

GUIDANCE FOR CHILDCARE DURING COVID-19 PANDEMIC

SOLANO PUBLIC HEALTH | August 10, 2021

Preventing COVID-19 in your facility

To limit the spread of COVID-19 disease, contact with infected or exposed individuals must be reduced as much as possible. Solano Public Health recognizes the need for continuity of childcare during the COVID-19 pandemic and provides the following recommendations to do so as safely as possible.

Pursuant to § 120175⁽¹⁾ of the California Health and Safety Code, the Health Officer of Solano County recommends the following guidance for childcare providers, effective immediately:

Childcare ideally should be provided in the child's home, by non-elderly household members, without exposure to other children or ill individuals. Group childcare may be used for children for whom in-home care by household members is not available and should consider the following:

1. Group childcare should be prioritized for use by essential service employees and those who would otherwise not be able to work.
2. **Ratio:** The appropriate ratio should be established by the childcare provider to allow for compliance with state and licensing guidance and safety for children and staff. Child Care Providers must follow requirements pursuant to Title 22, Cal. Code of Regulations, Division 12, sections [101216.3](#), [101216.4](#), [101416.5](#), [101516.5](#), [101616.5](#) and [102416.5](#). Child Care Providers who would like to operate with alternative ratios may submit waiver requests to your Regional Office, which will be reviewed on a case- by-case basis.
3. **Size:** Children should remain in groups as small as possible. Should these guidelines differ from state health ordinance, follow the stricter guidance.
4. **Cohorting:** It is important to keep the same children and teacher or staff with each group and include children from the same family in the same group, to the greatest extent possible.
5. **Infection prevention and control** measures should be implemented:
 - Screen children and staff for [COVID-19 symptoms](#) within the last 24 hours and whether anyone in their home has had COVID-19 symptoms or a positive test, before entering childcare.
 - Exclude ill children and employees (those with symptoms specified above) from the facility.
 - Children or staff who develop symptoms at childcare should be sent home immediately and should be separated from the rest of the children until picked up.
 - Ill children or staff should not return to childcare or work until they are well.
 - Post and circulate or email information advising the following best practices:
 - Children and staff should wash hands with soap and water for minimum of 20 seconds or use alcohol- based hand sanitizer (if hands are not visibly dirty) before and after eating, drinking, touching eyes/nose/mouth, toileting or diapering, and physical contact with each other.
 - Children and staff should practice good respiratory hygiene including coughing/sneezing into the sleeve and covering coughs/sneezes with a tissue. Throw tissues in the trash immediately.
 - Avoid close contact with sick persons.
 - Avoid touching eyes, nose, and mouth with unwashed hands.
 - Avoid sharing personal items (i.e. dishes, cups, utensils, towels, pens).
 - Stay home if you are sick, except to get medical care.
 - Inform the administrator if you have a sick family member at home with COVID-19.
 - Clean high-contact areas and surfaces frequently, using an EPA-approved disinfectant against novel human Coronaviruses: counters, toys, telephones, door-knobs, etc.

The duration of this guidance will be determined by the spread of disease in the community, in consultation with California Department of Public Health and regional public health partners. **This recommendation will remain in effect until further notice from the Health Officer.**

Responding to COVID-19 in your facility

This guidance is intended for use by administrators of childcare settings experiencing a case or two of COVID-19 in their facility. This guidance is **not** intended for managing cases in healthcare or congregate settings.

Childcare providers should be proactive and keep in mind that identification of even a single positive case among children or staff may quickly develop into an outbreak.

