REQUIREMENTS

Each childcare facility must complete and post a plan (accessible to parents and staff) that contains the following, at minimum:

- Clearly stated cleaning and disinfection protocols, where all staff and parents can access.
- Considerations for maintaining social distancing throughout the day.
- Considerations for accommodations made for vulnerable staff and children.
- Considerations for modification measures for staff duties that require close contact.
- A communications plan for informing parents and staff about response plans, protocols, and policies to manage the impact of COVID-19.
- A point of contact for effective communication and collaboration with public health officials.

The following recommendations around social distancing, personal protective equipment, hygiene, cleaning, symptom screening, and isolation rooms are best practices that childcare centers should utilize to ensure the health and safety of staff and children, and to reduce the spread of COVID-19. Childcare centers should follow all state licensing and sanitation requirements.

SOCIAL DISTANCING

- Limit children to stable cohorts and to their own definable space or room throughout the day.
- Maintain 6 feet of distancing from others as much as possible. This includes student seats and spacing in classrooms, cafeteria seating, and gymnasium activities.
- If multiple classes are in a shared space, such as a cafeteria, gymnasium, or at recess, there should be defined spaces for each individual group and maintain seating charts if applicable.
- Adult staff must maintain 6 feet of social distancing throughout the day in any shared spaces. Professional development, meetings, and planning periods should be held virtually if social distancing cannot be guaranteed for all attendees.
- Social distancing should be practiced throughout the center, including common spaces such as hallways, cafeteria, classrooms, and gymnasiums.
- Centers should consider clearly defining one-way hallways and entrances and exits, limiting the number of classes in the cafeteria at a given time, eating meals in classrooms, and limiting the number of children in gymnasiums or at recess at one time.
- If possible, at nap time, ensure that children's nap time cots (or cribs) are spaced out as much as possible, at least 6 feet apart.
- Centers should implement the use of signage and floor markers throughout the building to help remind staff, parents, and children of social distancing practices.
- Center-wide assemblies and events should not be held.
PERSONAL PROTECTIVE EQUIPMENT

Face coverings play an important role in reducing the transmission of COVID-19. Face covering should be worn by all staff and children over age 5 at all times throughout the day. Requiring only staff to wear masks is less effective because the fabric face coverings recommended by the CDC do not fully protect the wearer from droplets. Face shields alone are not considered effective* because the shields allow droplets of aerosols to escape into the surrounding air. Those staff that must wear face shields should wear them for short, necessary instances only.

- Masks that cover the nose and mouth must be worn by all staff. In instances where staff must wear face shields only, the shields should wrap around the side of the wearer’s face and extend below the chin.
- Children over age 5 must wear masks at all times throughout the day unless they are eating lunch, during nap time, or participating in excessive physical activity in outdoor physical education classes, or at recess AND at least six feet of social distancing is maintained the entire time.
- The CDC recommends all children over age 2 to wear masks. Children age 2 and over are highly encouraged to wear masks at all times throughout the day unless they are eating lunch, during nap time, or participating in excessive physical activity in outdoor physical education classes, or at recess AND at least six feet of social distancing is maintained the entire time.
- Children under age 2 SHOULD NEVER wear masks.
- Families that state children are medically exempt from wearing face masks must provide a medical exemption from their primary care provider to the center to be kept on file.
- Parents or guardians must wear face coverings if entering the building to pick up or drop off their child.
- Visitors should be discouraged from entering the building, but all visitors that do enter must wear a mask.
- Staff must wear gloves and face masks when diapering.

* In some instances face shields may be needed when communicating with deaf and hard of hearing children or working with young children, where facial expressions and mouth movements are key to convey messaging or lessons.

