

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

This guidance is for childcare facilities providing services during Phase Two. Childcare facilities must implement the following measures to help reduce the risk of COVID-19 transmission among participants and staff. Separate guidance is provided for schools and summer camps and open spaces. For additional information, visit coronavirus.gov/phasetwo.

Support Safety of Employees and Children

Daily Health Screening

- Childcare facilities must perform a daily health screen for all students and staff entering the building. This includes any contractual staff (e.g. security, custodial).
 - Screening can be performed before (via phone or app) or upon arrival, and can be based on self-report or report from caregivers.
 - For Screening Tool Guidance, visit coronavirus.dc.gov/phasetwo.
- An individual with any of the following symptoms must not enter the school, and instead they must isolate or leave the facility immediately and be instructed to call their healthcare provider:
 - Fever (subjective or 100.4 degrees Fahrenheit) or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea. These symptoms should be updated according to CDC and DC Health guidance.
- Individuals who are under quarantine (for example due to exposure to a close contact or high-risk travel) or have a test result pending must not enter the school.
- Active fever checks as a screening tool are not recommended.
- **Screening tools must be reviewed routinely after submission.** Any individual reporting symptoms, possible exposure, or is awaiting test results must not be allowed entry.
- If a student or staff member develops any of the symptoms above during the course of the day, the facility must have a process in place that allows them to isolate until it is safe to go home and seek healthcare provider guidance.

Encourage Healthy Practices

- Ensure adequate supplies (e.g., soap, paper towels, hand sanitizer, tissue) to support healthy hygiene practices.
- Ensure handwashing strategies include washing with soap and water for at least 20 seconds. If soap and water are not available and hands are not visibly dirty, use an alcohol-based hand sanitizer that contains at least 60% alcohol.
- Perform frequent hand hygiene (with soap and water or alcohol-based hand sanitizer).
 - Key times to perform hand hygiene include
 - Before eating food,
 - After using the toilet,
 - Before and after putting on, touching, or removing cloth face coverings or touching your face,
 - After blowing your nose, coughing, or sneezing,
 - After playing on outdoor or shared equipment.

High-Risk Individuals

Childcare providers should ensure that children and staff at increased risk for experiencing severe illness due to COVID-19 consult with their medical provider **before** participating in childcare activities.

- People with the following conditions **are at increased risk** of severe illness from COVID-19:
 - Cancer
 - Chronic kidney disease
 - COPD (chronic obstructive pulmonary disease)
 - Heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
 - Immunocompromised state (weakened immune system) from solid organ transplant
 - Obesity (body mass index [BMI] of 30 kg/m² or higher but < 40 kg/m²)
 - Severe Obesity (BMI ≥ 40 kg/m²)
 - Sickle cell disease
 - Smoking
 - Type 2 diabetes mellitus
- For a complete list of conditions which might be at an increased risk for severe illness from COVID-19, please see [cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html).
- Any staff member or parent of a child who has a medical condition not listed, but who is concerned about their safety, should also consult with their medical provider before participating in childcare activities.

Preventing a Vaccine-Preventable Disease Outbreak

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

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

- A review of immunization schedules can be found [here](#).
- CDC has other resources regarding [Vaccine-Preventable Diseases](#).

Additionally, all students and staff should receive their seasonal Influenza vaccine to help prevent an influenza outbreak during the current COVID-19 pandemic. For more information, visit [flu.gov](https://www.flu.gov).

Implement Controls to Limit Contact

Non-Medical Face Coverings and Face Masks

- All adults must wear non-medical face coverings or face masks at all times while participating in childcare activities. If an adult has a contraindication to wearing a face covering, either medical or otherwise, then it is recommended that the individual should not participate in childcare activities.
- Children 2 years of age or older must wear non-medical face coverings or face masks at all times while participating in childcare activities, with the exception of meals and nap/rest times.
- Exceptions are allowable for children younger than 5 years of age considering developmental factors. Children should be able to:
 - Use a mask correctly

- Avoid frequent touching of the mask and their face
- Limit sucking, drooling, or having excess saliva on the mask
- Remove the mask without assistance
- Parents and child care staff should discuss individual considerations for children of any age, including medical or developmental conditions that may prevent them from wearing a mask, and consult with the child’s health care provider if necessary (e.g., for children with certain conditions such as asthma), to determine if an individual child is able to wear a mask and attend childcare safely.
- Children younger than two years of age are not recommended to wear face masks.

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

Social Distancing

Childcare facilities must ensure appropriate physical distancing by having:

- Limiting cohort sizes: No more than 12 total individuals in one group (including staff and children),
 - Childcare facilities may choose to implement smaller cohort sizes but may not exceed the maximum cohort sizes listed above.
- Placing no more than one group per room (or partitioned area as below),
 - For outdoor activities, each group must interact with their own group and not mix between other groups. Each group must maintain 6 feet between them and the next group.
- Ensuring six feet of distance between each individual,
 - This may require reducing the maximum number of students allowed students in a classroom depending on the available space.
- Grouping the same children and staff together each day (as opposed to rotating teachers or children),
- No floating teachers,
- Limiting non-essential visitors,
- No mixing between groups to include entry and exit of the building, at mealtime, in the rest room, on the playground, in the hallway, and other shared spaces,
- No large group activities and activities requiring children to sit or stand in close proximity, e.g., circle time,
- Staggered drop-off and pick-up times or another protocol that avoids large groups congregating and limits direct contact with parents,
- Curb- or door-side drop-off and pick-up of children, and
- No field trips.

