



# Guidelines for COVID-19 Outbreaks in Childcare Facilities



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# Guidelines for COVID-19 Outbreaks in Childcare Facilities

These guidelines represent current guidance from the West Virginia Department of Health and Human Resources, Bureau for Public Health. They are premised upon guidelines issued by the Centers for Disease Control and Prevention (CDC), experience with facility investigations in West Virginia, and discussions with licensing staff and childcare providers. As more is learned about Coronavirus Disease 2019 (COVID-19) in childcare settings, this guidance could change. Childcare providers are encouraged to monitor evolving recommendations.

## Outbreak Definition

Two laboratory confirmed cases of COVID-19 in facility staff or children detected within 14 days of each other is defined as a childcare facility outbreak and should be reported immediately to the local health department. Facilities are encouraged to notify the local health department when a single case of COVID-19 is detected so that recommendations can be made to prevent transmission within the childcare facility.

## Require All Ill Staff to Stay Home

- Ensure that employee sick leave policies are flexible to support staff staying home when sick.
- Any staff member with a fever (100°F or above), cough, shortness of breath, gastrointestinal upset, new loss of taste/smell, muscle aches, or any of the other signs of illness associated with COVID-19 will not be permitted to enter the facility.
- If a staff member has signs of COVID-19 illness, they should stay home and away from other people and contact their healthcare provider to see if they should be tested for COVID-19.
- If a staff member tests positive for COVID-19, they should be excluded from the facility for a minimum of 10 days from symptom onset AND be fever free for 3 days (with no fever-reducing medications) AND had significant improvement in symptoms. Individuals who have not had any symptoms after at least 10 days have passed since the date of their first positive COVID-19 test and who have had no subsequent illness may be readmitted to the childcare facility.
- If someone in a staff member's household tests positive for COVID-19, the staff member should be excluded from work for 14 days from the last exposure date.

## Screen All Individuals Prior to Admittance Into the Childcare Facility

- All staff should be screened daily prior to starting their shift before they are permitted into the childcare facility. **See Daily Screening Form.**
  - Childcare facilities are encouraged to include temperature checks as part of their screening process whenever possible.
- There are several methods that childcare facilities can use to protect their staff while conducting temperature screenings See [screening guidance](#) from the CDC.
- If anyone in a child's household (parent, grandparent, sibling, etc.) tests positive for COVID-19, the child will need to be kept home in quarantine for 14 days after the last time they could have been exposed to the family member with COVID-19.
- Arrange for deliveries including mail and food trucks to drop items outside of the building.

## Screening for Symptoms When Someone is Sick

- If a child or staff member develops a fever (100°F or above), cough, shortness of breath, gastrointestinal upset, new loss of taste/smell, muscle aches, or any of the other signs of illness associated with COVID-19, send them home as soon as possible. They should stay home and contact their healthcare provider to determine if they should be tested for COVID-19. The child can return to the childcare facility with a physician's note that has an alternative diagnosis following infectious disease exclusion policies.

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- While waiting for a sick child to be picked up, the facility should remove the child from the classroom and stay with the child in a room isolated from others. The caregiver should continue to wear a face covering while in the room with the child and wash their hands immediately after the child is picked up. A paper gown can be worn to protect the caregiver's clothing but is not required.
- It is recommended the caregiver take the ill child out to the parent/guardian rather than the parent/guardian entering the facility.

