



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

(Updated June 4, 2020)

The Office of the State Superintendent of Education (OSSE) is sharing the most recent recommendations from the Centers for Disease Control and Prevention (CDC) and DC Health for ***child care providers that operate during Phase 1 of the recovery period immediately following the public health emergency.***

This guidance is effective as of June 4, 2020 and supersedes any previously released guidance on the topic. This guidance is consistent with the re-opening guidance for child care facilities issued by the DC Department of Health on [May 26, 2020](#) and provides additional guidance on select topics. **All provisions as stated throughout are *required* except those provisions classified as “where feasible” or “developmentally appropriate.”**

The information in this guidance is divided into two categories: prevention and response. The prevention information addresses the actions that child care providers must take to protect children and staff and slow the spread of COVID-19. The response information addresses the actions that child care providers must take when a student or staff member becomes sick with COVID-19.

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

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PREVENTION

A. COMMUNICATION WITH STAFF AND FAMILIES

- Post [signs](#) in highly visible locations (e.g., school entrances, restrooms) that [promote everyday protective measures](#) and describe how to [stop the spread](#) of germs (such as by [properly washing hands](#) and [properly wearing a cloth face covering](#)).
- Include messages about behaviors that prevent the spread of COVID-19 when communicating with staff and families (such as on child care provider websites, in emails, and on [social media accounts](#)).
- Educate staff, children and families about COVID-19, physical (social) distancing, when they should stay home, and when they can return to child care.
- Educate staff on COVID-19 prevention and response protocols.

B. REOPENING BUILDINGS

Child care providers who are reopening after a prolonged facility shutdown must ensure all ventilation and water systems and features (e.g., sink faucets, drinking 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 and are articulated below:
 - Flush hot and cold water through all points of use (e.g., showers, sink faucets)
 - Flushing may need to occur in segments (e.g., floors, individual rooms) due to facility size and water pressure. The purpose of building flushing is to replace all water inside building piping with fresh water.
 - Make sure that your water heater is set to at least 140°F.
 - Flush until the hot water reaches its maximum temperature.
 - Care should be taken to minimize splashing during flushing.

- Other water-using devices, such as ice machines, may require additional cleaning steps in addition to flushing, such as discarding old ice. Follow water-using device manufacturers' instructions.

C. PHYSICAL (SOCIAL) DISTANCING

Child development facilities must ensure appropriate physical distancing at your facility by:

- No more than 10 individuals (staff and children) clustered in one group;
- Grouping the same children and staff together each day (as opposed to rotating teachers or children);
- Floating staff members may be used to provide breaks **only when:**
 - They meet the cloth (non-medical) face covering criteria as listed in Section E;
 - They wash their hands prior to entry and exit of the room;
 - Wear a clean smock over their clothes; and
 - Booties over their shoes as used for infant classrooms;
- 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;
- Nap mats and cots must be placed head to toe, where head to head distance is at least six feet apart;
- 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.

Where feasible, child care providers are to:

- Maintain standard square footage requirements per child and setup rooms to maximize spacing (six feet at minimum) between individuals in a classroom, including while at tables and in group and individual activities;
- Create individually labeled bins and sets of supplies to reduce the sharing of materials between children. For those materials that are shared, child care providers must ensure they are cleaned between each used per Section G: Cleaning, Disinfection, and Sanitization;
- Restrict all outside volunteers or visitors, except adults approved to pick up or drop off enrolled children or those providing therapeutic services to a child as stated in an Individualized Family Service Plan (IFSP) or Individualized Education Program (IEP); and
- Encourage administrative staff to telework when possible.

More than one group, i.e., 10 individuals (children and staff) may occupy a classroom ***if the below provisions and additional required physical distancing measures as stated above are followed:***

- Childcare providers may use partitions to separate groups of 10 individuals;
- Partitions must be at least 6 feet tall and of solid material with no holes or gaps;
- Allow for individuals to be separated from the partition by 6 feet on both sides;
- To effectively create a barrier, the 6 feet tall partition must extend the length of the area in which children and staff are using for activities. No classroom activities should occur outside the

barrier of the partition. The open space at each end of the partition *may not* be used to congregate *but* may function as a hallway to be used with appropriate social distancing measures.

