

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

This guidance is for childcare facilities providing services in the District of Columbia. Except for current mandates in effect under a Mayor’s Order or other existing local or federal regulation, any definitive action statements made in this guidance (e.g., “must”) are considered essential best practice recommendations for childcare facilities to mitigate the transmission of COVID-19 between staff, children, families, and the community. Separate guidance is provided for schools that are exempt from childcare licensing (see *Guidance for Schools: Pre-Kindergarten-12th grade and Adult Education* at coronavirus.dc.gov/healthguidance).

Preventing COVID-19:

Continued use of **layered prevention measures** is essential to help prevent the spread of COVID-19 in childcare facilities and minimize disruption to operations.

- Layering prevention measures is particularly important in childcare settings. The people in childcare facilities typically have a mix of vaccination statuses ranging from children too young to be eligible for the COVID-19 vaccine to people who are vaccinated and up to date (see below) on their COVID-19 vaccine. Childcare facilities also are usually not able to fully implement certain important prevention measures like mask wearing and physical distancing given the ages of the children served.
- **Elements of layered prevention:**
 - Promoting COVID-19 vaccination
 - Universal indoor masking for all people 2 and older regardless of vaccination status
 - Physical distancing and cohorting
 - Screening testing for COVID-19
 - Staying home when sick, isolating, and getting tested
 - Contact tracing and quarantine
 - Hand hygiene and respiratory etiquette
 - Ventilation
 - Cleaning and disinfecting

COVID-19 vaccination

Vaccination is the most important public health intervention for ending the COVID-19 pandemic. Most childcare programs serve young children who are not yet eligible to be vaccinated for COVID-19. The COVID-19 vaccine is recommended for everyone **5 and older**. COVID-19 vaccines are free, safe, and effective. Booster shots are recommended for everyone **12 and older**.

- The COVID-19 vaccine is highly effective at preventing severe illness, hospitalization, and death.
- Protection from the primary vaccine series¹ has been shown to decrease over time. Also, the Omicron variant is much more contagious than previous strains of COVID-19. These developments make it very important to get vaccinated **and** boosted as soon as you are eligible. Boosted people have the strongest protection from the Omicron variant.
- A person is considered **up to date** on their COVID-19 vaccine after they have received all recommended vaccine doses, including booster doses as applicable.
 - This includes:
 - Unboosted people 12 and older who completed their primary vaccine series¹:
 - ❖ Less than 5 months ago (for the mRNA vaccines: Pfizer or

¹ **Primary vaccine series**= The initial vaccine course before any extra (i.e., “booster”) doses: 2 doses of an mRNA vaccine (Pfizer or Moderna) or 1 dose of the J&J vaccine

Moderna)

- ❖ Less than 2 months ago (for the J&J vaccine)
 - Children age 5 to 11 who have completed a primary vaccine series but are not yet eligible for a booster dose
- For detailed information about staying up to date on your COVID-19 vaccine, see cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html.
- **All adults working in childcare facilities (including employees, contractors, interns, and volunteers) must have completed a COVID-19 primary vaccine series unless they have been granted a medical or religious exemption. This applies to all childcare facilities regulated by the Office of the State Superintendent of Education (OSSE).**
 - For more details about the COVID-19 vaccine mandate, see Mayor’s Order 2021-109, available at coronavirus.dc.gov/healthguidance.
- **Childcare staff are strongly recommended to get a COVID-19 booster shot and children are strongly recommended to get vaccinated and boosted as soon as they are eligible.**
- Childcare facilities must track COVID-19 vaccination coverage among all adult employees, contractors, interns, and volunteers in accordance with guidance released by OSSE. Childcare facilities are encouraged to track COVID-19 vaccination coverage among eligible children, while complying with applicable privacy regulations.
 - For more detail see *Guidance Related to Coronavirus (COVID-19): Required Vaccinations for Child Development Facility Staff* available at osse.dc.gov/page/covid-19-guidance-and-resources
- Facility administrators should strongly promote vaccination and develop policies that support staff vaccination (and vaccination of children as they become eligible) such as:
 - Leave options for staff to get vaccinated and for if they have side effects after vaccination
 - Creative vaccination incentives
 - For more information about how to promote vaccination, see cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/essentialworker/workplace-vaccination-program.html
- People who are unvaccinated (including children younger than 5) or not up to date on their COVID-19 vaccine remain at higher risk for catching COVID-19 and need to take more precautions than people who are vaccinated and up to date on the vaccine.
 - **Note:** People who are immunocompromised² may not be fully protected even if they are up to date on their COVID-19 vaccine. Because of this, **people who are immunocompromised should continue taking all the same precautions as unvaccinated people** and should consult with their healthcare provider.
- Some people who are **moderately or severely immunocompromised** should also get an additional primary shot of the vaccine before their booster shot.
 - Learn more about COVID-19 vaccines and booster shots for immunocompromised people at: cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/immuno.html.
- Find out more about:
 - COVID-19 vaccines: coronavirus.dc.gov/vaccine
 - Booster shots: cdc.gov/coronavirus/2019-ncov/vaccines/booster-shot.html

² **Immunocompromised** means having a weakened immune system due to a medical condition or from taking medications that suppress the immune system. This includes, but is not limited to: people on chemotherapy, people with blood cancers like leukemia, people who have had an organ transplant or stem cell transplant, and people on dialysis.

