



DISTRICT OF COLUMBIA

OFFICE OF THE STATE SUPERINTENDENT OF

EDUCATION

Frequently Asked Questions (FAQ)

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

(May 21, 2020)

This FAQ is a supporting resource document for ***child care providers that remain open during the COVID-19 public health emergency*** and is issued to support the effective implementation of the [Guidance for Child Care Providers and Families Related to Coronavirus \(COVID-19\)](#), updated May 21, 2020.

The FAQ includes the same sections as in the guidance document so that answers are easier to locate.

For resources and information on the District of Columbia Government's coronavirus (COVID-19) response and recovery efforts, please visit coronavirus.dc.gov. The CDC's most recent, supplemental guidance for child care providers can be accessed [here](#). OSSE guidance, this checklist, and other related resources will be updated as additional recommendations from the CDC or DC Health become available.

SOCIAL DISTANCING

(For more information see Guidance for Child Care Providers and Families Related to Coronavirus (COVID-19) Section A. 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 and parents can more easily determine which children and staff may have been exposed.

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

During the public health emergency, only one group of 10 people should be present in a classroom, including children and teachers. Classrooms divided by gates or partial walls are considered one room and should only serve one group of 10 individuals.

OSSE will continue to engage with DC Health and the CDC on this topic as further guidance becomes available for the post-public health emergency period.

3. **If there are no more than 10 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.

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

If possible, at nap time, ensure that children's naptime mats (or cribs) are spaced out as much as possible, ideally 6 feet apart. Consider placing children head to toe in order to further reduce the potential for viral spread.

HIGH-RISK INDIVIDUALS

(For more information see Guidance for Child Care Providers and Families Related to Coronavirus (COVID-19 Section B. High-Risk Individuals)

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

Yes. 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.

DAILY SYMPTOM SCREENING

(For more information see Guidance for Child Care Providers and Families Related to Coronavirus (COVID-19 Section C. Daily Symptom Screening)

1. **OSSE's guidance for child care providers during the public health emergency requires a daily temperature check for children and staff. How should this be conducted?**

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.

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 the next steps.

2. **What if a family or staff member is unable to check their (or their child's) temperature before arriving at the child care site?**

Each child and staff member must have their temperature checked as part of the daily symptom screening.

If a family or staff member is unable to perform a temperature check at home, two hours or less before arrival at the child care facility, the child care facility should have a thermometer on-site and a process in place for the parent/guardian to check their child's temperature (or the staff member to check their own).

The steps for this process are listed in the Guidance for Child Care Providers and Families Related to Coronavirus (COVID-19) Section C. Daily Symptom Screening and includes measures to maintain appropriate social distancing and hygiene procedures until completion of the screen.

3. What protocols should be in place if my staff is checking a child's temperature?

OSSE's guidance requires that daily temperature screenings be conducted for every child and staff member. *Parents/guardians should be advised to check their child's temperature (and staff to check their own) at home before traveling to child care or upon arrival using the child care facility's thermometer if they don't have access to one at home.*

In the event a staff member must take a child's temperature at the facility, the staff member must follow CDC guidance to do so safely. These steps can be found in the Appendix of OSSE's Guidance for Child Care Providers and Families Related to Coronavirus (COVID-19). Staff should use a physical barrier (e.g., glass or plastic window, or partition) and disposable gloves while checking the temperature. If the physical barrier/partition is unavailable, then the staff member should wear personal protective equipment (PPE), including face covering, eye protection and disposable gloves; a gown should also be worn if extensive contact with the child is anticipated. The use of non-contact thermometers is preferred. Forehead, tympanic (ear), or axillary (armpit) temperature checks are also acceptable.

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

Yes. OSSE developed a daily screening tracker for [children](#) and [staff](#). Child care providers are encouraged to print a copy of the tracker each day to properly screen for symptoms and document which children and staff completed the screen.

EXCLUSION AND DISMISSAL CRITERIA

(For more information see Guidance for Child Care Providers and Families Related to Coronavirus (COVID-19) Section D. Exclusion and Dismissal Criteria)

1. 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?

If a child or staff member is confirmed to have COVID-19 OR if they report a fever, cough or shortness of breath, the child or staff member must stay home 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 will be updated if further information becomes available from DC Health and CDC.

2. OSSE's guidance references excluding children or staff who have had close, prolonged contact with someone with confirmed COVID-19. How should we define "close, prolonged contact"?

The [CDC](#) defines close, prolonged contact as being within 6 feet of a symptomatic person with confirmed COVID-19 for a prolonged time. Per the CDC, "Data are insufficient to precisely define the duration of time that constitutes a prolonged exposure. Recommendations vary on the length of time of exposure from 10 minutes or more to 30 minutes or more."

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, they should:

- 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.
- Child care providers should instruct parents/guardians or staff to call their health care provider for further direction.

4. If a child, staff member, or any individual who entered the facility is confirmed to have COVID-19, what should I do?

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 of OSSE's policy;
- 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 the duration of program closure based on guidance from DC Health.