### Everyday Preventative Measures.

- Staff should wear [cloth face coverings](#). Children do not need to wear face masks in group care settings. Cloth face coverings for children over the age of 2 years is for public areas only. The American Academy of Pediatrics has additional [guidance on face masks and children during COVID-19](#).
- Promote healthy hand hygiene behavior. All children, staff, and volunteers should engage in hand hygiene at the following times:
  - Arrival to the facility and after breaks
  - Before and after preparing food or drinks
  - Before and after eating or handling food or feeding children
  - Before and after administering medication or medical ointment
  - Before and after diapering
  - After using the toilet or helping a child use the bathroom
  - After coming in contact with bodily fluid
  - After handling animals or cleaning up animal waste
  - After playing outdoors or in sand
  - After handling garbage
- Wash hands with soap and water for at least 20 seconds. If hands are not visibly dirty, alcohol-based hand sanitizers with at least 60% alcohol can be used if soap and water are not readily available.
  - Supervise children when they use hand sanitizer to prevent ingestion.
  - Assist children who cannot wash hands alone with handwashing, including infants.
  - After assisting children with handwashing, staff should also wash their hands.
- Intensify cleaning and disinfecting. Routinely clean, sanitize, and disinfect surfaces and objects that are frequently touched, especially toys and games. (See additional guidance under **Cleaning Practices**.)

### Parent Drop-Off and Pick Up

- Consider staggering arrival and drop off times, and plan to limit direct contact with parents as much as possible or have childcare providers greet children outside as they arrive if possible.
- Hand hygiene stations should be set up at the entrance of the facility so that children can clean their hands before entering
  - Hand hygiene stations for parents and children with clearly visible instructions should include either access to a sink with soap and water to wash their hands or alcohol-based hand sanitizer that is set up at the entrance of the childcare setting.
- Ideally, the same parent or designated person should drop off and pick up the child every day. Those at high risk for severe illness from COVID-19, such as individuals over the age of 60 years or those with serious underlying medical conditions, should not pick up children.
- Parents should avoid going into the child's classroom to limit direct contact with other children.
- Avoid using sign-in/out forms and establish alternative no touch methods to track children.
- Limit visitors and volunteers into the facility including additional family members or friends accompanying a parent/guardian dropping off or picking up children.

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## Cleaning Practices

- Facilities should develop a schedule for cleaning and disinfecting. See an example of a [routine schedule](#) offered by the Caring for Our Children (CFOC) guidelines.
  - Routinely clean, sanitize, and disinfect surfaces and objects that are frequently touched, especially toys and games. This may also include doorknobs, light switches, classroom sink handles, countertops, nap pads, toilet training potties, desks, chairs, cubbies, and playground equipment.
  - Use all cleaning products according to the directions on the label. For disinfection, most common EPA-registered, fragrance-free household disinfectants should be effective. A list of products that are EPA-approved for use against the virus that causes COVID-19 is available [here](#).
  - When surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection. Follow the manufacturer's instructions for concentration, application method, and contact time for all cleaning and disinfection products.
  - If possible, provide EPA-registered disposable wipes to childcare providers to wipe surfaces down frequently.
  - All cleaning materials should be kept out of reach of children.
  - Toys that cannot be cleaned and sanitized should not be used.
  - Toys that children have placed in their mouths or are otherwise contaminated by body secretions or excretions should be set aside until they are cleaned by hand by a person wearing gloves. Clean with water and detergent, rinse, sanitize with an EPA-registered disinfectant, rinse again, and air dry. You may also clean in a mechanical dishwasher. Items more likely to be placed in a child's mouth, such as play food, dishes, and utensils, should not be used.
  - It is safer not to use machine washable cloth toys.
  - Do not share toys with other groups of infants or toddlers unless they are washed and sanitized before being moved from one group to the other.
  - Set aside toys that need to be cleaned. Place in a dish pan with soapy water or put in a separate container marked for "soiled toys." Keep dish pan and water out of reach from children to prevent risk of drowning. Washing with soapy water is the ideal method for cleaning. Try to have enough toys so that toys can be rotated through cleanings.
  - Children's books, like other paper-based materials such as mail or envelopes, are not considered a high risk for transmission and do not need additional cleaning or disinfection procedures.
- Use bedding (sheets, pillows, blankets, sleeping bags, etc.) that can be washed. Keep each child's bedding separate and consider storing in individually labeled bins, cubbies, or bags. Cots and mats should be labeled for each child. Bedding that touches a child's skin should be cleaned weekly or before use by another child.

