

CHILD CARE GUIDANCE IN RESPONSE TO COVID-19

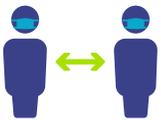
Updated September 30, 2020

This guidance is intended for licensed child care centers, regulated child development homes, before- and afterschool care, and temporary child care settings supporting essential workforce.



FACE COVERINGS

- ▶ Adults are encouraged to wear face coverings, if medically appropriate.
- ▶ All school-aged children should be encouraged to wear a face covering when able to do so correctly and safely. If children opt to wear a face shield they should also use a face covering. Face coverings help limit the spread of droplets from a person, while shields help protect the wearer from droplets landing on them. Education should be provided on face coverings and shields and they should be cleaned and maintained properly.
- ▶ People who have trouble breathing and people unable to remove the mask without assistance should not wear cloth face coverings.
- ▶ Please see the [IDPH guidance on quarantine](#) based on the use of masks and face coverings.



PHYSICAL DISTANCING

- ▶ Stagger use and restrict the number of people allowed in communal spaces at one time to ensure everyone can stay at least 6 feet apart.
- ▶ Consider hosting smaller classes in larger rooms if feasible. Space seating at least 6 feet apart when feasible. Seating should be facing the same way and staggered to the extent possible so children are not sitting immediately in front of each other.
 - DHS no longer recommends limiting rooms to 10 individuals or less per room. Instead, room capacity should be based on the ability to physically distance within the room.
- ▶ If feasible, provide physical guides, such as tape on floors or sidewalks and signs on walls to ensure that individuals remain at least 6 feet apart in lines and at other times.
- ▶ Ensure that children and staff groupings are as static as possible by having the same group of children stay with the same staff as much as possible. Limit mixing between groups if possible.



HYGIENE

- ▶ Support healthy hygiene behaviors by providing adequate supplies, including soap, paper towels, tissues, no-touch/pedal trash cans, and hand sanitizer containing at least 60 percent alcohol.
- ▶ Discourage sharing of items that are difficult to clean or disinfect (e.g., plush toys). Do not allow children to bring plush toys from home. Wash blankets daily. Minimize the amount of toys in your child care setting and clean them daily.
- ▶ Ensure adequate supplies to minimize sharing of high-touch materials to the extent possible (e.g., assigning each child their own art supplies) or limit use of supplies and equipment by one group of children at a time and clean and disinfect between use.



FOOD

- ▶ Provide individually plated meals.
- ▶ If feasible, use disposable food service items (e.g., utensils, dishes).



CLEANING

- ▶ Clean and disinfect frequently touched surfaces (e.g., door handles, sink handles, drinking fountains, grab bars, hand railings, bathroom stalls, tables) at least daily or between each use as much as possible.
- ▶ Use of shared objects (e.g., toys) should be limited when possible, or if shared use is required, thoroughly clean objects between each use.



ILLNESS, SCREENING, AND TESTING

- ▶ If feasible, conduct daily health checks (i.e., temperature screening and symptom checking) or ask families and staff to conduct self-checks.
- ▶ Ensure that staff and children are not admitted to a child care setting when they are ill. Staff should stay home if someone in their home is ill. Children should also stay home if their parent is ill. If a child's parent is ill, send the child home, and have the parent call their primary healthcare provider or take the Test Iowa assessment.
- ▶ Sick children should be separated until they are able to go home. Staff who are ill should go home immediately.
- ▶ Symptomatic children and staff should be tested.
 - Children and staff should be instructed to contact their healthcare provider to pursue testing. Children older than 1 year of age may access testing through Test Iowa.
- ▶ Children and staff ill with COVID-19 symptoms should be isolated in accordance with the guidance below.
 - Persons with symptoms of COVID-19 should self-isolate (this includes persons who test PCR positive, persons who are not tested, and symptomatic persons waiting for their test results) until after the following three things have happened:

- ▶ They have had no fever for at least 24 hours (without the use of fever-reducing medicine) AND
- ▶ Symptoms have improved (for example, when cough or shortness of breath has improved) AND
- ▶ At least 10 days have passed since symptoms first appeared
- ▶ People with severe, advanced immunosuppression who test positive for COVID-19 should stay home until:
 - ▶ They have had no fever for at least 24 hours (without the use of fever-reducing medicine) AND
 - ▶ Symptoms have improved (for example, when cough or shortness of breath has improved) AND
 - ▶ At least 20 days have passed since symptoms first appeared OR
 - ▶ OR they have had 2 negative tests in a row, 24 hours apart
- Persons with symptoms of COVID-19 who are tested and test PCR negative and who **are** a close contact of a person who tested positive for COVID-19 should continue to self-quarantine until 14 days after their last exposure to the confirmed case.
- Persons with symptoms of COVID-19 who are tested and test PCR negative and who **are not** a close contact of a person who tested positive for COVID-19 can go back to daily activities 24 hours after their fever and other symptoms resolve.
- Persons who test PCR positive for COVID-19 but do not experience symptoms should self-isolate until:
 - ▶ At least 10 days have passed since the date of the first positive test AND
 - ▶ They continue to have no symptoms (cough or shortness of breath) since the test.
- Persons without any symptoms and who have not been identified as a close contact of a confirmed case, being tested for surveillance purposes only, are not required to be isolated while results are pending.
- Persons who test positive for COVID-19 on serologic testing should not be excluded, unless they also test positive for COVID-19 on PCR testing or are sick with COVID-19 symptoms and have not yet met the isolation release guidance described above.
- Retesting is **not** recommended for a previously diagnosed person (unless immunosuppressed, see above) if it has been less than three months after the date of symptom onset (or date of test if asymptomatic persons) for the initial COVID-19 infection.
- Quarantine is **not** recommended in the event that a person previously diagnosed with COVID-19 is in close contact with a new infected person during the three month time period since their diagnosis, as long as the previously diagnosed person remains asymptomatic (i.e., has not developed symptoms of a new illness).
- ▶ Positive COVID-19 laboratory results are mandated to be reported to public health.
- ▶ Public health will conduct a case investigation and identify close contacts.
 - Public health investigates cases by calling the person who tests positive for COVID-19 infection to direct them to isolate in accordance with the guidance