If a child care provider is seeking COVID-19 advice other than related to a confirmed case, as above, they may contact DC Health at coronavirus@dc.gov or (202) 576-1111. If in such a circumstance, they are also

seeking guidance on the potential need for closure, they may contact DME at (202) 727-5707 or DME.DismissalAdvice@dc.gov.

NON-MEDICAL (CLOTH) FACE COVERINGS

(For more information see *Guidance for Child Care Providers and Families Related to Coronavirus (COVID-19 Section E. Non-medical (Cloth) Face Coverings*)

1. Why are non-medical (cloth) face coverings important?

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.

2. Who should and should not wear 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](#).

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

Group*	Should they wear a face-covering**?	Additional Information
Children younger than two	No	Non-medical (cloth) face coverings should <i>not</i> be placed on children younger than age 2 as it could lead to suffocation.
Children age two and older	Yes, when feasible and developmentally appropriate	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. Face coverings should <i>not</i> 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.
Parents/Guardians	Yes, when feasible	Encouraged to wear for drop-off and pick-up.
Child care staff	Yes, when feasible	Should wear when arriving and exiting and within the facility, when feasible.

****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.**

HYGIENE

(For more information see Guidance for Child Care Providers and Families Related to Coronavirus (COVID-19 Section F. Hygiene)

1. **Caring for young children, especially infants and toddlers, can require close contact to ensure appropriate care. What additional steps can childcare 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. To the extent possible, when washing, feeding or holding very young children:

- Child care providers can protect themselves by wearing an over-large button-down, long-sleeved shirt and by wearing long hair up off the collar in a ponytail or other updo.
- Child care providers should wash their hands, neck, and anywhere touched by a child's secretions.
- Child care providers should change the child's clothes if secretions are on the child's clothes. They should change the button-down shirt, if there are secretions on it, and wash their hands again.
- 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 should 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 should 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](#).

CLEANING, DISINFECTION, AND SANITIZATION

(For more information see Guidance for Child Care Providers and Families Related to Coronavirus (COVID-19 Section G. 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 the Appendix of this document 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 the [District guidance on cleaning and disinfecting](#), and 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.

2. **If a child or staff member becomes ill during the day, do I need to take additional steps to clean, disinfect, and sanitize?**

Close the area(s) used by the child or staff member and follow the facility's routine cleaning and disinfection procedures to include any toys or linens the child or staff had contact. If a child care

provider receives confirmation that the child or staff member has a confirmed case of COVID-19, please see question 3 in this section.

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

- In the event of a confirmed case of COVID-19 in a child, staff member, or anyone else who has entered the facility, child care providers should [contact DC Health](#) and [DME](#), file an Unusual Incident Report (UIR) and immediately close their facility while awaiting further guidance.
- In such circumstances, recommended cleaning, disinfection and sanitization practices from [the CDC](#) are below:
 - **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.
 - **If seven days or fewer** have passed follow these steps:
 - Close off areas used by the person who is sick.
 - Open outside doors and windows to increase air circulation in the areas.
 - Wait up to 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.

4. How should I secure gloves, cleaning supplies, or other equipment during the COVID-19 emergency?

We understand that these supplies can be difficult to find at this time, given nationwide shortages. Unfortunately, OSSE does not have access to a supply of additional materials. Child care providers should follow standard procurement protocols for all equipment needs.

MEALS

(For more information see Guidance for Child Care Providers and Families Related to Coronavirus (COVID-19 Section H. Meals)

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

If meals are typically served family-style, plate each child's meal to serve it so that multiple children are not using the same serving utensils.

POTENTIAL EXPOSURE AND COVID-19 REPORTING

(For more information see Guidance for Child Care Providers and Families Related to Coronavirus (COVID-19 Section I. Potential Exposure and COVID-19 Reporting)

- 1. Do I need to report to OSSE or DC Health if I have a child or staff member with a confirmed diagnosis of COVID-19, or a child or staff member who has been in close contact with someone with a diagnosis of COVID-19?**

Confirmed cases of COVID-19 in a child, staff member, or any other individual who has entered a child care facility should be reported to DC Health using [this link](#), to OSSE via an Unusual Incident Report, and to Office of the Deputy Mayor for Education (DME) at (202) 727-5707 or DME.DismissalAdvice@dc.gov.

If a child care provider is seeking COVID-19 advice other than related to a confirmed case in a child, staff member, or another individual who has entered the facility, they may contact DC Health at coronavirus@dc.gov or 202-576-1111. If in such a circumstance, they are also seeking guidance on the potential need for closure, they may contact DME at (202) 727-5707 or DME.DismissalAdvice@dc.gov.

- 2. If a child or staff member is excluded or dismissed from the facility due to illness, does the child care facility need to notify families?**

In the event of confirmation of COVID-19 in a child, staff member, or an individual who entered the facility, child care providers should follow the recommendations of DC Health in notifying and communicating with families.

In other instances of illness in a child or staff member, child care providers should follow their standard communicable disease notification practices.

GENERAL QUESTIONS

- 1. How will families be made aware of the policy?**

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

- 2. When child care providers re-open after the public health emergency period, what health and safety practices will still be required?**

OSSE anticipates guidance from the CDC regarding health and safety principles and protocols upon re-opening schools and child care facilities. We will work urgently with DC Health to develop and distribute guidance accordingly to schools and child care providers.