1. Determine if the staff member or child was present at the facility while infectious

- If the staff member or child had symptoms (fever, chills, new cough, difficulty breathing, sore throat, body or muscle aches, fatigue, loss of taste or smell, headache, congestion or runny nose, loss of appetite, nausea/vomiting, or diarrhea), they are **infectious (contagious)** 2 days before their symptoms first appeared until 10 days after. If the staff member or child was present at the facility during this time period, they may have exposed others to the disease.
 - i. *For example, if a staff member or child first developed symptoms on July 3rd their infectious period is July 1st-13th. If they were at the facility from July 1st-13th, they may have exposed others.*
- If the staff member or child had no symptoms, they are **infectious** 2 days before they were tested (or they were swabbed) until 10 days after. If the staff member or child was present at the facility during this time period, they may have exposed others to the disease.
 - ii. *For example, if a staff member or child was tested/got swabbed on July 3rd their infectious period is July 1st-13th. If they were at the facility from July 1st-13th, they may have exposed others.*
- If the staff member or child was **not present** at the facility during their infectious period, none of the other staff members or children are considered exposed.
- **Returning to the facility**
 - **Solano Public Health does not recommend retesting of positive individuals before they can return to the facility.** In many situations, remnants of the virus remain in the body for up to 12 weeks, and will cause a positive test result; however, **the person is no longer contagious** after a certain number of days have passed:
 - **For most staff members and children** (those who do not have severely immunocompromised conditions** and have mild to moderate illness), they are no longer considered **contagious** 10 days after their symptoms first appeared and 24 hours have passed since they had a fever without them taking a fever-reducing medication (or for those with no symptoms, 10 days after they were swabbed or tested) and they no longer transmit the virus. Therefore, Solano Public Health **does not recommend asking for a negative test result** of a staff member or child that tested positive before they can return to the facility. The staff member or child may **return to the facility on the 11th day** after their symptoms first appeared or 24 hours have passed since their fever resolved, whichever is longer (or for those with no symptoms, on the 11th day after they were tested or swabbed. Again, do not request proof of a negative test or a return to work/day care letter from Solano Public Health or the healthcare provider.
 - i. *In the above example, if the staff member or child is infectious from July 1st-13th, they are no longer considered infectious on July 14th as long as it has been at least 24 hours since their fever was gone; therefore, they may return to the facility on July 14th. If they still have a fever on July 14th, they need to stay home until 24 hours after their fever has resolved without using a fever-reducing medication.*
 - **Staff members or children that are/were severely* or critically ill* or have conditions that severely compromise their immune system*** are considered **contagious** for 20 days after their symptoms first appeared and 24 hours have passed since they had a fever without them taking a fever-reducing medication (or for those with no symptoms, 20 days after they were swabbed or tested).

- **We ask that you not request a staff member or child to provide a return to work/day care letter from Solano Public Health.** Also, healthcare provider offices and medical facilities may be extremely busy and not able to provide a letter in a timely manner.

2. Identify close contacts from the facility

Maintaining the privacy of staff members and children/families is a **must**. Remember, according to Public Law (Americans with Disabilities Act and Health Insurance Portability and Accountability Act), you must **maintain employee and client privacy**. **Do not** name anyone who is sick unless they give you permission.

- Determine the last day that the staff member or child with COVID-19 was at the facility.
- If you determine that they were at the facility during their infectious period, identify who had close contact with them.
 - *A close contact is any individual within 6 feet for more than 15 minutes without a facial covering in place (for both people, the infected and exposed), having direct face-to-face contact, sharing food or eating utensils with the case, or being coughed or sneezed on by the case.*
- Staff and children identified as close contacts of an individual who tested positive from the day care **may continue to work at/attend the facility** as long as they remain without symptoms. Advise the staff member to wear a mask, keep a distance of at least 6 feet where possible and practice hand hygiene guidelines while in the facility.
- Close contacts (both staff and children) should self-monitor/be monitored by an adult for symptoms for 10 days after the last day of exposure.
- If symptoms develop, have them refrain from coming to the facility and suggest getting tested with their provider or through OptumServe/LHI (lhi.care/covidtesting or call 888-634-1123 for an appointment).
- If a staff person or child develops symptoms while at the facility, they should be sent home immediately and advised to contact their healthcare provider for treatment guidance and testing.

3. Facility closure

In most cases, **you do not need to shut down the facility.**

- If it has been less than 7 days since the sick staff member or child was in the facility, clean and disinfect all areas used by the sick employee or child following the CDC cleaning and disinfection recommendations at: <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>
- If it has been 7 days or more since the sick staff member was in the facility, additional cleaning and disinfection is not necessary. Continue routinely cleaning and disinfecting all high-touch surfaces in the facility.
- Operations can resume as soon as the cleaning and disinfection is completed.