Stay home when sick

- Anyone experiencing symptoms of COVID-19 or another infectious illness must stay home and should not enter a childcare facility due to the risk of exposing others. This includes staff, children, and visitors. Symptoms of COVID-19 overlap with symptoms of other common viral illnesses such as flu. Ask families to be alert for signs of illness in children and to keep them home if they are sick.

Masks

Mask basics:

- Masks act as simple barriers to help prevent respiratory droplets from traveling into the air and onto other people when the person wearing the mask coughs, sneezes, talks, or raises their voice. This is called source control. Source control is how we protect other people when we wear our masks.
- Masks also provide some protection to the mask wearer against droplets expelled by other people.
- To be effective, masks must be well fitting and worn correctly. Masks should cover the nose and mouth and fit snugly against the sides of the face.
- Wearing a mask is especially important indoors and when it is difficult to maintain physical distancing, such as while providing care or comfort to young children.
- Staff may consider wearing a clear mask or a cloth mask with a clear panel to facilitate communication with young children or if interacting with people who rely on lip-reading.
- A face shield is not an acceptable substitute for a mask.
- Children younger than two years of age should not wear masks.
- **UPDATE: Respirators** are a special type of filtering mask (e.g., KN95s, N95s) designed to provide high levels of protection to the **wearer**. Respirators also act as source control to protect others. Wearing a well-fitting respirator should be considered, especially for **people at higher risk of COVID-19 (including people older than 65) and for people who are not up to date on their COVID-19 vaccine**. Please note that some respirators may be less comfortable to wear for prolonged periods of time compared to masks.
 - To read more about masks and respirators, see [cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/types-of-masks.html](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/types-of-masks.html).

Masks in childcare facilities

- Childcare facilities should provide extra masks for children who forget their mask or whose families cannot afford masks.
- **Indoors:** Masks must be worn by **all people age 2 and older indoors** (including staff, children, and visitors), **regardless of vaccination status**.
 - Masks may be removed for eating or drinking.
 - Masks must be removed for naptime (even for children who are returning from quarantine or isolation after less than 10 days-see **QUARANTINE** and **ISOLATION** sections).
 - It is recommended that adults who are unable to wear masks not participate in childcare activities.
 - People who operate home-based childcare programs, who have other people age 2 and older living in the home, must require mask-wearing for those people when the facility is open and children being cared for are present.
- **Outdoors:**
 - In general, people do not need to wear masks outdoors, with some caveats discussed here.
 - People who are up to date on their COVID-19 vaccine *may choose* to wear a mask outdoors particularly if they or someone in their household

is immunocompromised, at higher risk for severe COVID-19 (see page 8), or if someone in their household is unvaccinated or not up to date on their COVID-19 vaccine.

- People age 2 and older who are unvaccinated, not yet eligible for COVID-19 vaccination, or not up to date on their COVID-19 vaccine are *recommended* to wear a mask in crowded outdoor settings or during activities that involve sustained close contact with other people.
 - ❖ Factors for facilities to consider when developing outdoor mask policies:
 - The current level of community spread
 - The ability to properly store masks when not in use
 - The frequency of movement between indoor and outdoor play.
 - The level of assistance required for application and removal of masks in the population serve
- **Transportation:** Masks must be worn by everyone age 2 and older (passengers and drivers) on facility transport vehicles.

Additional mask considerations:

- Childcare staff should teach and reinforce correct mask wearing for young children.
- Store masks somewhere safe and clean whenever they are taken off (e.g., while eating), such as in an individually labelled paper bag or small container, a cubbie, a pocket, or in a backpack. It is recommended to fold masks widthwise for storage, with the inner surface facing inward.
 - Masks that have been on a person’s face and will be reused for that person should be stored individually, not together with other people’s masks.
- Mask exceptions are allowable for young children taking developmental factors into account.
 - Children who wear a mask 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.
 - Wearing masks may be difficult for young children with certain disabilities (for example, visual or hearing impairments) or for those with sensory, cognitive, or behavioral issues.
 - Plan for options for children with special needs who may not be able to comply with mask requirements.
 - For children who are only able to wear masks some of the time for these reasons, prioritize having them wear masks during times when it is difficult to separate children and/or staff (for example, during carpool drop off or pick up, or when standing in line).
 - Parents and childcare staff should discuss individual considerations for children, including medical or developmental conditions that may prevent them from wearing a mask. Parents should consult with the child’s health care provider if necessary, to determine if an individual child is able to wear a mask and attend childcare safely.

Physical distancing and cohorting

Physical distancing

- In general, people of all ages who are unvaccinated, not yet eligible for COVID-19 vaccination, or not up to date on their COVID-19 vaccine should maintain 6 feet of distance from people not from their household as much as possible, whether indoors or

outdoors.

