

# **Dallas County Health and Human Services (DCHHS)**

## **Interim Recommendations for Child Care Programs and Providers**

*July 19, 2020 – Subject to change*

Having safe child care programs is critical. Every child care program must have a plan in place to minimize the spread of COVID-19 and to ensure the safety of children, providers, and families. As programs begin to reopen and other programs transition from emergency child care for essential workers to enhanced regular operations, all providers must apply new and updated policies and requirements and must update their emergency preparedness plan.

Social distancing with young children is a challenging effort. However, the recommendations set forth aim to keep children and providers safe and healthy, while ensuring children are in a nurturing and responsive environment. Parents may also be concerned about the safety of returning children back to care. It is important to maintain frequent communication with families about the policies and practices implemented in programs to keep everyone safe. This ongoing communication will aid in supporting young children with this new transition and social and physical distancing practice.

The state recognizes this health crisis is a fluid situation and is coordinating joint efforts with state and local agencies to provide support, as well as current information and guidance that is responsive to questions and suggestions from providers, families, and stakeholders. Child care providers should continue to monitor updated guidelines and information posted at <https://www.dshs.state.tx.us/coronavirus/>.

These guidelines and considerations are based on the best available public health data at this time, and the practical realities of managing a child care program; as new data and practices emerge, the guidance will be updated.



## Planning

- Have plans in place to protect and support staff, children, and their family members who are at [higher risk](#) for severe illness.
- Have a plan if someone is or becomes sick at home or while at school.
- Establish plans for sharing information and guidelines with parents and caregivers in their preferred language and format.
- Train all staff and communicate with families on the following:
  - Enhanced sanitation practices
  - Physical distancing guidelines
  - Use of face coverings
  - Screening practices
  - COVID-19 specific exclusion criteria.



## Drop off and pick up procedures

- Implement drop-off and pick-up procedures that limit possible exposure between families and child care staff, such as staggering drop-off and pick-up times.
- Have child care providers greet children outside as they arrive
- Ideally, the same parent or designated person should drop off and pick up the child every day. If possible, older people such as grandparents or those with serious underlying medical conditions should not pick up children, because they are more at risk for [severe illness from COVID-19](#).
- Complete pick-up and drop-off of children outside the operation, unless there is a legitimate need for the parent to enter
- Hand hygiene stations should be set up at the entrance of the facility, so that children can clean their hands before they enter. If a sink with soap and water is not available, provide hand sanitizer with at least 60% alcohol next to parent sign-in sheets. Keep hand sanitizer out of children's reach and supervise use. If possible, place sign-in stations outside, and provide sanitary wipes for cleaning pens between each use.



## Coronavirus Symptoms

- Fever
- Cough
- Shortness of breath or difficulty breathing
- Chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell
- Nausea, vomiting, diarrhea



## Health Screening

- Encourage parents to be on the alert for signs of illness (fever, shortness of breath, cough, etc.) in their children and to keep them home when they are sick. You may consider using a certificate of compliance such as [this](#) one.
- In accordance with [THHS Emergency Rules](#) updated June 25, 2020, conduct daily symptom and temperature screening of every person who enters the operation. Please see appendix A for a sample symptom screening questionnaire.
  - If using non-contact (does not touch the individual, e.g. infrared) thermometers and you did not have physical contact with the child, you do NOT need to change gloves or clean the thermometer before next check
  - If using contact thermometers (e.g. oral, axillary, etc.), clean them with an alcohol wipe (or isopropyl alcohol on a cotton swab) between each person. You can reuse the same wipe as long as it remains wet
- Deny entry to any person who meets one of the [following criteria](#):
  - Fever (greater than 100.4<sup>0</sup> [38.0<sup>0</sup>C]) or signs or symptoms of a respiratory infection, such as cough, shortness of breath, or sore throat.
  - Close contact in the last 14 days with someone who has a confirmed diagnosis of COVID-19, someone who is under investigation for COVID-19, or someone who is ill with a respiratory illness; or
  - International travel within the last 14 days to countries with ongoing community transmission. Check CDC or Department of State for more information.
- Make visual inspection of the child for signs of illness, which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness.