Partitions

Keeping the required number of individuals limited to one room is the safest recommendation in terms of group size. However, in order for some childcare facilities to operate and families in the District to readily access childcare, a larger number of children may need to be served in one room. Therefore, the below are public health recommendations for the use of partitions in the childcare setting in order to accommodate a larger group size:

- Childcare providers may use partitions to separate groups of individuals,
- Partitions must be at least 6 feet tall and of solid material with no holes or gaps,
- Individuals must be at least 6 feet away from the partition on each side,
- The horizontal length of the partition must cover the plane of the space where the individuals are, and

- Partitions must align with regulatory safety protocols to ensure it is not a fall hazard, allows for proper ventilation, meets fire safety regulations, and any other safety regulations.

Establish a Plan for COVID-19 Exposure

When should staff or children get tested?

- DC Health does not recommend repeated (e.g., surveillance) testing of children or staff who do not have symptoms or known exposures.
- The Office of the Deputy Mayor for Education will be providing additional information on available supports for schools that choose to develop a testing programs in consultation with their health services provider. In all instances, testing programs must comply with DC Health reporting requirements for COVID-19 (dchealth.dc.gov/page/covid-19-reporting-requirements).
- Children and staff that develop symptoms of COVID-19 should quarantine at home and consult with their healthcare providers or seek testing.
- Children and staff should get tested if anyone in their household is symptomatic, even if the child themselves does not have symptoms.
 - DC Health recommends all household members get tested at the same time.
 - If testing is not done on the child, they must not attend childcare while the symptomatic household member's test result is pending.
 - If the result is negative, the child can return to childcare.
 - If result is positive, the child should quarantine at home and expect outreach from the DC Health Contract Tracing team.

For persons diagnosed with or exposed to COVID-19

- Staff or children diagnosed with COVID-19 must not enter the childcare facility until they have been cleared from isolation.
- If any child or staff member has been in close contact with a person who is positive for COVID-19, then the child or staff member must not enter the child care facility until they have completed their quarantine period without becoming symptomatic or diagnosed with COVID-19.

Communication and Response

- Identify a point of contact at the childcare facility that staff and children (or care givers) can notify if they test positive for COVID-19.
- If a child care provider identifies a child or staff member with COVID-19 **who was in the building during their infectious period**, the provider should be prepared to dismiss the exposed cohort until DC Health is able to complete the case investigation.
 - The infectious period is starts two days before symptom onset, or date of test if asymptomatic and typically ends 10 days after symptom onset/test date.
 - Review the guidance "*First Steps for Non-Healthcare Employers of Employees Who Test Positive for COVID-19*" available at coronavirus.dc.gov/phasetwo.
- Childcare providers should have a notification process in place to share the following with staff and parents if a case occurs at the facility:
 - Education about COVID-19, including the signs and symptoms of COVID-19
 - Referral to the Guidance for Contacts of a Person Confirmed to have COVID-19, available at coronavirus.dc.gov.
 - Information on options for COVID-19 testing in the District of Columbia, available at coronavirus.dc.gov/testing.
- Childcare providers are responsible for implementing policies and having communications

plans in place for all contractors and vendors serving the facility.

Reporting

- Refer to the guidance “*First Steps for Non-Healthcare Employers when Employees Test Positive for COVID-19*” at coronavirus.dc.gov/healthguidance.
- Childcare providers must notify DC Health:
 - If a provider is notified that a staff member (including contractors), volunteer, or visitor **tested positive for COVID-19** (not before results come back)

OR

 - If a provider is notified that a child **tested positive for COVID-19** (not before results come back).

AND

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

Cleaning and Disinfecting

All childcare providers must regularly clean surfaces, toys and materials per 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, 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.
- 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. See [CDC’s guidance for safe and correct application of disinfectants](#).
- Providers must place signage in every classroom reminding staff of cleaning protocols.

Building Considerations

Childcare providers who are reopening after a prolonged facility shutdown must ensure all ventilation and water systems and features (e.g. sink faucets, drinking fountains, decorative fountains) are safe to use as follows:

- Consider making the following improvements to improve building ventilation (cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html):
 - Increase circulation of outdoor air as much as possible, for example by opening windows and doors.

- Do not open windows and doors if doing so poses a safety or health risk (e.g., risk of falling, triggering asthma symptoms) to children using the facility.
- Ensure ventilation systems operate properly and provide acceptable indoor air quality for the current occupancy level for each space.
- Improve central air filtration to the highest compatible with the filter rack, and seal edges of the filter to limit bypass.
- Increase ventilation rates.
- Check filters to ensure they are within service life and appropriately installed.
- Keep systems running longer hours, 24/7 if possible, to enhance air exchanges in the building space.
- Consult with a specialist to see what works for your building.
- Flush water systems to clear out stagnant water and replace it with fresh water. This will remove any metals (e.g. lead) that may have leached into the water and minimize the risk of [Legionnaires' disease](#) and other diseases associated with water.
 - Further details on steps for this process can be found on the CDC website at [cdc.gov/coronavirus/2019-ncov/php/building-water-system.html](https://www.cdc.gov/coronavirus/2019-ncov/php/building-water-system.html).

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