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

D. DAILY HEALTH SCREENING

Child care providers must have a procedure to conduct daily health screening upon arrival for children and staff. The screening procedure must:

- Be conducted using appropriate physical distancing measures of six feet and using non-medical (cloth) face coverings as outlined in Section E of this guide;
- ASK: Parents/guardians and staff should be asked about whether the child or staff member has experienced one or more of the following symptoms that has not been previously evaluated by a healthcare provider:
 - Fever
 - Cough
 - Nasal congestion
 - Sore throat
 - Shortness of breath
 - Diarrhea
 - Nausea or vomiting
 - Fatigue
 - Headache
 - Muscle Pain
 - Poor feeding or poor appetite
 - Loss of taste or smell
 - Or any other symptom of not feeling well.
- ASK: Parents/guardians and staff should be asked if they or their child have been in close contact with a person who has COVID-19 or a person who is awaiting COVID-19 test results.
- LOOK: Child care staff should visually inspect each child and staff member for signs of illness which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness.
- **Any child or staff member meeting “Yes” for any of the above “ASK, ASK, LOOK” criteria in the program’s daily health screen shall not be admitted.** Such families or staff shall be instructed to call their health care provider to determine next steps.
- Once the child or staff has followed the steps outlined by their health care provider, including potential COVID-19 testing if necessary, they may return to care as long as they provide a written or verbal assurance that they are cleared by the health care provider to do so. Of note, anyone with awaiting a COVID-19 test result should stay home until a final result is received.

Where feasible, child care programs are to:

- CONFIRM: Parents/guardians check their child’s temperature, and staff should check their own temperature, two hours or less before arrival to the child care site.
 - Upon arrival, the parent/guardian and staff member should show a photograph of the thermometer or verbally confirm that the temperature was less than 100.4 degrees; OR

- Child care programs may request temperature checks are performed upon arrival. For this option, the parent/guardian or staff are to use a thermometer provided by the child care provider and must follow the below protocol:
 - i. Maintain a distance of six feet from the staff conducting the health screen.
 - ii. Parents/guardians are to take their child's temperature and staff are to take their own temperature.
 - iii. A non-contact (temporal) thermometer is recommended. Forehead, tympanic (ear) or axillary (armpit) thermometers are also acceptable. Oral and rectal temperature checks should be avoided.
 - iv. Thermometers must be cleaned per manufacturer instructions, including between uses.
 - v. *Family:* The parent/guardian should then check the child's temperature, after washing hands and wearing disposable gloves.
 - vi. *Staff member:* The staff member should check their own temperature, after washing hands and wearing disposable gloves.

E. NON-MEDICAL (CLOTH) FACE COVERINGS

All staff must wear a non-medical (cloth) face covering at all times while providing care. If a staff member is unable to wear a face covering for a medical reason they may be able to get a waiver from OSSE to participate in congregate child care by receiving a written note from their health care provider. Staff without a medical clearance from a health care provider must wear a face covering or should not participate in congregate child care.

The CDC recommends wearing non-medical face coverings in public settings and in circumstances in which physical (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](#).

Where feasible and developmentally appropriate, parents/guardians and children above the age of two are to wear non-medical face coverings in the child care setting.

- **Parents/guardians** should wear non-medical face coverings any time they interact with child care staff, including for drop-off and pick-up.
- **Children age 2 and older** should wear a face covering, when feasible, and if deemed developmentally appropriate by the parent/guardian and child care provider. Such children must be able to safely use, avoid touching, and remove the covering without assistance.
- Use is particularly encouraged in centers with multiple classrooms, in common areas (e.g., hallways, restrooms), at drop-off/pick-up, and any other time in which social distancing may be more challenging.

Instances when face coverings do not need to be worn:

- Non-medical face coverings **should not** be placed on children age 2 and younger, anyone who has trouble breathing, or anyone who is unconscious or unable to remove the mask without assistance.
- Face coverings **should not** be worn by children during naptime.

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

- Staff and children wearing face coverings are to bring multiple clean coverings each day, as feasible.
- Staff and children must exercise caution when removing the covering, always store it out of reach of other children, and wash hands immediately after removing.
- The benefit of such a face covering is to limit the spread of secretions by stopping individuals from touching their mouth or nose, limiting spread if an individual has COVID-19 and limit individuals from contracting COVID-19 if around a COVID-19 positive person. **If children play with their or others' face coverings or if they are not removed and stored safely, their use should be discontinued.**

F. HYGIENE

Child care providers must follow the below hygiene practices to help keep child care facilities clean and safe.

- Teach and model good hygiene practices, including covering coughs and sneezes with an elbow or tissue and washing hands with soap and water for at least 20 seconds;
- Hand-washing must take place frequently throughout the day, including:
 - At the entrance to the facility;
 - Next to parent sign-in sheets, including sanitary wipes to clean pens between uses;
 - After going to the bathroom or changing a diaper;
 - Before eating, handling food, or feeding a child;
 - After blowing or supporting a child with blowing their nose, coughing, or sneezing;
 - Before and after staff gives medication to a child;
 - After handling wastebaskets or garbage; and
 - After handling a pet or other animal.
- If soap and water are not available, and the hands are not visibly dirty, an alcohol-based hand sanitizer that contains at least 60 percent alcohol is to be used. This should only be used by a child under very close observation from a staff person or parent/guardian and follow the manufacturer's instructions.
- Signage must be placed in every classroom and near every sink reminding staff of hand-washing protocols. CDC has signs on how to [stop the spread](#) of COVID-19, [properly wash hands](#), [promote everyday protective measures](#), and [properly wear a face covering](#).
- Child care staff that work with very young children are to take additional steps. While washing, feeding or holding infants or very young children, staff must:
 - Pull long hair off of neck, as in a pony-tail;
 - Wear a large, button-down, long-sleeved shirt;
 - Remove and wash their clothing and/or the child's clothing if touched by any secretions; and
 - Wash their hands or body if touched by secretions or after handling soiled clothes.