## Hygiene

- All children, staff, and volunteers should engage in hand hygiene at the following times:
  - Upon arrival to facility
  - Before and after
    - Preparing food or drinks
    - Eating or handling food
    - Feeding children
    - Administering medications or ointment
    - Diapering
  - After
    - Breaks
    - Using the toilet
    - Helping a child use the bathroom
    - Helping a child with handwashing
    - Coming in contact with bodily fluid
    - Playing outdoors or in sand
    - Handling garbage
    - Handling animals or cleaning up animal waste
- If hands are visibly dirty or sticky, 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.
- Washing, Feeding, or Holding a Child
  - Child care providers can protect themselves by wearing an over-large button-down, long sleeved shirt and by wearing long hair up off the collar in a ponytail or other updo.
  - Child care providers should wash their hands, neck, and anywhere touched by a child's secretions.
  - Child care providers should change the child's clothes if secretions are on the child's clothes. They should change the button-down shirt, 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 child care center or home-based child care.
  - Child care providers 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.
- All children and caregivers must have multiple changes of clothing available in order to change any clothing with secretions on it. If clothing becomes soiled with bodily secretions, you must:
  - Place contaminated clothing in a sealed plastic bag to be sent home with the child or caregiver, or wash in a washing machine at the operation.
  - Wash the child's and caregiver's hands.
  - Not allow a child to wear another child's clothing

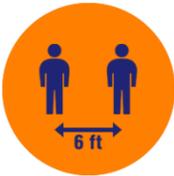
- Diapering Procedure
  - Wash the child’s and caregiver’s hands before beginning.
  - Wear gloves
  - Post [diaper changing procedures](#) in all diaper changing areas; steps include:
    - **Prepare** (include putting on gloves)
    - **Clean the child**
    - **Remove trash** (soiled diapers and wipes)
    - **Replace diaper**
    - **Wash child’s hands**
    - **Clean up diapering station** with a fragrance-free bleach that is EPA-registered as a sanitizing or disinfecting solution. If the surface is dirty, it should be cleaned with detergent or soap and water prior to disinfection.
    - **Wash hands** (even if you were wearing gloves)



## Cleaning

- [Routinely clean, sanitize, and disinfect](#) surfaces and objects that are frequently touched, especially toys and games. This may also include cleaning objects/surfaces not ordinarily cleaned daily such as doorknobs, light switches, classroom sink handles, countertops, nap pads, toilet training potties, desks, chairs, cubbies, and playground structures. Use the cleaners typically used at your facility. Guidance is available for the selection of appropriate [sanitizers or disinfectants](#) for child care settings.
- 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](#). If 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 child care providers and other staff members so that commonly used surfaces such as keyboards, desks, and remote controls can be wiped down before use. If wipes are not available, please refer to CDC’s guidance on [disinfection for community settings](#).
- All cleaning materials should be kept secure and out of reach of children.
- Cleaning products should not be used near children, and staff should ensure that there is adequate ventilation when using these products to prevent children from inhaling toxic fumes.
- Clean and Sanitize Toys
  - **Toys that cannot be cleaned and sanitized should not be used.**
  - Toys that children have placed in their mouths or that 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. Be mindful of items more likely to be placed in a child’s mouth, like play food, dishes, and utensils.

- Machine washable cloth toys should be used by one individual at a time or should not be used at all. These toys should be laundered before being used by another child.
- 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 the 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.
- Clean and Disinfect Bedding
  - Use bedding (sheets, pillows, blankets, sleeping bags) 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.



## Classroom Space / Physical Distancing

- If possible, child care classes should include the same group each day, and the same child care providers should remain with the same group each day. If your child care program remains open, consider creating a separate classroom or group for the children of healthcare workers and other first responders. If your program is unable to create a separate classroom, consider serving only the children of healthcare workers and first responders.
- Cancel or postpone special events such as festivals, holiday events, and special performances.
- Consider whether to alter or halt daily group activities that may promote transmission.
- Keep each group of children in a separate room.
- Limit the mixing of children, such as staggering playground times and keeping groups separate for special activities such as art, music, and exercising.
- If possible, at nap time, ensure that children’s naptime mats (or cribs) are spaced out as much as possible, ideally 6 feet apart. Consider placing children head to toe in order to further reduce the potential for viral spread.
- Consider staggering arrival and drop off times and/or have child care providers come outside the facility to pick up the children as they arrive. Your plan for curb side drop off and pick up should limit direct contact between parents and staff members and adhere to social distancing recommendations.
- If possible, arrange for administrative staff to telework from their homes.