## Diapering

- When diapering a child, wash your hands and wash the child's hands before you begin, and wear gloves. Follow safe diaper changing procedures.
- After diapering, wash your hands (even if you were wearing gloves) and disinfect the diapering area with a fragrance-free bleach that is EPA-registered as a sanitizing or disinfecting solution. If other products are used for sanitizing or disinfecting, they should also be fragrance-free and EPA-registered. When surfaces are dirty, clean with detergent or soap and water prior to disinfection.

## Washing, Feeding or Holding a Child

- It is important to comfort crying, sad, and/or anxious infants and toddlers, and they often need to be held. To the extent possible, when washing, feeding, or holding very young children, childcare providers should protect themselves by wearing an over-large button-down, long sleeved shirt and by wearing long hair up off the collar in a

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ponytail or other updo. One method would be to supply a button-down shirt for each child that a childcare provider could wear while feeding or holding that is dedicated for that child alone. This shirt should be washed daily.

- Staff should wash their hands, neck, and anywhere touched by a child's secretions.
  - Staff should change the child's clothes if secretions are on them. They should change the button-down shirt or have a dedicated shirt for each child, if there are secretions on it, and wash their hands again.
  - Contaminated clothes should be placed in a plastic bag or washed in a washing machine.
  - Infants, toddlers, and their providers should have multiple changes of clothes on hand in the childcare facility.
- Staff should wash their hands before and after handling infant bottles prepared at home or prepared in the facility. Bottles, bottle caps, nipples, and other equipment used for bottle-feeding should be thoroughly cleaned after each use by washing in a dishwasher or by washing with a bottlebrush, soap, and water or sent home in a bag with the infant.

### Considerations for Ratio, Group Size, and Capacity

- Consider limiting the total number of children in the facility to support social distancing guidelines of 6 feet between staff and children where practical. Total facility capacity should be limited as much as possible.
- Ratio and group sizes should be adjusted to 10 or fewer (inclusive of childcare providers) per classrooms for children above the age of two years.
- Childcare facilities should strongly consider lowering group size whenever possible and not go beyond licensing regulations for group size overall.
- Small groups of children should remain with consistent staff daily. Childcare staff should not change from one group to another including early morning drop off and evening care pick up. Avoid floating staff.
- Consider postponing transition system to avoid mixing children.

### Classroom Practices

- Only staff necessary to maintain ratio compliance should be inside of classrooms.
- Focus on outdoor activities when possible, with no more than one group of children in one outside area at a time.
- Ensure activities are in small groups or individual activities, whenever possible.
- Cancel or postpone field trips or outings to areas with large crowds.
- Staff lounges should be closed.
- Consider postponing bubble blowing, sensory table play, and remove unnecessary plush items from the classroom environment.
- Staff should not be permitted to use cell phones while in classrooms as they can be a source of transmission.
- Only permit one group at a time for indoor/outdoor playgrounds.

### Food and Nutrition

- Only kitchen staff should be allowed in the kitchen.
- Eat in classrooms.
- Provide pre-prepared, individually wrapped snacks.
- Staff should ensure children wash hands prior to and immediately after eating.
- Staff should wash their hands before preparing food and after helping children eat.
- If feasible, create space between children at tables by placing an empty chair between each child.
- Do not allow self-service by children. Staff should serve meals and snacks.

### Communication

- Stay informed about the COVID-19 outbreak by visiting: [www.coronavirus.wv.gov](http://www.coronavirus.wv.gov).