above and asking them a series of questions about their illness, risk factors, and most importantly who they have been in close contact with (persons within 6 feet of the case for more than 15 minutes) during the time in which they could have spread illness to others.

People with symptoms of COVID-19 can spread the virus from 2 days before symptoms started until 10 days after their symptoms started, they have been fever free for three days, and all other symptoms have improved.

People without symptoms of COVID-19 (who test positive for COVID-19 infection) can spread the virus from 2 days before they are tested until 10 days after they are tested.

- Public health investigators then call the identified close contacts to direct them to self-quarantine for 14 days after their last exposure to the COVID-19 infected person.

Note: Quarantine is NOT recommended for the exposed close contact, if the close contact was diagnosed with COVID-19 infection during the previous three month time period, as long as close contact remains asymptomatic (i.e., has not developed symptoms of a new illness).



TRAVEL

- ▶ Drivers of transport vehicles (e.g., buses) should practice all safety actions and protocols as indicated for other staff (e.g., hand hygiene, cloth face coverings).
- ▶ To clean and disinfect buses, vans, or other vehicles, see [guidance for bus transit operators](#).
- ▶ Encourage families to review and follow [CDC guidance on how to protect yourself when using transportation](#).
- ▶ Children and staff who travel internationally should self-quarantine for 14 days upon their return to or arrival in the U.S.



FACILITIES

- ▶ Ensure ventilation and water systems operate properly and increase circulation of outdoor air as much as possible, for example by opening windows and doors.
- ▶ Do not open windows and doors if doing so poses a safety or health risk (e.g., risk of falling, triggering asthma symptoms) to children or staff using the facility.
- ▶ Take steps to ensure that all water systems and features (e.g., sink faucets, drinking fountains, and decorative fountains) are safe to use after a prolonged facility shutdown.
- ▶ Drinking fountains should be cleaned and disinfected, but encourage children and staff to bring their own water to minimize use and touching of water fountains. Install touchless water bottle refilling stations, if possible.



ILLNESS REPORTING

Follow the steps outlined in this document:

▶ [COVID-19 Case Reporting and Outbreak Responsibilities for Child Care Centers & Homes](https://dhs.iowa.gov/sites/default/files/IDPH_DHS_COVID-19_Public%20Case_Reporting.pdf?081120201609)

or Copy this link: https://dhs.iowa.gov/sites/default/files/IDPH_DHS_COVID-19_Public%20Case_Reporting.pdf?081120201609

SUPPORT COPING AND RESILIENCE

- ✦ Consider providing information for staff as well as age-appropriate education about COVID-19.
- ✦ Encourage staff and children to take breaks from watching, reading, or listening to news stories, including social media if they are feeling overwhelmed or distressed.
- ✦ Promote staff and children eating healthy, exercising, getting sleep and finding time to unwind.
- ✦ Encourage staff and children to talk with people they trust about their concerns and how they are feeling.
- ✦ Consider posting signage for Your Life Iowa: <https://yourlifeiowa.org/>

IMPLEMENT SAFETY PRACTICES IF COVID-19 EXPOSED CRITICAL INFRASTRUCTURE WORKERS WILL BE ALLOWED TO CONTINUE WORKING

CDC defines critical infrastructure workers as:

- ▶ Federal, state, & local law enforcement
- ▶ 911 call center employees
- ▶ Fusion Center employees
- ▶ Hazardous material responders from government and the private sector
- ▶ Janitorial staff and other custodial staff
- ▶ Workers – including contracted vendors – in food and agriculture, critical manufacturing, informational technology, transportation, energy and government facilities

[CDC guidance](#) describes procedures to allow critical infrastructure workers to continue working if they are exposed to COVID-19.

Ideally, staff identified as close contacts of COVID-19 exposed persons should quarantine at home for 14 days after their last exposure. However, if child care settings are in a staff shortage, child care settings could choose to allow exposed staff to continue working in accordance with the recommended safety measures described in the [CDC guidance](#). This would include screening prior to work, regular monitoring, requiring a mask for 14 days after last exposure, maintain a social distancing of six feet and disinfect routinely.