- 6 feet of distance should be maintained between adults in a childcare facility who are unvaccinated or not up to date on their COVID-19 vaccine.
- Given the young ages of the children served in a childcare facility, it is understood that maintaining physical distance between children and between children and staff is not always possible. It is important to hold babies and young children when they need comforting or feeding, and tasks like diapering require close contact between staff and children.
 - Maximize spacing between children, and between children and staff, with a goal of 6 feet of distance as much as possible.
 - Maintain 6 feet of distance between children during naptime. Place children head-to-toe to support distance between their faces.
 - Physical distancing may be more challenging for young children with disabilities and should be encouraged as much as possible.
- Children or staff who are members of the same household do not need to distance from each other.
- Pay special attention to physical distancing during the following times: entry and exit of the building, at mealtimes, in restrooms, on playgrounds, in hallways, and in other shared spaces.
- Avoid large group activities and activities requiring children to sit or stand in proximity, e.g., circle time.
- Modify layout of the childcare facility as necessary to promote physical distancing. For example, space out seating areas, turn tables to face the same direction, or seat children only on one side of tables, physically distanced.
- Use visual cues to promote physical distancing, such as tape or decals on the floor, or signs on walls.
- Stagger staff shifts, start times, and break times as much as possible. Limit the number of employees in a breakroom at any given time to ensure physical distancing.
- People who operate home-based childcare programs, who have other people age 2 and older living in the home, should ensure that these people maintain 6 feet of distance from children in the provider's care, as much as possible.

Cohorting

- Cohorting consists of dividing **children and staff** into distinct groups that stay together throughout the day.
- Childcare facilities are recommended to utilize cohorting, especially when community transmission levels are **moderate to high**³.
 - The use of cohorting does not replace other prevention measures, such as physical distancing between cohort members and mask wearing.
- Cohorting can help maintain childcare operations if a case of COVID-19 occurs in a facility.
- Cohorts should not mix. Preventing mixing between cohorts will decrease the number of children and staff that need to be quarantined if a case occurs in a childcare facility. The ideal arrangement is for each cohort to have their own classroom. Each cohort should maintain 6 feet of distance from other cohorts, indoors and outdoors, as much as possible.
- Childcare facilities may follow cohort sizes set in childcare licensing regulations, keeping ability to physically distance in mind.
- Keep the same groups of children and staff together each day as much as possible (as opposed to rotating teachers or children).

³ To look up current levels of community transmission (and other data including local vaccination rates) for DC and other areas of the country, see the *CDC Data Tracker* at covid.cdc.gov/covid-data-tracker/#county-view

- The use of floating staff poses an avoidable increased risk of exposure if staff test positive for COVID-19. Limiting the use of floating staff will reduce this risk.
- Stagger arrival/drop-off and pick-up times by cohort. Minimize staff contact with parents/caregivers at drop off. Prioritize outdoor drop-offs and pick-ups as much as possible.
- Cohorts should be maintained for all activities including meals.
- Stagger use of communal spaces by cohort.
- If specialized staff (for example, early intervention specialists) are providing services to children within multiple cohorts or multiple childcare facilities, they should take prevention measures to limit the potential transmission of COVID-19, including staying up to date on their COVID-19 vaccine, and wearing masks or other recommended personal protective equipment (PPE). They should limit interactions with children to only the children they are there to see. Specialized staff should keep detailed logs of interactions in the facility to support contact tracing if needed.

Hand hygiene and respiratory etiquette

- Employers should provide adequate supplies (e.g., soap, paper towels, hand sanitizer, tissues, no-touch/foot pedal trash cans) to support healthy hygiene practices.
- Promote and teach good hand hygiene: washing hands with soap and water for at least 20 seconds or using an alcohol-based hand sanitizer that contains at least 60% alcohol.
 - If hands are visibly dirty, soap and water should be used.
 - Supervise small children when they are using hand sanitizer to prevent ingestion.
- Key times to perform hand hygiene include:
 - On arrival to the facility,
 - Before and after group activities,
 - Before and after preparing food or drinks,
 - Before and after eating, handling food, or feeding children,
 - Before and after handling clean utensils or equipment,
 - Before and after helping a child put on or adjust their mask,
 - Before and after putting on, touching, or removing your mask or touching your face,
 - Before and after diapering a child or assisting/training a child in toileting,
 - Before and after providing any medication or applying any medical ointment or cream,
 - After using the restroom,
 - After having contact with bodily fluids,
 - After caring for a sick child,
 - After handling animals or cleaning up after animals,
 - After playing on outdoor or shared equipment,
 - After handling other people's belongings,
 - After handling trash,
 - After blowing your nose, coughing, or sneezing.
- Avoid touching your face, eyes, mouth, and nose with unwashed hands.
- Cover coughs and sneezes
 - Cover your mouth and nose with a tissue when you sneeze or cough
 - If you don't have a tissue, cough or sneeze into your elbow.

Workforce testing

- All adults working in childcare facilities (including employees, contractors, interns, and volunteers) who have a medical or religious exemption from the COVID-19 primary vaccination series must test weekly for COVID-19 and submit a negative COVID-19 test result on a weekly basis to their childcare facility in order to report for work, regardless of

community transmission levels. This applies to all childcare facilities regulated by OSSE.