HYGIENE

- Children and staff should wash and sanitize hands throughout the day.
- Hand sanitizer and/or handwashing stations should be made readily available to all children and staff, and staff should encourage children to hand wash by specifically allowing time for handwashing/sanitizing throughout the day.
- Children must wash or sanitize hands before and after meals, after recesses, and if they transition to different classrooms.
- Staff and children must wash hands before and after diapering.
CLEANING

- Sanitize high-touch surfaces throughout the day.
- Regular classroom and center cleaning and disinfecting should occur throughout the day. Include toys and equipment that are available for child use in the classrooms and throughout the center. Toys that cannot be cleaned and disinfected should not be used.
  - Focus cleaning/disinfecting efforts on common areas (classrooms, music room, gym, etc.) and those surfaces and items that are touched routinely and frequently throughout the day.
  - Items that are shared among children should be disinfected between each use.
  - Outdoor equipment can be cleaned daily.
- Perform enhanced cleanings of all high-touch surfaces at least once a day.
  - Thorough cleaning should follow the top-down cleaning methodology, which essentially allows gravity to settle dust and other contaminants down to the floor, with vacuuming or damp sweeping being the last step to take place.
  - Surfaces should always be cleaned of dirt, oils, and other contaminants prior to using any disinfectants or sanitizers.
- All diapering areas must be cleaned and disinfected after each use.
- All cleaners and disinfectants must be EPA approved disinfectants

SYMPTOM SCREENING

- Staff must screen themselves daily for fevers and any symptoms of COVID-19 (fever, cough, shortness of breath, sore throat, headache, chills, aches, fatigue, loss of smell or taste, nausea/vomiting, or diarrhea within the last 48 hours) before coming to work.
- If possible, staff should answer a questionnaire regarding COVID-19 symptoms upon arrival to work daily.
- All children must be screened by parents or guardians prior to coming to center daily for any symptoms of COVID-19 (fever, cough, shortness of breath, sore throat, headache, chills, aches, fatigue, loss of smell or taste, nausea/vomiting, or diarrhea within the last 48 hours).
- Upon arrival children should be visually screened by a staff member. All children presenting with symptoms should be isolated and evaluated by a staff member.
- Children with a temperature of 100.4 degrees or above should be isolated from children and staff until a parent or guardian can pick them up. Parents or guardians should be encouraged to pick children up within 30 minutes of notification.
- Staff should monitor children throughout the day, and a child that begins to exhibit symptoms should be sent to designated office immediately.
- Visitors should be discouraged from coming into the building, and any visitor should be screened with a questionnaire before entry for any symptom of COVID-19 (fever, cough, shortness of breath, sore throat, headache, chills, aches, fatigue, loss of smell or taste, nausea/vomiting, or diarrhea within the last 48 hours).
ISOLATION ROOM

- The room can be a modified classroom, staff workroom, or other unused space.
- Staff entering the room must wear masks, eye coverings, and gloves. While children should be monitored according to center policies, staff should spend minimal time in the room, and remain 6 feet away as much as possible.
- Isolation rooms must
  - Provide space for individuals to remain socially distant.
  - Have an entrance and exit that are distant from the rest of the child population.
  - Have minimal surfaces and furniture, and all should be cleaned and disinfected between student usage.

RESOURCES FOR CHILDCARE CENTERS:

- Jackson County Safety Signage - https://jacohd.org/coronavirus/
- Centers for Disease Control and Prevention – https://cdc.gov/coronavirus
- Caring for Our Children - https://nrckids.org/CFOC
- Department Health and Senior Services - https://health.mo.gov/safety/childcare/
DEFINITIONS

Case – An individual who has a laboratory confirmed positive test for COVID-19.

Close Contact – An individual who has been within 6 feet of a person who has tested positive COVID-19 for more than 15 minutes while they were infectious (48 hours prior to symptom onset for a symptomatic case and 48 hours prior to positive test for an asymptomatic case).