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- Develop an informational sharing process with your local health department. Determine how the facility will communicate with staff and parents.
- Help staff and students' families understand COVID-19 and the steps they can take to protect themselves by sharing these fact sheets:
  - [Talking to Children About COVID-19](#)
  - [What to Do if You're Sick with COVID-19](#)
  - [How to Protect Yourself and Others](#)

### When a Confirmed Case of COVID-19 is in Your Facility

- Notify your local health department immediately.
- Temporarily dismiss students and staff immediately if a child or staff member attended the childcare facility 48 hours before becoming symptomatic or being confirmed as having COVID-19.
  - Wait at least 24 hours or as long as possible before you clean or disinfect to allow respiratory droplets to settle. Clean and disinfect all areas used by the sick person such as offices, bathrooms, classrooms, and common areas.
  - Close off all areas used by the person who is sick. Open outside doors and windows to increase air circulation in the areas.
  - The facility should be temporarily dismissed (2-5 days) to clean the facility and to allow time for the local health department to gain a better understanding of the COVID-19 situation impacting your facility, including additional steps needed to stop or slow the spread of COVID-19 in your facility.
  - Communicate with parents and inform them that a case of COVID-19 has been detected in the facility.
- Anyone identified as a close contact based on the local health department's investigation will be directed by the health department to self-quarantine (stay at home and away from people) and monitor for symptoms during the 14 days following the last day that they had contact with the positive case.
  - Be prepared to provide the local health department a complete list of everyone identified as exposed and their address and phone number. Note that exposure can occur when the person is sick and for 2 days before they start showing symptoms.
  - A facility can re-open upon the completion of the local health department's investigation for a single case detected in the facility with the exception of those determined by the local health department.
  - Exposed persons should not go to work and should avoid public places. Additional information can be found using the [Public Health Recommendations for Community Related Exposure](#).
- A case contact is someone identified as:
  - A person having unprotected direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on, touching used paper tissues with a bare hand, etc.).
  - A person having had face-to-face contact with a COVID-19 case within 6 feet and for longer than 15 minutes.
  - A person who was in a closed environment (meeting room, activity room, bedroom, etc.) with a COVID-19 case for 15 minutes or more and at a distance of less than 6 feet.
  - A person having had direct physical contact with a COVID-19 case (e.g., shaking hands).
- If subsequent illnesses are detected and there is evidence of transmission within the facility as determined by the local health department, it will be recommended that the facility dismiss for 14 days in order to stop transmission within the childcare facility. During this time, individuals are encouraged to self-quarantine (stay at home and away from people).

### Testing for COVID-19

- Public health testing priorities indicate that symptomatic individuals who work at or attend congregate settings (such as childcare facilities) should be prioritized for testing.
- Testing can be arranged through your local health department.



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## Readmit to Group Setting

- Children who tested positive may return to the childcare setting when the following criteria are met:
  - At least 10 days have passed since symptoms first appeared; AND
  - At least 3 days (72 hours) have passed since the child has recovered, which is defined as resolution of fever without the use of fever reducing medications; AND
  - Improvement in respiratory symptoms (e.g., cough, shortness of breath, etc.).
- Children with laboratory-confirmed COVID-19 who have not had any symptoms may be readmitted to the childcare facility when at least 10 days have passed since the date of their first positive COVID-19 test and if they have had no subsequent illness.

## Staff Exposures

- Any staff member who has had close contact with someone diagnosed with COVID-19 should not be permitted to enter the childcare facility. Exposed individuals should stay home and away from other people and monitor for symptoms during the 14 days after the last day of contact with the person with COVID-19. Exposed persons should not go to work or the childcare facility and should avoid public places for at least 14 days.
- Staff exposures as defined by the initial public health investigation should be evaluated on the type of exposure.
  - Exposed persons should not go to work and should avoid public places. Additional information can be found using the [Public Health Recommendations for Community Related Exposure](#).
  - Once the monitoring period is complete, the staff member can return to work with no further restrictions.
- A case contact is someone identified as:
  - A person having unprotected direct contact with infectious secretions of a COVID-19 case (being coughed on, touching used paper tissues with a bare hand, etc.).
  - A person having had face-to-face contact with a COVID-19 case within 6 feet and for longer than 15 minutes.
  - A person who was in a closed environment (meeting room, activity room, bedroom, etc.) with a COVID-19 case for 15 minutes or more and at a distance of less than 6 feet.
  - A person having had direct physical contact with a COVID-19 case (e.g., shaking hands).
- In times of crisis staffing shortages, exposed staff may be permitted to work during their monitoring period if they wear a face covering the entire time while in the childcare facility and they remain without any signs or symptoms of disease, with close monitoring of the same.