- For more details see the *Guidance Related to Coronavirus (COVID-19): Required Vaccinations for Child Development Facility Staff* available at osse.dc.gov/page/covid-19-guidance-and-resources.
- For more details about the COVID-19 vaccine mandate, see Mayor's Order 2021-109, available at coronavirus.dc.gov/healthguidance.

Screening testing

- Screening testing can be an effective tool for reducing transmission in childcare facilities by identifying people with COVID-19, including those without symptoms, so that prompt measures can be taken to prevent transmission in a facility.
- **At minimum, staff at childcare facilities who are not up to date with their COVID-19 vaccine should undergo screening testing, regardless of community transmission levels.** Screening testing should also be considered for children who are unvaccinated, not yet eligible for vaccination, or not up to date on their COVID-19 vaccine, especially when community transmission levels are **moderate to high**³.
- The minimum effective interval for screening testing is weekly.
- Childcare facilities may consider conducting pooled testing of cohorts.
 - About pooled testing:
 - If a pooled sample tests positive, the childcare facility and its testing vendor (when applicable) must have a plan to immediately re-test all individuals in the pool in order to identify the positive individual(s). Samples for the re-test must be collected at the same time as the initial sample in order to avoid any delay in identifying the positive individual(s).
 - The positive case(s) must be individually reported to DC Health, per the reporting guidelines outlined in the **REPORTING** section on page 15.
 - The positive individual(s) must not attend childcare and should isolate in accordance with the **ISOLATION** section on page 12, and close contacts of the positive individual(s) must follow the guidance in the **QUARANTINE** section on page 10.
 - For more information about pooled testing, see cdc.gov/coronavirus/2019-ncov/lab/pooling-procedures.html.
- Positive case(s) must be individually reported to DC Health, per the reporting guidelines outlined in **Reporting** section on page 14.
 - Positive individuals must not attend childcare and should isolate in accordance with the **ISOLATION** section on page 12 and close contacts of the positive individual(s) must follow the guidance in the **QUARANTINE** section on page 10.
- **Which type of test to use for screening testing?**
 - Tests that provide results in 24 hours or less should be used.
 - Either type of SARS-CoV-2 viral test may be used: NAAT (Nucleic Acid Amplification Test, e.g., PCR) or antigen test.
 - **Anyone with a positive test result must not attend childcare and should begin isolation. There is no option to reverse a positive test result with additional testing.**
 - For more information, refer to *Overview of Testing for SARS-CoV-2 (COVID-19)* at cdc.gov/coronavirus/2019-ncov/hcp/testing-overview.html#print.

Considerations for employers

- Employers are responsible for providing a safe workplace.
- Employers should conduct periodic assessments to identify potential workplace hazards that could increase risks for COVID-19 transmission (for example, when workplace conditions change or when there has been an outbreak at the facility).

- For more information about conducting workplace hazard assessments, see [osha.gov/safety-management/hazard-identification](https://www.osha.gov/safety-management/hazard-identification).
- Employers should communicate COVID-19 policies to staff and families.
- Signage should be posted at the entrance(s) stating that nobody with a fever or symptoms of COVID-19 is permitted to enter the childcare facility and that people age 2 and older must wear a mask.
- Signage should be posted in visible locations throughout the facility reinforcing everyday prevention measures (e.g., physical distancing, mask wearing, hand hygiene).
- Signage and other communications should be clear, easy to understand, and in appropriate primary languages spoken by staff and family members.
- Employers should provide staff with masks and appropriate PPE as per their job responsibilities.
- Employers may choose to offer revised duties to staff at higher risk for severe COVID-19 who are not up to date on their COVID-19 vaccine (see **People at Higher Risk for Severe COVID-19** section on page 9).
- Employees who handle food must wear disposable gloves to minimize bare hand contact with any food products.
- Gloves should only be worn as indicated per routine job responsibilities and childcare licensing requirements. Hand hygiene should be performed before and after wearing gloves.
- Implement leave policies that are flexible and non-punitive, and that allow sick employees to stay home. Leave policies are recommended to account for the following:
 - Employees who report COVID-19 symptoms
 - Employees who have been tested for COVID-19 (for reasons including symptoms, travel, or exposure) and are awaiting test results
 - Employees who tested positive for COVID-19
 - Employees who are a close contact of someone who tested positive for COVID-19 and who need to quarantine
 - Employees who need to stay home with their children if there are school or childcare closures, or to care for sick family members
 - Employees who need to get the COVID-19 vaccine or booster
 - Employees who are experiencing side effects from the COVID-19 vaccine
- Learn about and inform your employees about COVID-related leave provided through new federal law, the Families First Coronavirus Response Act (FFCRA) and all applicable District law relating to sick leave.
- Educate employees about COVID-19. Refer to coronavirus.dc.gov for more information.