4. Clean and disinfect thoroughly

Cleaning includes:

- Open outside doors and windows to increase air circulation in the area, if possible.
- Clean and disinfect all areas used by the staff member or child, such as bathrooms, outdoor recreation areas, and indoor common areas especially tabletops and counters.
- Clean dirty surfaces with soap and water before disinfecting them.
- Disinfect frequently touched surfaces including toys and games, doorknobs, light switches, classroom sink handles, countertops, nap pads, toilet training potties, desks, chairs, cubbies, and playground structures. To disinfect surfaces, use products that meet EPA criteria for use against SARS-Cov-2, the virus that causes COVID-19. The list can be found at: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19>
- The CDC cleaning and disinfection recommendations can be found at: <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>

5. Educate and train employees and children on good hand hygiene and how they can reduce the spread of COVID-19 by following the infection prevention and control measure above.

6. Close contacts of parents/primary caregiver

- Children that attend daycare who are close contacts of COVID-19 positive parents/primary caregiver should not attend daycare for 10 days after the last day the child had contact with the parent/primary caregiver while the parent/primary caregiver is infectious, OR they can get tested on or after the 6th day after their last exposure and return to class on or after the 8th day after last exposure with a negative test.
 - *In the example above, if the parent/primary caregiver was infectious between July 1st-13th and the parent/primary caregiver isolated and stopped having close contact with the child on July 7th, the child should not attend daycare until 10 days after July 7th and may return to daycare on July 18th (the 11th day after the last day of contact with the infectious parent). However, if the child is continuously exposed to the ill parent/primary caregiver during the parent's/primary caregiver's infectious period (which ends on July 13th), then the child should not attend daycare until 10 days after the last day of the parent's/primary caregiver's infectious period (July 13th). In this scenario, the child should stay home until July 23 and may return to daycare on July 24th.*
 - *The full 10 days of quarantine may be shortened if the child is tested on or after the 6th day after their last exposure and the result is negative. For example, if the last day of exposure is July 13th, the child could test on July 19th, and return as early as July 21st if the result is negative.*

7. Other General and Ongoing Recommendations

- Designate a facility infection prevention coordinator to implement COVID-19 infection prevention procedures and to manage COVID-related issues among staff members and children/families.
- Facilities should develop a schedule for cleaning and disinfecting.
- Instruct employees and families to stay home if they or their children are ill.
- Develop mechanisms for tracking exposed cases among staff and children.
- Ensure that sick leave policies are sufficiently generous and flexible to enable staff who are sick or those who are exposed to stay home without penalty.
- The Families First Coronavirus Response Act requires certain employers to provide employees with paid sick leave or expanded family and medical leave for specified reasons related to COVID-19.

For additional questions or concerns not covered by this guidance, please reach out to Solano Public Health at Covid19@solanocounty.com or 707-784-8988.

For general preparation guidance from CDPH: <https://files.covid19.ca.gov/pdf/guidance-childcare--en.pdf>

Definitions:

**Severe illness – individuals with respiratory frequency >30 breaths/min, saturation of oxygen (SpO2)<94% on room air at sea level (or, for patients with chronic hypoxemia, a decrease from baseline of >3%), ratio of arterial pressure of oxygen to fraction of inspired oxygen (PaO2/FiO2)<300mmHG, of lung infiltrates >50%.*

**Critical illness – individuals with respiratory failure, septic shock and/or multiple organ dysfunction.*

***Severely immunocompromised – individuals who are on chemotherapy for cancer, have untreated HIV infection with CD4 T lymphocyte count <200, have combined primary immunodeficiency disorder or are on prednisone>20mg/day for more than 14 days. Ultimately, the degree of immunocompromise for the patient is determined by the treating provider.*

[1] H&S Code § 120175, et seq. (2001), *Communicable Disease Prevention and Control Act*. Each health officer knowing or having reason to believe that any case of the diseases made reportable by regulation of the department, or any other contagious, infectious or communicable disease exists, or has recently existed, within the territory under his or her jurisdiction, shall take measures as may be necessary to prevent the spread of the disease or occurrence of additional cases.

ATTENTION ALL

People with these symptoms or combinations of symptoms may have COVID-19:



COUGH
SHORTNESS OF BREATH OR
DIFFICULTY BREATHING

FEVER

CHILLS

REPEATED SHAKING WITH CHILLS

MUSCLE PAIN

HEADACHE

Fatigue

SORE THROAT

NEW LOSS OF TASTE OR SMELL

RUNNY NOSE

NAUSEA

VOMITTING

DIARRHEA

Congestion or runny nose

Symptoms may appear 2-14
days after exposure to the
virus.

solanocounty.com/covid19
707-784-8988