G. CLEANING, DISINFECTION, AND SANITIZATION

All child care providers must regularly clean, disinfect and sanitize surfaces, toys and materials per [District guidance on cleaning and disinfecting](#) and the CDC's [updated guidance for childcare providers](#).

- Emphasis must be placed on regular cleaning and disinfection of **high-touch surfaces**, including but not limited to door handles, chairs, light switches, elevator buttons, toilets, and faucets.

- **Toys**, including those used indoors and outdoors, must be frequently cleaned and sanitized throughout the day.
 - Toys that have been in children’s mouths or soiled by bodily secretions must be immediately set aside. These toys must be cleaned and sanitized by a staff member wearing gloves, before being used by another child.
 - Machine washable toys should be used by only one child, and laundered in between uses.
 - To the extent possible, toys should be assigned to individual groups to avoid mixing of toys between groups. For any toys shared between groups they must be cleaned, sanitized, and disinfected prior to use by another group.
- **Mats/cots and bedding** are to be individually labeled and stored.
 - Mats/cots must be placed at least six feet apart while in use and cleaned and sanitized between uses.
 - Bedding must be washable and laundered at least weekly or before use by another child.
- **Playground structures** must be included as part of routine cleaning, especially high touch surfaces, e.g., handle bars, but do not need to be disinfected.
- **For shared bathrooms**, assign a bathroom to each group of children and staff. However, if they’re fewer bathrooms than the number of groups, assign each group to a particular bathroom and bathrooms must be cleaned and disinfected after each group has finished.
- 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.

H. HIGH-RISK INDIVIDUALS

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

- Chronic Lung Disease
- Moderate to Severe Asthma
- Serious heart conditions
- Immunocompromised conditions
- Severe obesity (>40 BMI)
- 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 connect with their medical provider.

I. MEALS

All child care providers must serve meals following the physical (social) distancing and hygiene guidance articulated in the guidance:

- All meals must be served in individual classrooms to avoid large group gatherings, and maximize space between children, during meals;
- Meals must be served individually. If meals are typically served family style, discontinue this practice and, instead, individually plate each child's meal so that utensils are not shared;
- Children must wash hands before and after eating, and may not share utensils, cups, or plates;
- Staff must wash hands before and after preparing food, and after helping children to eat;
- Tables and chairs must be cleaned and sanitized before and after the meal;
- If handling individual lunch boxes, staff must wash their hands between the handling of each lunch box. Food items should be removed from the lunch box and placed with the child, or plated on separately, and then the lunch box returned to the child's cubby; and
- Observe all other local and federal food safety guidelines.

RESPONSE

J. EXCLUSION AND DISMISSAL CRITERIA

Child care programs must adhere to the below exclusion and dismissal criteria.

Exclusion Criteria:

Children and staff must stay home, or not be admitted, if:

- The child or staff member has had a temperature of 100.4 degrees or higher, or any of the symptoms listed above in Section D: Daily Health Screening.
- Any member of their household is confirmed to have COVID-19.
- Any member of their household is awaiting COVID-19 test results.
- Parents/guardians and staff should call their health care provider for further directions.

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

- 72 hours **after** the fever has resolved without the use of fever-reducing medication (e.g., Motrin, Tylenol) and respiratory symptoms have improved; **AND**
- At least ten days after symptoms first appeared, **whichever is later**; OR
- Per their healthcare provider or DC Health instructions.

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 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 must 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.

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

Dismissal Criteria:

If a child or staff member develops a fever or other signs of illness, the program director must follow the above exclusion criteria and OSSE Licensing Guidelines regarding the exclusion and dismissal of children and staff.

- For children, the program director is to 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 is to 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.

If a Staff Member Takes a Child's Temperature:

In the event that a child care staff member must take a child's temperature at any point, they should follow CDC guidelines to do so safely, including with use of a barrier protection *or* Personal Protective Equipment (PPE), as articulated in the Appendix.

Confirmed Cases of COVID-19:

Child care providers must report confirmed COVID-19 positive cases of children, staff, or any individual who has entered the facility using the protocol in Section K: "Exposure Reporting, Notifications, & Disinfection."