Other operational considerations:

Visitors

- All visitors 2 and older must wear masks and should be required to follow facility policies on physical distancing and other preventive measures.
- Childcare facilities should minimize non-essential visitors and volunteers if DC is at **moderate to high** community spread³.
- Facilities should develop plans and procedures to allow safe access to the facility for direct service providers, government employees, mothers who are breastfeeding their children, other parents/guardians who are visiting their children, and for meeting new families.

Meals

- Meals should be eaten outdoors or in well-ventilated indoor spaces.
- Children should eat in separate areas or with their cohort, instead of in a communal dining area.
- There is no need to limit food service items to single use items and packaged “grab-and-go”

meals, given the low risk of COVID-19 transmission from surfaces.

- Ensure that all non-disposable food service items are handled with gloves and washed and sanitized after each use with dish soap and hot water or in a dishwasher. Individuals should wash their hands after removing their gloves or after directly handling used food service items.

Travel

- People who are unvaccinated or not up to date on their COVID-19 vaccine who have travelled should follow travel-related COVID-19 testing and quarantine recommendations outlined in *Guidance for Travel* at coronavirus.dc.gov/healthguidance

People at higher risk for severe COVID-19

Childcare facilities should encourage staff and families with children who are at increased risk of experiencing severe illness due to COVID-19 to consult with their medical provider **before** participating in childcare activities.

- **Older adults (older than 65) and people with the following conditions are at increased risk** of severe illness from COVID-19:
 - Cancer
 - Chronic kidney disease
 - Chronic liver disease, especially cirrhosis
 - Chronic lung diseases including COPD (chronic obstructive pulmonary disease), asthma (moderate-to-severe), interstitial lung disease, cystic fibrosis, bronchiectasis, pulmonary hypertension, and pulmonary embolism
 - Dementia and other neurological conditions
 - Diabetes (Type 1 or Type 2)
 - Down Syndrome
 - Heart conditions (such as heart failure, coronary artery disease, or cardiomyopathies and possibly high blood pressure)
 - HIV infection
 - Immunocompromised state (weakened immune system)
 - Mental health conditions (including schizophrenia and depression)
 - Overweight or obesity
 - Pregnancy, or recent pregnancy (within 42 days following end of pregnancy)
 - Sickle cell disease
 - Smoking, current or former
 - History of solid organ transplant or blood stem cell transplant
 - History of stroke or cerebrovascular disease
 - Substance use disorders
 - Thalassemia
 - Tuberculosis
- For a complete list of conditions that can increase the risk for severe illness from COVID-19, please see cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html.
- Children with underlying medical conditions are at increased risk for severe illness with COVID-19 compared to their healthier peers. These conditions include:
 - Asthma or other chronic lung disease
 - Bronchopulmonary dysplasia
 - Congenital heart disease
 - Diabetes
 - Genetic conditions
 - Immunosuppression
 - Metabolic conditions

- Neurologic conditions
- Obesity
- Sickle cell disease
- 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 outbreaks of other vaccine-preventable diseases (non-COVID-19)

- Remind parents to keep children up to date on all routine immunizations including the flu shot, as well as well-child visits and preventive screenings (such as screening for autism and lead).
- A review of immunizations can be found at [cdc.gov/vaccines/parents/downloads/parent-ver-sch-0-6yrs.pdf](https://www.cdc.gov/vaccines/parents/downloads/parent-ver-sch-0-6yrs.pdf).
- Review CDC resources regarding [Vaccine-Preventable Diseases](#).
- More information is available from the DC Health Immunization Program: dchealth.dc.gov/page/immunizations.

QUARANTINE: For people exposed to COVID-19

- **Quarantine** is the process of separating individuals who have been exposed to an infectious agent (like COVID-19) before they develop symptoms of infection or test positive for infection, for the duration of time that covers the incubation period for the pathogen to prevent further spread.
- Any person who is required to quarantine due to COVID-19 exposure **must not** attend, work at, or visit a childcare facility due to the risk of exposing others.
- For quarantine calculation purposes the date of exposure is considered **Day 0**. The first full day after date of exposure is **Day 1**.

Close contacts:

- Definition of close contact: Someone who was within 6 feet of an infected person for a cumulative 15 minutes or more over a 24-hour period, starting from 2 days before illness onset (or for asymptomatic infected people, 2 days prior to positive test collection) until the time the infected person is isolated.
 - For example, if someone is less than 6 feet from a case for 5 minutes at three separate times over the course of a day (total time for exposure: 15 minutes) they would qualify as a close contact.
- **Staff and children who are close contacts of someone with confirmed COVID-19, regardless of their vaccination status should:**
 - Get a COVID-19 test 7 days after the date of their last contact with a person with COVID-19 (on **Day 7**)⁴.
 - Either a NAAT or antigen test may be used.
 - If the test is positive, they must not attend childcare and should isolate and follow isolation instructions.
 - **Monitor themselves for COVID-19 symptoms for a full 10 days after exposure (Days 0 through 10), isolate if symptoms develop, and test/retest as needed.**
 - **Wear a well-fitting mask (if age 2 or older) when around other people (including household members) for 10 days after their exposure (Days 0 through 10).**
- **The following close contacts must not attend childcare and should quarantine**
 - Unvaccinated people (including children younger than 5 who are not yet eligible for

⁴ People who have had confirmed COVID-19 in the last 90 days do not need to test, as long as they remain asymptomatic.