Isolate – The act of separating people who are infected with a virus away from people who are not infected. An individual that tests positive for COVID-19 must separate from other people to stop the spread of the contagious disease. The individual should isolate from members of their household by staying in a specific “sick room” or area and using a separate bathroom if possible. An individual is released from isolation when:

- At least 10 days since symptoms have first appeared (or 10 days after testing positive for asymptomatic individuals) and
- At least 24 hours with no fever without fever-reducing medication and
- Symptoms have improved

Quarantine – The act of keeping people who might have been exposed to a virus away from others. An individual that has been exposed to a person who tests positive for COVID-19 must separate and restrict their movement in the timeframe they could become ill. The individual should stay home from work, or school and not attend any other outings or events. They should limit their interactions with other members of their household as much as possible. COVID-19 has an incubation cycle of 14 days, so exposed individuals must quarantine for 14 days based on their last date of exposure to the positive COVID-19 individual, regardless if the exposed individual receives a negative COVID-19 test in that 14 day period.

Exposure – Coming in close contact with someone who has tested positive for COVID-19. An individual is considered exposed to COVID-19 if they have been within 6 feet of a person who has tested positive COVID-19 for more than 15 cumulative minutes while they were infectious (48 hours prior to symptom onset for a symptomatic case and 48 hours prior to positive test for an asymptomatic case).

In a childcare setting, where strict adherence to social distancing is likely to be hard to maintain, all children and staff will be considered exposed if they were with the infected individual during their infectious period.

EXCLUSION AND QUARANTINE IN CHILDCARE CENTERS

Children or Staff Cases with No Known COVID-19 Exposure

Children or staff that are presenting with ANY symptoms of illness should stay home. If a child or staff has 1 moderate-risk symptom (see Symptom Guidance Table) they may not return to the center and should not attend extracurricular activities until the following conditions are met:

- Fever-free for 24 hours or symptom improvement.
- Provider believes that alternative diagnosis is cause of signs and symptoms.

In accordance with CDC guidelines a child or staff with 2+ moderate-risk symptoms or at least 1 high-risk symptom (see Symptom Guidance Table) is suspected of having COVID-19 and must be excluded from childcare and other activities for 10 calendar days and should seek COVID-19 testing*.

A positive or suspected positive** child or staff member must be excluded from childcare and other activities. The
child or staff is allowed back to the center if the following conditions are all met:

- At least 10 calendar days have passed since symptoms first appeared.
- No fever has been presented in the final 24 hours of the 10-day period (and no fever reducing medicines have been used).
- Other symptoms have improved (for example, when cough or shortness of breath have improved).

For persons who are severely immunocompromised, a test-based strategy could be considered in consultation with infectious diseases experts to discontinue isolation measures. For all others, a test-based strategy to discontinue isolation or precautions is no longer recommended.

*If a child or staff member receives a negative test, they may return to the center once they are fever free for 24 hours, and have symptom improvement, or their provider finds that alternative diagnosis is cause of signs and symptoms.

** A child or staff member experiencing at least two moderate-risk symptoms or at least one high-risk symptom that does not receive a COVID-19 test will be treated as though he/she is positive.

**Children or Staff Cases with Known COVID-19 Exposure**

In accordance with CDC guidelines, if a student or staff is known to have been exposed to COVID-19, they must be excluded from schools and other activities for 14 days based on their last date of exposure. If symptoms do not develop and/or a COVID-19 test returns Negative, students or staff **MUST Remain in quarantine for the 14 Day Period** (see Symptom Guidance Table: Scenario 3).

The student or staff is allowed back to school if the following conditions are all met:

- At least 14 calendar days have passed since their last date exposure to the positive case.
- No symptoms have developed during that 14 day quarantine.
  - If symptom do develop the individual must be evaluated for COVID-19.

**Child and/or Staff Contacts**

A child or staff is considered a close contact if they are within 6 feet of a positive individual for 15 or more minutes, regardless of mask usage. In classrooms with young students, students that work closely in groups, or where students move to different stations, ensuring strict adherence to social distancing may be difficult to do, and all students and staff members in that cohort will be considered close contacts. Other individuals may be required to quarantine if it is determined that they were within 6 feet for 15 or more minutes with the positive child or staff.

