

Health and Safety of Child Care Facilities during COVID-19

The Texas Health and Human Services Commission has released COVID-19 guidance for all child care providers in the state of Texas, which can be found at this [link](#). A summary of those recommendations is listed below.

- Limit outside visitors.
- Before allowing any individuals into the child care operation, take their temperature and deny entry if individuals exhibit certain signs of risk.
- Require parents to pick up and drop off their children outside of the operation.
- Ensure that each child is provided individual meals and snacks; do not serve family-style meals.
- Sanitize operations, wash hands diligently, and have staff members stay home if they are sick.
- Comply with CDC recommendations, as follows:
 - Wash your hands often with soap and water for 20 seconds.
 - If soap and water are not available, use an alcohol-based hand sanitizer of at least 60 percent alcohol.
 - Avoid touching your eyes, nose, and mouth with unwashed hands.
 - Cough and sneeze into a tissue, then throw it into a trash receptacle immediately, or cough and sneeze into your upper shirt sleeve, completely covering your mouth and nose.
 - Wash your hands after coughing, sneezing, or blowing your nose.
 - Disinfect frequently touched surfaces and objects such as toys and doorknobs.

For child care facilities that remain open, it is crucial to minimize the risks of spreading COVID-19. The following lists include additional best practices for consideration in light of COVID-19.

Social Distancing

- Keep children in small groups; no more than 10 individuals (including children and teachers) in an activity or room.
- Keep the small groups together throughout the day; do not combine groups. Maintain the same groups from day to day.
- Practice social distancing with outside visitors by keeping a distance of six feet and not sharing items (pens, paper, phones, and the like). If this is not possible, wash hands immediately following the interaction and sanitize shared items.
- Do not hold large group activities under any circumstances.
- Limit the use of water tables and sensory tables, and have children wash their hands immediately after using these play stations.
- Minimize time standing in lines, keeping children at safe distances apart from each other.
- Plan activities that do not require close physical contact between multiple children.
- Increase the distance between children during table work.
- Incorporate additional outside time and open windows frequently.
- Adjust the HVAC system to allow for more fresh air to enter the program space.
- Stagger mealtimes and outdoor times to limit interaction.
- If possible, provide meals and snacks in each classroom to avoid congregating in large groups.

- It is advised that drop-off and pickup times be alternated for each small group to avoid a large number of individuals congregating outside the facility or at the entrance to the facility.
- Restrict field trips.
- Restrict trainings, staff meetings, and gatherings.

Transportation

- Close seating on buses makes person-to-person transmission of respiratory viruses more likely. Those providing transportation to child care facilities should maximize space between riders (for example, one rider per seat in every other row).
- Keeping windows open might reduce virus transmission.
- Cleaning and disinfecting buses: Open the windows after runs and let the buses thoroughly air out. Buses should be cleaned with a third-party certified fragrance-free green cleaner and microfiber cloths. Handrails can then be disinfected with an EPA-approved safer disinfectant. Windows must be kept open to prevent buildup of chemicals that will cause eye and respiratory problems.

Hygiene Practices

- Closely supervise children to ensure that they do not ingest alcohol-based hand sanitizer. Child care facilities must provide children with soap and water to wash hands; adults may use an alcohol-based hand sanitizer, preferably with at least 60 percent alcohol, but this substance is very toxic to children.
- Increase cleaning and disinfection routine to multiple times per day, while being careful not to expose children in the near vicinity to cleaning and disinfection materials.
- The US Environmental Protection Agency provides a list of products that can be effectively used against COVID-19. See [Pesticide Registration](#).¹

Staff Policies and Practices

- Child care programs are encouraged to implement sick leave policies that permit support staff who are symptomatic, particularly high-risk individuals, to stay at home.
- If a child care facility is employing any staff members who are not currently meeting background check requirements, it is recommended that the child care facility not leave those staff members alone with children. Emergencies are often opportunities for predators to take advantage of relaxed regulation and oversight; the most qualified, vetted staff must be with the children to ensure the children's safety.

Actions to Consider if a Child, Staff, or Parent Develops COVID-19 or Similar Symptoms

- If a child or staff member develops symptoms of COVID-19 (fever of 100.4 or higher, cough, or shortness of breath) while at the facility, immediately separate the individual from all others until the ill individual can leave the facility. If symptoms persist or worsen, the individual or caregiver should call his or her health care provider or parent for further guidance. Facility management must advise the employee or child's parent or caregiver to inform the facility immediately if the individual is diagnosed with COVID-19.
- Facilities experiencing a confirmed case of COVID-19 among their population should consider closing at least temporarily (for example, for 14 days, or longer if so advised by

¹ <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>

local health officials). The duration might depend on staffing levels, outbreak levels in the community, and severity of illness in infected individual. Symptom-free children and staff should not attend or work at another facility, which would potentially expose others. Facilities should undergo a [thorough cleaning](#) and disinfecting and to continue to monitor for ill individuals.

- If the infected individual with confirmed or suspected COVID-19 spent 10 minutes or less in close contact with those in the child care facility, the facility may consider closing for two–five days to do a [thorough cleaning](#) and disinfecting and continue to monitor for ill individuals.
- For any of these circumstances, facility management should consider notifying parents of other children at the facility of the situation and the facility’s response, as well as communicating any updates regularly with parents.
- Staff of home-based child care programs or family members that reside in the home who are ill should self-isolate until their fever is gone and they are symptom-free for at least 72 hours. In those circumstances, home-based child care programs also should either:
 - separate ill household members in a room away from others and increase cleaning procedures; or
 - close the facility.

Returning to a Child Care Facility after COVID-19 or Similar Symptoms

- If individuals have fever, cough, or shortness of breath and have not been around anyone who has been diagnosed with COVID-19, they should stay home until 72 hours after the fever is gone and symptoms subside. If the individual’s symptoms worsen, the individual should contact a health care provider to determine whether testing for COVID-19 is recommended.
- If staff members or parents believe that they or the child has had close contact to someone with COVID-19 but are not currently sick, they should monitor their health and the child’s health for fever, cough, and shortness of breath during the 14 days after the last day they were in close contact with the individual with COVID-19. They should not go to work or school and should avoid public places for 14 days.
- If a staff member or child is diagnosed with COVID-19, the individual must not enter the facility for at least seven days after the onset of the first symptoms. The individual may return under any of the following conditions:
 - If the individual had a fever, entry to the facility is permitted three days after the fever ends and an improvement in the initial symptoms is observed (for example, when a cough and/or shortness of breath are not exhibited).
 - If the individual did not have a fever, entry to the facility is permitted three days after an improvement in the initial symptoms is observed (for example, a cough and/or shortness of breath).
 - If the individual exhibited any symptoms of COVID-19, entry to the facility is permitted no sooner than seven days after the onset of symptoms.