## Criteria for Return to Work for Staff for Confirmed Cases

- If any staff or volunteer tests positive for COVID-19, they should be excluded from the childcare facility for a minimum of 10 days from symptom onset AND be fever free for 3 days (with no fever-reducing medications) AND have significant improvement in symptoms.
- Staff or volunteers with laboratory confirmed COVID-19 who have not had any symptoms should be excluded from the childcare facility until 10 days have passed since their positive test.

## Vulnerable and High-Risk Groups

- Based on currently available information and clinical expertise, older adults and people of any age who have serious underlying medical conditions might be at higher risk for severe illness from COVID-19. To protect those at higher risk, it's important that everyone practices healthy hygiene behaviors.
- If you have staff members or teachers age 65 or older, or with serious underlying health conditions, encourage them to talk to their healthcare provider to assess their risk and to determine if they should stay home.
- Information about COVID-19 in children is somewhat limited, but the information available suggests many children have mild symptoms. However, a small percentage of children have been reported to have more severe illness. If you have children with underlying health conditions, talk to their parents about their risk. Follow children's care plans for underlying health conditions such as an asthma action plan.



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- If you have children with disabilities, talk to their parents about how their children can continue to receive the support they need.

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## Daily Screening Form

Instructions: Childcare providers should use this tool to screen children and staff daily upon arrival and prior to entering the childcare facility. The questions below should also be used to guide the ongoing monitoring throughout the day.

### Does the child or staff member have any of the following symptoms?

Temperature of 100°F or above	<input type="checkbox"/> Yes	<input type="checkbox"/> No
New cough that cannot be attributed to another health condition	<input type="checkbox"/> Yes	<input type="checkbox"/> No
New shortness of breath that cannot be attributed to another health condition	<input type="checkbox"/> Yes	<input type="checkbox"/> No
New sore throat that cannot be attributed to another health condition	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Gastrointestinal symptoms (diarrhea, nausea, vomiting)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
New nasal congestion or new runny nose	<input type="checkbox"/> Yes	<input type="checkbox"/> No
New loss of smell/taste	<input type="checkbox"/> Yes	<input type="checkbox"/> No
New muscle aches	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any other sign of illness	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Contact with someone in the previous 14 days with confirmed diagnosis of COVID-19 or someone who is ill with a respiratory illness	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If ALL of the above responses are NO, the child or staff member may attend the childcare facility. If the child or staff member shows signs of any of the above symptoms during the day, the facility will call the child's parent/guardian to come pick them up or the staff member will immediately leave the facility.

If ANY of the above responses are YES, the child or staff member SHOULD NOT BE ALLOWED to enter the childcare facility. Individuals should be encouraged to consult with their healthcare provider for further guidance.

The childcare facility should strictly enforce the guidelines below with regard to child and/or staff re-entry following illness or exposure.

- If a child or staff member has a **positive test for COVID-19** or their doctor tells them that they probably have COVID-19, they should stay home and away from others for a minimum of 10 days from the first day symptoms appeared AND be fever-free for 72 hours (with no fever-reducing medications) and have significant improvement in their other symptoms.
- If a child or staff member tests **negative for COVID-19** or their doctor tells them that they do not have COVID-19, they should stay home until at least 72 hours after the fever is gone (with no fever-reducing medications) and symptoms get better.
- If a child or staff member has had **close contact with someone with COVID-19** but is not currently sick, the child or staff member should stay home and monitor for fever, cough, and shortness of breath during the 14 days after the last day of contact with the person sick with COVID-19. They should NOT go to work or attend the childcare facility and should avoid public places for at least 14 days.