- the vaccine)
- People who are not up to date on their COVID-19 vaccine
- **The following close contacts do not need to quarantine (provided that they do not have symptoms of COVID-19): (“Quarantine Exemption Criteria”)**
 - People who are up to date on their COVID-19 vaccine
 - People who have had confirmed COVID-19 (symptomatic or asymptomatic) within the last 90 days with recovery
- **Household members** of persons identified as close contacts, who are not close contacts themselves, may continue to attend/work at a childcare facility. (They are considered “contacts of a contact”.) If a close contact subsequently tests positive for COVID-19, at that point their household members must immediately begin quarantine and not attend childcare. (For more information about quarantine and testing of household members, see **ISOLATION** section on page 12)

Quarantine process in childcare:

- Length of quarantine:
 - People younger than age 2: **10 days**
 - People age 2 and older: Minimum length of quarantine is **7 days**
 - 7- day quarantine is permissible if the close contact:
 - ❖ is tested for COVID-19 on **Day 7** of the quarantine period, and receives a negative test result (negative test result must be shown to the childcare facility)
 - AND
 - ❖ is able to **consistently and correctly wear a mask** at the childcare facility through Day 10
 - ❖ If these conditions apply, the close contact may return to the childcare facility on **Day 8**.
- **Which type of test to use?**
 - A NAAT or antigen test may be used.
 - If the test is positive, the close contact must immediately start isolation. Start the clock again, set Day 0 as the day of the positive test, and follow instructions in the **ISOLATION** section below.
 - If the close contact develops COVID-19 symptoms during their quarantine period, they must immediately isolate and test/retest as needed. Start the clock again, set Day 0 as the day symptoms started, and follow instructions in the **ISOLATION** section on page 12.
 - **If no COVID-19 testing is done, the close contact must quarantine for 10 days.**
- **People who come out of quarantine after less than 10 days should do the following through Day 10:**
 - Continue monitoring themselves for symptoms of COVID-19.
 - Avoid being around people who are at higher risk for severe COVID-19 (including immunocompromised people and people older than 65).
 - Keep 6 feet physically distanced from other people at home or work as much as possible during times when masks are removed. (e.g., when eating or napping).
 - Avoid going to public places where they will be unable to wear a mask (e.g., restaurants)
- For more information about testing for COVID-19, see *Overview of Testing for SARS-CoV-2 (COVID-19)* at [cdc.gov/coronavirus/2019-ncov/hcp/testing-overview.html#print](https://www.cdc.gov/coronavirus/2019-ncov/hcp/testing-overview.html#print).

ISOLATION: For symptomatic or COVID-19 positive people

- **Isolation** is the process of separating individuals with symptoms of an infection or confirmed diagnosis of an infection (like COVID-19) away from others, to prevent spread of a pathogen.

- Any person who is required to isolate due to COVID-19 symptoms or diagnosis **must not** attend, work at, or visit a childcare facility due to the risk of exposing others.
- A person who is awaiting a COVID-19 test due to symptoms of COVID-19 must not attend, work at, or visit a childcare facility until their test comes back negative.
- For isolation calculation purposes the date symptoms begin or date of positive test (for people who do not have symptoms) is considered **Day 0**. The first full day after that is **Day 1**.
- Identify a point of contact (POC) at the childcare facility that staff and parents/guardians can notify if they test positive for COVID-19.
- Children and staff that develop symptoms of COVID-19 (**see page 3**) must not attend/work at a childcare facility, should isolate at home, and consult with their healthcare provider for testing and care.
- **What test to use for diagnosis of COVID-19?**
 - **A NAAT or antigen test can be used.**
 - **If an antigen test is used to test persons with symptoms of COVID-19, a negative antigen test must be confirmed by NAAT.**
 - For more information about testing for COVID-19, see *Overview of Testing for SARS-CoV-2 (COVID-19)* at [cdc.gov/coronavirus/2019-ncov/hcp/testing-overview.html#print](https://www.cdc.gov/coronavirus/2019-ncov/hcp/testing-overview.html#print).

How long to isolate:

For children younger than age 2 AND anyone age 2 and older who is unable to consistently wear a mask when around other people:

- Standard duration of isolation is 10 days.

