions.

Signage should be placed in every classroom and near every sink reminding staff of hand-washing protocols.

Child care staff that work with very young children should take additional steps.
While washing, feeding or holding infants or very young children, staff should:

- Pull long hair off of neck, as in a pony-tail;
- Wear a large, button-down, long-sleeved shirt;
- Remove and wash their clothing and/or the child's clothing if touched by any secretions; and
- Wash their hands or body if touched by secretions or after handling soiled clothes.

G. CLEANING, DISINFECTION, AND SANITIZATION

All child care providers should regularly clean, disinfect and sanitize surfaces, toys and materials per District guidance on cleaning and disinfecting and the CDC's updated guidance for childcare providers.

- Emphasis must be placed on regular cleaning and disinfection of **high-touch surfaces**, including but not limited to door handles, chairs, light switches, elevator buttons, toilets, playground structures, and faucets.
- **Toys**, including those used indoors and outdoors, must be frequently cleaned and sanitized throughout the day.
    - Toys that have been in children's mouths or soiled by bodily secretions must be immediately set aside. These toys must be cleaned and sanitized by a staff member wearing gloves, before being used by another child.
    - Machine washable toys should be used by only one child, and laundered in between uses.
- **Mats/cots and bedding** should be individually labeled and stored.
    - Mats/cots should be placed at least six feet apart while in use and cleaned and sanitized between uses.
    - Bedding should be washable and laundered at least weekly or before use by another child.
- For all cleaning, sanitizing, and disinfecting products, follow the manufacturer's instructions for concentration, application method, contact time, and drying time prior to use by a child.
- Providers are encouraged to place signage in every classroom reminding staff of cleaning protocols.

As articulated in Section D, in the event of a **confirmed COVID-19 case in a child, staff member, or any individual who has entered the child care facility**, the provider must **close the facility immediately** and follow cleaning, disinfection and sanitization guidance from the CDC, linked here:

- If **seven days or fewer** have passed since the person who is sick visited or used the facility, follow these steps:
    1) Close off areas used by the person who is sick.
    2) Open outside doors and windows to increase air circulation in the areas.
    3) Wait up to 24 hours or as long as possible before cleaning or disinfecting to allow respiratory droplets to settle.
    4) 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 visited or used the facility, additional cleaning and disinfection is not necessary. Continue routine cleaning and disinfection.

H. MEALS

All child care providers should serve meals following the social distancing and hygiene guidance above and per the CDC:

- Avoid large group gatherings, and maximize space between children, during meals;
- Avoid family style dining. Meals and snacks should be individualized whenever possible;
- Children should wash hands before and after eating, and should not share utensils, cups, or plates;
- Staff should wash hands before and after preparing food, and after helping children to eat;
- Tables and chairs should be cleaned and sanitized before and after the meal;
- Observe all other local and federal food safety guidelines.

I. POTENTIAL EXPOSURE AND COVID-19 REPORTING

The facility should follow existing procedures for reporting communicable disease. **In the event of a confirmed case of COVID-19 in a child, staff member, or any individual who has entered the building, child care providers must file an Unusual Incident Report *and* notify DC Health via this link.**

Child care providers who believe their community may have been directly exposed, e.g., child, staff member, or household member with a confirmed case of coronavirus (COVID-19), and are seeking guidance on the potential need for closure should also contact the Office of the Deputy Mayor for Education (DME) at (202) 727-5707 or DME.DismissalAdvice@dc.gov.

When contacting the DME, providers will be asked to share the following information:

- Name, location of your child care facility, and direct contact information
- Details about the circumstances involving potential or confirmed exposure – who, contact with infected person/people and exposure to your facility
- What communications you have shared with your community to date

In the event you decide to close your facility, please remember to submit an Unusual Incident Report to osse.childcarecomplaints@dc.gov or your designated licensing specialist.

J. QUESTIONS?

If you have questions relating to this guidance please contact Eva Laguerre, Interim Assistant Superintendent of Early Learning and Director, Licensing & Compliance, Division of Early Learning, Office of the State Superintendent of Education (OSSE) at (202) 741-5942 or Eva.Laguerre@dc.gov.

For resources and information about the District of Columbia Government's coronavirus (COVID-19) response and recovery efforts, please visit coronavirus.dc.gov.

APPENDIX: PROCEDURE FOR STAFF CONDUCTING PHYSICAL TEMPERATURE CHECKS

As stated in this guidance, child care providers should instruct parents/guardians to check their child's – and staff to check their own – temperatures prior to or upon arrival each day.

In the event a staff member must take a child's temperature, the Centers for Disease Control and Prevention (CDC) recommends several procedures to do so safely. During temperature checks, use of barriers or Personal Protective Equipment (PPE) helps to eliminate or minimize exposures due to close contact to a person who has symptoms. Use of non-contact thermometers is encouraged.

- OPTION 1: Barrier/partition controls
  - **Wash hands** with soap and water for 20 seconds. If soap and water are not available, use a hand sanitizer with at least 60 percent alcohol.
  - **Put on** disposable gloves.
  - **Stand behind a physical barrier**, such as a glass or plastic window or partition that can serve to protect the staff member's eyes, nose, and mouth from respiratory droplets if the person being screened sneezes, coughs, or talks.
  - **Make a visual inspection** of the individual for signs of illness, which include flushed cheeks, rapid breathing (without recent physical activity), fatigue, or extreme fussiness.
  - **Check the temperature, reaching around the partition or through the window.**
    - Make sure your face stays behind the barrier at all times during the temperature check.
  - **Remove your gloves** following proper procedures.
  - **Wash hands** with soap and water for 20 seconds. If soap and water are not available, use a hand sanitizer with at least 60 percent alcohol.
  - **Clean the thermometer** following the directions below.

- OPTION 2: Personal Protective Equipment (PPE)
  - PPE can be used if a temperature check cannot be performed by parent/guardian *or* barrier/partition controls cannot be implemented.
  - CDC states that reliance on PPE is less effective and more difficult to implement because of PPE shortages and training requirements.
  - If staff do not have experience in using PPE, the CDC has recommended sequences for donning and doffing PPE.
  - To follow this options staff should:
    - **Wash hands** with soap and water for 20 seconds. If soap and water are not available, use a hand sanitizer with at least 60 percent alcohol.
    - **Put on PPE.** This includes a face mask, eye protection (goggles or disposable face shield that fully covers the front and sides of the face), and a single pair of disposable gloves. A gown should be considered if extensive contact with the individual being screened is anticipated.
    - **Take** the individual's **temperature**.
    - **Remove and discard PPE**.
    - **Wash hands** with soap and water for 20 seconds. If soap and water are not available, use a hand sanitizer with at least 60 percent alcohol.
    - **Clean the thermometer** following the directions below.

- APPROPRIATE USE OF THERMOMETERS, INCLUDING HYGIENE AND CLEANING PRACTICES:
  - It is recommended to use non-contact (temporal) thermometers. Forehead, tympanic (ear), or axillary (armpit) thermometers are also acceptable. Oral and rectal temperature checks should be avoided.
  - Thoroughly clean the thermometer before and after each use per manufacturer instructions. A clean pair of gloves should be used for each individual temperature check.