## Meal Times

- Serve children individual means and snacks; family style meals may NOT be served
- If a cafeteria or group dining room is typically used, serve meals in classrooms instead.
- Food preparation should NOT be done by the same staff who diaper children
- Have a sink used exclusively for food preparation if your operation prepares food
- Caregivers should ensure children wash hands prior to and immediately after eating
- Caregivers should wash their hands before preparing food and after helping children to eat
- Follow all other applicable federal, state, and local regulations and [guidance](#) related to safe preparation of food

## Essential Protective Equipment and Supplies

Items	Child Care Workforce	Children
<p><a href="#">Cloth Face Masks</a></p>	<p><b>YES</b></p>	<p>Never place face coverings on babies or children under the age of 2 because of the danger of suffocation</p> <p><a href="#">CDC recommends</a> children over the age of 2 to wear facial coverings in places of businesses (e.g. child care facilities)</p>
<p><b>Gloves</b></p>	<p><b>YES</b> For tasks such as serving food, handling trash, or using cleaning and disinfectant products</p>	<p><b>NO</b></p>
<p><a href="#">Hand Sanitizer*</a> Should contain at least 60% ethyl alcohol (preferred) or at least 70% isopropyl alcohol (a neurotoxin and eye irritant).</p>	<p><b>OPTIONAL</b> Note that frequent handwashing is more effective than the use of hand sanitizers</p>	<p>May be used under adult supervision only and must be kept out of children’s reach. Call Poison Control if consumed: <b>800-222-1222</b></p> <p>Note that frequent handwashing is more effective than use of hand sanitizers. Sanitizer must be rubbed into children’s hands until completely dry.</p> <p>Hand sanitizer is <u>not</u> recommended for children under 24 months.</p>
<p><b>Disinfectant Cleaning Products</b></p>	<p><b>YES</b> Provide training and required protective equipment per manufacturer’s recommendations. Must be kept out of children’s reach.</p>	<p><b>NO</b></p>

\*Please refer to [FDA’s updates](#) on hand sanitizers with methanol to ensure that you do not purchase the hand sanitizers that contain methanol and are being recalled.



## Resources

- Centers for Disease Control and Prevention (CDC):  
<https://www.cdc.gov/coronavirus/2019-ncov/community/schoolschildcare/guidance-for-childcare.html>
- Texas Health and Human Services New Emergency Rules for Child Day Care Providers – Effective June 25, 2020: <https://hhs.texas.gov/about-hhs/communications-events/news/2020/06/new-emergency-rules-child-day-care-providers-effective-june-25-2020>
- Texas Health and Human Services Child Care Licensing :  
<https://hhs.texas.gov/doing-business-hhs/provider-portals/protective-services-providers/child-care-licensing>
- Texas Health and Human Services on COVID-19:  
<https://www.dshs.state.tx.us/coronavirus/>
- Texas Health and Human Services COVID-19 Mental Health Resources:  
<https://hhs.texas.gov/services/mental-health-substance-use/mental-health-substance-use-resources>
- How to talk to your child about COVID-19:  
<https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/talking-with-children.html>

**Appendix A.** Sample questionnaire to screen for symptoms consistent with COVID-19

<p>1. In the last 10 days, have you/your child been diagnosed with or tested positive for COVID-19?</p> <p>2. In the last 10 days, have you/your child gotten tested for COVID-19 and are awaiting result?</p> <p>3. Have you/your child had any one or more of the following symptoms today or within the past 24 hours, which is new or not explained by another reason?</p> <table border="1"><tr><td><ul style="list-style-type: none"><li>• Fever, chills, or repeated shaking/shivering</li><li>• Cough</li><li>• Sore throat</li><li>• Shortness of breath or difficulty breathing</li><li>• Feeling unusually weak or fatigued</li></ul></td><td><ul style="list-style-type: none"><li>• Loss of taste or smell</li><li>• Muscle pain/ache</li><li>• Headache</li><li>• Runny or congested nose</li><li>• Nausea, vomiting, or diarrhea</li></ul></td></tr></table> <p>4. Do you/your child live in the same household with, or have you had <b>close contact</b>* with</p> <ul style="list-style-type: none"><li>a. Someone who in the past 14 days has been in isolation for COVID-19 or</li><li>b. Someone who in the past 14 days had a test confirming they have the virus or</li><li>c. Someone who is under investigation for COVID-19</li></ul> <p>5. Do you/your child live in the same household with someone experiencing any of the symptoms listed in the table above?</p>	<ul style="list-style-type: none"><li>• Fever, chills, or repeated shaking/shivering</li><li>• Cough</li><li>• Sore throat</li><li>• Shortness of breath or difficulty breathing</li><li>• Feeling unusually weak or fatigued</li></ul>	<ul style="list-style-type: none"><li>• Loss of taste or smell</li><li>• Muscle pain/ache</li><li>• Headache</li><li>• Runny or congested nose</li><li>• Nausea, vomiting, or diarrhea</li></ul>
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\*CDC defines [close contact](#) as someone who was within 6 feet of an infected person for at least 15 minutes starting from 2 days before when the infected person started to feel sick (or, for asymptomatic patients, 2 days prior to specimen collection) until the time the infected person is isolated.