

Phase 1 Guidance

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

During Phase 1, the public and businesses will be required to adopt new behaviors and rigorous safeguards to reduce risk for all. The following outlines specific public health guidance for childcare centers in an effort to limit COVID-19 spread in our communities. **For additional information, visit coronavirus.dc.gov/phaseone.**

Implement Measures to Support Safety of Employees and Children

Daily Health Screening

- Childcare providers should perform a daily health screen for all children and staff entering the childcare facility. An individual with any of the following symptoms should not enter the facility, and instead should call their healthcare provider:
 - Fever 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, diarrhea, or otherwise feeling unwell.
- If an individual develops any of the symptoms above during the course of activities, then they should immediately coordinate a way to leave the facility and seek medical attention.
- 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 should not enter the facility until cleared by their healthcare provider, or have completed their quarantine period without becoming symptomatic or diagnosed with COVID-19.
- If any child or staff member has been in close contact with a person who is awaiting a COVID-19 test result, then the child or staff member should not enter the facility until the close contact tests negative. If the close contact tests positive, then they should seek guidance from their healthcare provider or DC Health.

High-Risk Individuals

Children and staff at high-risk for experiencing severe illness due to COVID-19 must be cleared by their medical provider **before** participating in child care activities. This includes people with:

- Chronic Lung Disease
 - Moderate to severe Asthma
 - Serious heart conditions
 - Immunocompromised conditions
 - Severe obesity (>40 Body Mass Index)
 - Diabetes
 - Chronic Kidney Disease
 - Liver Disease
 - People 65 years and older should be cleared by a medical provider before participating.
- And any parent or staff member who has a medical condition not on this list, but is still concerned about their safety, is encouraged to consult their medical provider.

Limit Contact

Non-Medical Face Coverings (Face-Masks)

All adults should wear non-medical face coverings or face masks at all times while participating in childcare activities. If an adult has a condition that makes wearing a face covering inadvisable or potentially harmful, either medical or otherwise, then that individual should not participate in childcare activities.

- No children 2 years of age or younger should wear face masks.
- Children above the age of two years have the option of wearing a face mask based on a joint decision between the parent and the child's healthcare provider, considering medical and developmental factors, for example severe cognitive or respiratory impairments. If the face mask results in the child touching their face more, it may lead to increase exposure to the virus.

For more information about non-medical face coverings or face masks, please refer to guidance documents on coronavirus.dc.gov.

Social Distancing

Childcare facilities should ensure appropriate physical distancing by having:

- No more than 10 individuals (staff and children) clustered in one group,
- Six feet of distance between each individual,
- Grouping the same children and staff together each day (as opposed to rotating teachers or children),
- Limiting non-essential visitors,
- No mixing between groups to include entry and exit of the building, at meal time, 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,
- Stagger drop-off and pick-up times or implement 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 only 10 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 10 individuals,
- Partitions must be at least 7 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 should 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.

Cleaning and Disinfecting

All child care providers should regularly clean 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, 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

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

- Ensure ventilation systems operate properly and increase circulation of outdoor air as much as possible, for example by opening windows and doors. Increase in air circulation should be continued after reopening where safe and possible. 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.
- 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 in to the water and minimize the risk of [Legionnaires' disease](#) and other diseases associated with water. [Steps](#) for this process can be found on the CDC website.

Potential Exposures and Positive COVID-19 Cases

In the event that a childcare facility identifies a child or staff member who has tested COVID-19 positive, it is important for the childcare facility to:

1. Notify DC Health by submitting a Notifiable Disease Case Report Form, found on the DC Health Infectious Disease website: dchealth.dc.gov/service/infectious-diseases
2. Close the facility for 1-2 days while coordinating the next steps with DC Health

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