Siblings of children that test positive are considered close contacts regardless if they share a classroom or cohort, and must quarantine for 14 days based on last date of exposure. Please see family contacts section below for specific information regarding sibling exclusion. The siblings of children considered close contacts do not have to quarantine if they did not share a classroom or cohort. The health department is available to help determine or provide support as you determine close contacts.

A student or staff who has been considered a close contact must quarantine for 14 days from last date of exposure regardless of a negative COVID-19 test.
**Childcare Centers and Case Investigation**

Quarantine is an imperative step to reduce the spread of COVID-19. Due to the volume of cases at the community level, childcare centers may become aware of a confirmed case in the center before the Health Department and often can begin quarantine in a more timely and preventative manner than the Health Department.

When a child or staff member tests positive at a center, the Health Department will rely on the center to initiate quarantine for the exposed children and staff. Please advise families to begin quarantining their child, and that the Health Department will follow up with the families. Please notify the Health Department with the list of exposed students and staff who will need to quarantine, and reach out to Health Department staff for any assistance regarding quarantine and isolation recommendations.

**COMMUNICATING WITH FAMILIES**

**Childcare Centers Exposure Notice**

If a child is exposed, centers should provide parents or guardians with a letter providing them information on whether or not their child was exposed, exposure date, required quarantine and exclusion timeline, and steps for symptom screening. In accordance with HIPAA, individuals in isolation for COVID-19 infection WILL NOT be identified.

Communication is key to ensuring the health and safety of children, staff, and families in your center. Parents may have many questions around your center's protocols and procedures when a COVID-19 case develops in your center. Remaining as transparent as possible, while still protecting the health privacy of all individuals, is key to ensuring parents that your center is taking correct and swift actions.

The Centers for Disease Control and Prevention has created tools to best illustrate quarantine time periods specific to the situation. Parents and staff can utilize these tools as a resource to illustrate quarantine periods for individuals who were found to be in contact with an individual who either tested positive for COVID-19 or is suspected to be infected based on symptoms.

**Child Absences**

Parents or guardians should notify centers if their child will be absent. If a parent or guardian is reporting a child's illness, staff should inquire as to the symptoms, symptom onset, and the last day of the child's attendance.

If the child tests positive for COVID-19, OR presents with one high-risk or two or more moderate-risk symptoms indicating COVID-19 infection, and was at the center within the 48 hours prior to symptom onset, case investigation must begin. See Childcare Centers and Case Investigation and contact the Health Department for guidance or assistance if needed.

If a child or staff tests positive for COVID-19 and they were not found to be at the center during their infectious period, the center likely will not be notified of the infection due to a HIPAA. It is imperative that families communicate with centers on absences, illnesses, and child exposures to COVID-19 outside of the center.

Centers should communicate to parents that if their child(ren) are exposed to COVID-19 outside of the center, it is important to work with the Health Department, and keep their child(ren) home, and monitor for signs and symptoms for the full quarantine timeline. This will help slow of the spread of COVID-19 and help ensure that centers do not have to close due to widespread child and staff exposure.
**Family Contacts**

If a child or staff is exposed to COVID-19 outside of the center, the Health Department will notify the child's parents or staff member directly and provide them information regarding quarantine. Centers will NOT be notified by Health Departments if a child or staff is under quarantine.

If a household member of a child or staff member (such as a parent, sibling, child, or spouse) tests positive or is presenting with symptoms of a suspected COVID-19 infection, the child or staff member must quarantine for 14 days after the last date of exposure to the positive (or suspected positive) household member. If the positive household member cannot isolate the child or staff member will quarantine for the duration of the positive case's isolation period as well as 14 additional days.