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

APPENDIX: EXAMPLE ROUTINE SCHEDULE FOR CLEANING, SANITIZING, and DISINFECTING

EXAMPLE: Child Care Provider Routine Schedule for Cleaning, Sanitizing, and Disinfecting¹

For use by child care providers operating during the coronavirus (COVID-19) public health emergency.

Supporting guidance to OSSE's Guidance for Child Care Providers and Families Related to Coronavirus (COVID-19)

The example cleaning, sanitizing, and disinfecting schedule below is adapted from Caring for Our Children: National Health and Safety Performance Standards, Appendix K: Routine Schedule for Cleaning, Sanitizing, and Disinfecting. This schedule has been updated to reflect more stringent guidelines to be observed during the public health emergency, the [District guidance on cleaning and disinfecting](#), and CDC's [updated guidance for childcare providers](#). Guidance that is adjusted due to the public health emergency is *italicized*. 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.

This guidance will be updated as additional recommendations from the CDC or DC Health become available.

(Updated May 5, 2020)

Area	Before Each Use	After Each Use	Daily (at the End of the Day)	Weekly	Monthly	Comments
Food Areas						
Food Preparation Surface	Clean, Sanitize	Clean, Sanitize				Use a sanitizer safe for food contact.
Eating Utensils & Dishes		Clean, Sanitize				If washing the dishes and utensils by hand, use a sanitizer safe for food contact as the final step in the process. The use of an automated dishwasher will sanitize.
Tables & Highchair Trays	Clean, Sanitize	Clean, Sanitize				
Countertops		Clean	Clean, Sanitize			Use a sanitizer safe for food contact.
Food Preparation		Clean	Clean, Sanitize			

¹ For all cleaning, sanitizing, and disinfecting products, follow the manufacturer's instructions for concentration, application method, contact time, and drying time before use by a child.

Area	Before Each Use	After Each Use	Daily (at the End of the Day)	Weekly	Monthly	Comments
Appliances						
Mixed-Use Tables	Clean, Sanitize					
Refrigerator					Clean	
Child Care Areas²						
Plastic Mouthed Toys & Games		Clean, Sanitize	Clean, Sanitize			Toys that have been in children's mouths or contaminated by body secretions must be immediately set aside, and cleaned and sanitized by a staff member wearing gloves, before being used by another child.
Toys & Games (not mouthed)		Clean, Sanitize	Clean, Sanitize			<u>Toys and games that cannot be cleaned and sanitized SHOULD NOT BE USED.</u>
Pacifiers		Clean	Clean, Sanitize			
Hats			Clean			Clean after each use if head lice is present.
Door & Cabinet Handles			Clean, Disinfect			
Light Switches			Clean, Disinfect			
Floors			Clean			Sweep or vacuum, then damp mop (consider microfiber damp mop to pick up most particles)
Machine Washable Cloth Toys		Clean	Clean	Clean		Launder. <i>Machine washable toys should be used one child at a time and laundered in between uses. If this is not possible DO NOT USE.</i>
Dress-up Clothes			Clean	Clean		Launder. <i>Used by one child at a time and laundered in between uses.</i>
Play Activity Centers			Clean, Disinfect	Clean		<i>Assuming tables, chairs, and plastic surfaces.</i>

² Inclusive of areas, toys, and games that are used inside and outside. Sets of toys and games should not be shared across groups of children, especially infants and toddlers. If this is necessary be sure to clean and sanitize the toys and games before moving from one group of children to another.

Area	Before Each Use	After Each Use	Daily (at the End of the Day)	Weekly	Monthly	Comments
Playground Structures			<i>Clean, Disinfect</i>			
Drinking Fountains		<i>Clean, Sanitize</i>	Clean, Disinfect			
Classroom Sink and Faucets			<i>Clean, Disinfect</i>			
Cubbies			<i>Clean, Disinfect</i>			
Desks & Chairs		<i>Clean, Disinfect</i>	<i>Clean, Disinfect</i>			
Computer Keyboards		Clean, Sanitize	Clean, Disinfect			Use sanitizing wipes. Do not use spray.
Phone Receivers			Clean, Disinfect			
Toilet & Diapering Areas						
Changing Tables		Clean, Disinfect				Clean with detergent, rinse, disinfect
Potty Chairs		Clean, Disinfect				
Handwashing Sink & Faucets			Clean, Disinfect			
Countertops			Clean, Disinfect			
Toilets			Clean, Disinfect			
Diaper Pails			Clean, Disinfect			
Floors			Clean, Disinfect			Damp mop with a floor cleaner/disinfectant
Sleeping Areas						
Bed Sheets & Pillow Cases				Clean		<i>Launder.</i> Clean before use by another child.
Cribs, Cots, & Mats			<i>Clean, Sanitize</i>	Clean		Clean <i>and</i> sanitize before use by another child. <i>Should be individually labeled and stored.</i>
Blankets				<i>Clean</i>	Clean	<i>Launder.</i> Clean before use by another child.