If a child or staff member is confirmed to have COVID-19, the child care provider must:

- 1) Contact DC Health and OSSE as articulated in Section K;
- 2) Coordinate the next steps with DC Health, which may include closing the facility for a period of time;
- 3) Communicate with staff and parents regarding the confirmed case and exposure, per DC Health guidance; and
- 4) Clean and disinfect all rooms that the COVID-19 positive individual was in contact, as articulated in Section K.

K. EXPOSURE REPORTING, NOTIFICATIONS, & DISINFECTION

To ensure a clear and efficient process for communication each child care provider should identify a staff member as the COVID-19 point of contact (POC). This person would be responsible for ensuring the below steps are followed in the event of a confirmed case of COVID-19.

Step 1: Reporting to OSSE and DC Health

The facility must follow existing procedures for reporting communicable disease. In the event of a confirmed case of COVID-19 in a child or staff member, child care providers must file an Unusual Incident Report *and* notify DC Health by submitting a Notifiable Disease Case Report Form, found on the DC Health Infectious Disease website: <https://dchealth.dc.gov/service/infectious-diseases>.

Decisions on the timeline of exclusion and any other responses to a COVID-19 exposure will be determined by DC Health.

Step 2: Communication to Families and Staff

Child care providers are to have communication protocols in place that protect the privacy of individuals and alert their families and staff to a COVID-19 case. Communication is to be completed, per DC Health directive and will include:

- Notification to those staff and families of children in close contact with the individual and will state the quarantine requirement; and
- Notification to the entire program that there was a COVID-19 positive case, steps that will be taken (e.g., cleaning and disinfection), and when the facility will reopen.

Step 3: Cleaning, Sanitization, and Disinfection of Affected Spaces

In the event of a confirmed COVID-19 case in a child or staff member, the provider must immediately follow any steps outlined by DC Health as well as cleaning, disinfection and sanitization guidance from the CDC, linked [here](#):

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

L. QUESTIONS?

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

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

APPENDIX: PROCEDURE FOR STAFF CONDUCTING PHYSICAL TEMPERATURE CHECKS

In the event a staff member must take a child's temperature, they must choose one of two procedures to do so safely, per [CDC guidance](#). Non-contact thermometers should be used, where feasible

- **OPTION 1:** Barrier/partition controls
 - **Wash hands** with soap and water for 20 seconds. If soap and water are not available, use a hand sanitizer with at least 60 percent alcohol.
 - **Put on** disposable gloves.
 - **Stand behind a physical barrier**, such as a glass or plastic window or partition that can serve to protect the staff member's eyes, nose, and mouth from respiratory droplets if the person being screened sneezes, coughs, or talks.
 - **Make a visual inspection** of the individual for signs of illness, which include flushed cheeks, rapid breathing (without recent physical activity), fatigue, or extreme fussiness.
 - **Check the temperature, reaching around the partition or through the window.**
 - Make sure your face stays behind the barrier at all times during the temperature check.
 - **Remove your gloves** following [proper procedures](#).
 - **Wash hands** with soap and water for 20 seconds. If soap and water are not available, use a hand sanitizer with at least 60 percent alcohol.
 - **Clean the thermometer** following the directions below.
- **OPTION 2:** Personal Protective Equipment (PPE)
 - PPE can be used if a temperature check cannot be performed by parent/guardian *or* barrier/partition controls cannot be implemented.
 - CDC states that reliance on PPE is less effective and more difficult to implement because of PPE shortages and training requirements.
 - If staff do not have experience in using PPE, [the CDC has recommended sequences for donning and doffing PPE](#).
 - To follow this options staff should:
 - **Wash hands** with soap and water for 20 seconds. If soap and water are not available, use a hand sanitizer with at least 60 percent alcohol.
 - **Put on PPE.** This includes a face mask, eye protection (goggles or disposable face shield that fully covers the front and sides of the face), and a single pair of disposable gloves. A gown should be considered if extensive contact with the individual being screened is anticipated.
 - **Take the individual's temperature.**
 - **Remove and discard PPE.**
 - **Wash hands** with soap and water for 20 seconds. If soap and water are not available, use a hand sanitizer with at least 60 percent alcohol.
 - **Clean the thermometer** following the directions below.
- **APPROPRIATE USE OF THERMOMETERS, INCLUDING HYGIENE AND CLEANING PRACTICES:**

- Non-contact (temporal) thermometers should be used, where feasible. Forehead, tympanic (ear), or axillary (armpit) thermometers are also acceptable. Oral and rectal temperature checks should not be performed.
- Thoroughly clean the thermometer before and after each use per manufacturer instructions. A clean pair of gloves should be used for each individual temperature check.