**PERIODIC CLOSURES**

**Childcare Center Closure**

It is recommended that if there are over 5% of individuals in a building either test positive or present with symptoms resulting in COVID-19 exclusion on any given day, 4% that either test positive or present with symptoms resulting in COVID-19 exclusion over 2 days in a row, or over 3% for 3 days in a row that the building close for 14 calendar days to ensure that all children, and staff quarantine (these percentages may change as better scientific data becomes available).
**Symptom Guidance Table**

<table>
<thead>
<tr>
<th>EXPOSURE</th>
<th>HIGH – RISK SYMPTOMS</th>
<th>MODERATE-RISK SYMPTOMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>To a person with COVID-19</td>
<td>• New Cough</td>
<td>• Fever (≥100.4) or chills</td>
</tr>
<tr>
<td></td>
<td>• Difficulty Breathing</td>
<td>• Congestion/runny nose</td>
</tr>
<tr>
<td></td>
<td>• Loss of taste/smell</td>
<td>• Nausea/vomiting/diarrhea</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Sore throat</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Headache</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Muscle or body aches</td>
</tr>
</tbody>
</table>

**Scenario 1: What to do if a student has symptoms of COVID-19?**

<table>
<thead>
<tr>
<th>SCREENING RESULTS</th>
<th>DOES THE CHILD REQUIRE A COVID-19 TEST?</th>
<th>WHEN CAN THE CHILD RETURN TO CHILDCARE?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 moderate-risk symptom AND No COVID-19 exposure</td>
<td>Monitor symptoms – if none progress testing is not needed</td>
<td>Return to school 24 hours after fever resolution and symptom improvement OR Provider determined a laboratory confirmed alternative diagnosis is the cause of symptoms, return precautions should be specific to diagnosis</td>
</tr>
</tbody>
</table>
### Scenario 2: What to do if a student has symptoms of COVID-19?

<table>
<thead>
<tr>
<th>SCREENING RESULTS</th>
<th>WHEN CAN THE CHILD RETURN TO CHILDCARE?</th>
</tr>
</thead>
</table>
| 1 high-risk symptom **OR** ≥2 moderate-risk symptoms AND No COVID-19 exposure | **Negative COVID-19 Test:** Return to childcare 24 hours after fever resolution and symptom improvement  
**OR** Provider determined a laboratory confirmed alternative diagnosis is the cause of symptoms, return precautions should be specific to diagnosis |

<table>
<thead>
<tr>
<th>DOES THE CHILD REQUIRE A COVID-19 TEST?</th>
<th></th>
</tr>
</thead>
</table>
| YES*                                   | **Positive COVID-19 Test or NO* Test:** Return to childcare at least 24 hours since resolution of fever without the use of fever-reducing medications AND improvement in symptoms  
**AND** At least 10 days have passed since symptoms first appeared |

### Scenario 3: What to do if a student has a COVID-19 exposure?

<table>
<thead>
<tr>
<th>SCREENING RESULTS</th>
<th>WHEN CAN THE CHILD RETURN TO CHILDCARE?</th>
</tr>
</thead>
</table>
| Exposure to a person with COVID-19 | Quarantine for 14 days from last exposure to a person with confirmed or suspected COVID-19, regardless if the individual receives a negative COVID-19 test result in the 14 day period. This could be >14 days depending on the last point of contact.  
If child develops high-risk or moderate-risk symptoms during quarantine, they need to be evaluated for COVID-19.  
If the child develops symptoms within the 14 day quarantine they must isolate an additional 10 days from symptom onset. |

<table>
<thead>
<tr>
<th>DOES THE CHILD REQUIRE A COVID-19 TEST?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Monitor symptoms – if none develop testing is not needed. If symptoms do develop within 14 days, testing is required*</td>
<td></td>
</tr>
</tbody>
</table>

* In cases where COVID-19 testing cannot be performed it is presumed that an individual is positive for COVID-19 and must be excluded for 10 calendar days from childcare from symptom onset.