For people age 2 and older who are able to consistently wear a mask when around other people (regardless of vaccination status):

- **If you were sick with mild to moderate COVID-19⁵:**
 - You likely had mild or moderate COVID-19 if:
 - You were able to recover at home taking over-the-counter medications or oral prescription medications.
 - You did not need major medical intervention during your illness. You did not require emergency room visits or admission to a hospital.
 - You didn't develop severe breathing trouble.
 - **Your minimum duration of isolation is 7 full days.** (Count **Day 0** as the date your symptoms started and **Day 1** as the first full day after symptoms started. For example, Candace starts feeling sick at 10 pm on January 15. January 15 is her Day 0 and January 16 is her Day 1)
 - **A 7-day isolation period can be used if:**
 - ❖ A COVID-19 antigen test done on **Day 7** is negative
AND
 - ❖ You have been fever-free for at least 24 hours without the use of fever-lowering medications like Tylenol or ibuprofen and your other symptoms are improving⁶.
 - **If these conditions apply, you may come out of isolation and return to childcare on Day 8.**
 - **Continue to wear a well-fitting mask when around other people through Day 10. A negative COVID-19 antigen test does not**

⁵ If you are unsure about how mild or severe your case of COVID-19 was, or how long you should isolate, ask your healthcare provider, and follow their advice.

⁶ Symptoms of altered taste and smell may continue for weeks to months after recovery from COVID-19 and these symptoms do not need to keep you in isolation

guarantee that you are not infectious to others, so continuing to wear a mask is essential.

- If the antigen test is **positive**, you must not attend childcare and should remain in isolation for a full 10 days.
- If no antigen test is done, you must isolate for 10 days.
- If you still have a fever and/or other symptoms have not improved at **Day 7**, stay in isolation until you are fever-free for 24 hours and your other symptoms have improved. Then you may check a COVID-19 antigen test and come out of isolation if your test is negative. Alternatively, you can complete a 10-day isolation period.
- **If you had COVID-19 without any symptoms (“asymptomatic infection”)**
 - **Your minimum duration of isolation is 7 full days.** (Count the date your positive test was collected as Day 0 and the first full day after that as **Day 1**)
 - **A 7-day isolation period can be used if a COVID-19 antigen test done on Day 7 is negative**
 - **If the antigen test is negative, you may come out of isolation and return to childcare on Day 8.**
 - **Continue to wear a well-fitting mask when around other people through Day 10. A negative COVID-19 antigen test does not guarantee that you are not infectious to others, so continuing to wear a mask is essential.**
 - If you are unable to wear a mask, isolate for 10 days.
 - If the antigen test is **positive**, you must not attend childcare and should remain in isolation for a full 10 days.
 - If no antigen test is done, you must not attend childcare and should isolate for 10 days.
 - If you develop symptoms at any time while you are isolating, start the clock again, set **Day 0** as the day your symptoms started, and follow isolation instructions in the appropriate section.

For anyone who had severe or critical COVID-19 illness OR who is immunocompromised

- You had severe or critical COVID-19⁵ if:
 - You became sicker than the description of mild to moderate COVID-19 above.
 - You had dangerously low oxygen, or serious trouble breathing.
 - You needed more intensive medical attention such as a trip to the ER, admission to the hospital, admission to an intensive care unit, or required mechanical ventilation or “life support” for any amount of time.
- People who had severe or critical COVID-19 or who are immunocompromised must not attend childcare and should isolate for at least 10 and up to 20 days and may require testing to be cleared from isolation. If you fall into one of these categories, consult with your healthcare provider and follow their advice.

If people age 2 and older come out of isolation after less than 10 days, they should do the following through Day 10:

- Continue wearing a well-fitting mask around other people at home and in public.
 - **People who are unable to wear a mask when around others must not attend childcare and isolate for a full 10 days.**
- Keep 6 feet physically distanced from other people at home or work as much as possible during times when masks are removed. (e.g., when eating or napping).
- Avoid being around people who are at higher risk for severe COVID-19 (including immunocompromised people and people older than 65).
- Avoid public places where they will be unable to wear a mask (e.g., restaurants).
- Avoid travel.

If a symptomatic individual chooses⁷ to not be tested for COVID-19, they must either:

- Submit written or verbal documentation from a healthcare provider of an alternate diagnosis and meet standard criteria to return after illness before returning to childcare.
- OR**
- Not attend childcare for at least 10 days from when symptoms first appeared. Before returning to childcare, they must be fever-free for at least 24 hours without the use of fever-lowering medications like Tylenol or ibuprofen and other symptoms must have improved.

Household members:

- Household members (who do not meet **Quarantine Exemption Criteria** on page 11) of symptomatic children or staff must not attend childcare while the symptomatic child or staff member's test result is pending.
- **Children and staff (except for people who have a history of COVID-19 in the last 90 days with recovery) should also get tested if anyone in their household develops symptoms of possible COVID-19.**
 - **Which test to use in this scenario?**
 - **A NAAT or antigen test may be used.**
 - If result is positive, the child/staff member must not attend or work at the childcare facility. They should isolate at home and expect outreach from the DC Health Contract Tracing team.
 - The child/staff member (**Person "A"**) should not attend/work at the childcare facility while the symptomatic household member (**Person "B"**)'s test result is pending.
 - If Person B's test comes back negative, Person A can return to childcare.
 - **If Person "B" does not get tested, the childcare facility should treat Person "A" as if Person "B" had tested positive.**
 - If Person "A" develops symptoms of COVID-19 at any time during their quarantine period, they must not attend childcare and should isolate, and test/retest as needed. Start the clock again, set Day 0 as the day symptoms started, and follow instructions in the **ISOLATION** section (see page 12).
 - **Detailed instructions for household members of people with COVID-19 can be found in *Guidance for Close Contacts of a Person Confirmed to have COVID-19: Quarantine and Testing* at coronavirus.dc.gov/healthguidance.**

Communication and response

- If a child or staff member develops any symptoms of COVID-19 during the course of the day, the facility should have a process in place that allows them to isolate until they are able to safely go home and seek healthcare provider guidance. **Note:** Multiple symptomatic individuals should not isolate in the same space in the facility at the same time.
- If a facility identifies a child or staff member with COVID-19 who is in the facility, they should be prepared to dismiss that child or staff member, and any other potentially exposed individuals/cohort(s) until DC Health is able to complete the case investigation.
 - If all children in a cohort are identified as close contacts
 - the cohort should remain in their designated area and follow routine procedures while the children are waiting for their parents/caregivers to pick them up.
 - ❖ If the facility is notified of a case who is not in the building, the affected cohort may remain until the end of the day.
- Facilities should have a notification process in place to share the following with staff and parents/guardians if a case occurs at the childcare facility:

⁷ Or, for a child, if their parent/guardian chooses not to test them

- Education about COVID-19, including the signs and symptoms of COVID-19
- Referral to the *Guidance for Close Contacts of a Person Confirmed to have COVID-19: Quarantine and Testing*, available at coronavirus.dc.gov.
 - Information on options for COVID-19 testing in the District of Columbia, available at coronavirus.dc.gov/testing.
- Note: The privacy of the ill staff or child must be protected, and personal information must not be shared without their consent.

Reporting

- Refer to the guidance “*First Steps for Non-Healthcare Employers when an Employee or Patron Tests Positive for COVID-19*” at coronavirus.dc.gov/healthguidance when a case is reported in your facility.
- Facilities **must** notify DC Health if:
 - The facility is notified that a staff member, volunteer, child, or visitor **tested positive for COVID-19** (not before results come back).

AND

 - The individual was in the building or participated in childcare activities **during their infectious period**.
 - The infectious period starts two days before symptom onset date and typically ends about 10 days after symptom onset date (Or two days before the positive test collection date for infected people who did not have symptoms).
- 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 facility, preferably as soon as possible after the facility was notified.
- Facilities **must** also notify OSSE by submitting an Unusual Incident Report (UIR) at OSSE.ChildCareComplaints@dc.gov
- An investigator from DC Health will follow-up within 24 hours to all appropriately submitted notifications.
 - Please note this time may increase when cases are high in the District.
 - While awaiting DC Health follow up, **do not delay conducting preliminary contact identification**. It is important for facilities to immediately notify potential close contacts. Close contacts that are unvaccinated or not up to date on their vaccination must not attend childcare and should quarantine (see **QUARANTINE** on page 10).

Cleaning, disinfection, and sanitation

- In addition to following baseline required standards of cleaning, disinfection, and sanitization for childcare facilities, facilities should have a comprehensive plan for routine cleaning (and disinfection as needed) of common spaces and frequently-touched surfaces within the facility (e.g., chairs, tables, countertops, sink handles, diaper changing tables, faucets, computers, handrails, door handles, light switches, cots).
- Management should properly train staff on cleaning and disinfection procedures, chemical hazards, the proper use of PPE, and monitor cleaning schedules to ensure compliance.
- Management should place signage in every classroom reminding staff of cleaning procedures.
- Frequently touched surfaces should be cleaned at least daily.
- Clean any shared objects frequently, based on level of use.
- Toys that have been in children’s mouths or soiled by bodily secretions should be immediately set aside. These toys should be cleaned and sanitized by a staff member

wearing gloves, before being used by another child.

- Use washable bedding (e.g., sheets, pillowcases, blankets). Wash bedding whenever soiled, and before use by another child. Wash unsoiled bedding weekly.
- Wear disposable gloves when diapering a child. Wash your hands and the child's hands before and after diapering.
- **For comprehensive guidance on cleaning and disinfection**, including how to clean and disinfect if a person becomes ill at the facility, please see *Guidance on Cleaning and Disinfection for Community Facilities* at coronavirus.dc.gov/healthguidance.

Building considerations/ventilation

- **Prioritize outdoor activities. Whenever possible, physically active play should occur outdoors.**
- Consider making the following improvements to improve building ventilation:
 - For indoor activities, increase circulation of outdoor air as much as possible, for example by opening windows and doors, and using child-safe fans to enhance the effectiveness of open windows. Position fans to blow inside air out.
 - 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 at the facility.
 - If opening windows and doors is not safe, consider other ways to freshen indoor air, including air filtration and use of exhaust fans.
 - Verify 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, especially in areas where unmasked activities may take place (e.g., eating, napping).
 - Check filters to verify 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
- Consider portable air cleaners that use high-efficiency particulate air (HEPA) filters to enhance air cleaning wherever possible, especially in higher-risk areas such as sick/isolation room(s).
- More details on recommended improvements to ventilation in childcare facilities can be found at cdc.gov/coronavirus/2019-ncov/community/schools-childcare/ventilation.html.

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